



OREGON PRESCHOOL DEVELOPMENT GRANT

Findings from Oregon's Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching

Report to the **Oregon Early Learning Division**
and the **Early Learning Council**

Acknowledgements

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Frequently Used Acronyms

ECE	Early Care and Education
EI/ECSE . .	Early Intervention/Early Childhood Special Education
ELD	Early Learning Division
HS	Head Start
IECMHC . .	Infant and Early Childhood Mental Health Consultation
OPK	Oregon Pre-kindergarten
PSP	Preschool Promise
PDG	Preschool Development Grant
PD	Professional Development

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1 Introduction

Purpose of the Early Learning Division's Early Educator Survey for 2022

Early childhood education (ECE) programs and the individuals who provide care to the children and families within those programs (referred throughout this report as “providers”) have experienced an array of challenges since 2020. These have included the advent of the COVID-19 pandemic, with associated changes in guidelines, program closures, and severe staffing shortages. These more recent challenges have compounded long-standing issues of low pay for providers, systemic racism and classism experienced by many providers, lack of resources for supporting children with perceived behavioral challenges, and pre-COVID staffing shortages, to name a few.¹

To better understand current challenges (other than COVID-19 specifically) facing Oregon's ECE providers, the Early Learning Division (ELD), in partnership with researchers at OSLC Developments, Inc. and Portland State University's Center for Improvement of Child and Family Services, conducted a statewide survey of all licensed ECE providers in May of 2022 to provide information about:

1. Provider levels of feeling anxious, depressed, and overwhelmed or unprepared to support children whose behavior they found challenging
2. Barriers to receiving support to address the needs of children whose behavior providers found challenging, rates of asking children to leave care, and access to and use of Infant and Early Childhood Mental Health Services
3. How many providers had acted as coaches or mentors to other providers, their backgrounds and training, what sorts of activities they engaged in with providers, how much of their work time was devoted to coaching, and what barriers to coaching providers they had experienced
4. How many providers received coaching or mentoring in the past year, how much and how regularly they met with coaches, and what sorts of activities they engaged in with their coaches
5. What other professional development activities providers had engaged in over the past year and the accessibility and utility of these activities.

¹ McLean, C., Austin, L. J. E., Whitebook, M., & Olson, K. L. (2021). Early Childhood Workforce Index – 2020. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved from <https://cscce.berkeley.edu/workforce-index-2020/report-pdf/>

Additionally, because the survey was open to all ECE providers across the state of Oregon, including directors, owners of programs (who could also be directors or teachers in those programs), lead teachers, assistant teachers, assistants, and aides, it was possible to gain information about the experiences of providers in different roles and types of facilities. This information can provide valuable insights into ways in which the ELD may aid different segments of the ECE workforce. Finally, the survey presented the opportunity to examine the experiences of early educators in systematically underrepresented groups, such as early educators of color and those in rural and frontier areas.

The ELD has been making investments in a number of initiatives to strengthen the supports and professional development opportunities available to Oregon's ECE workforce. These include the Early Learning Systems Initiative², which supports coaching activities throughout Oregon's early care and education systems, and an initiative to expand access to Infant and Early Childhood Mental Health Consultation throughout the state (SB 236 and HB 2166). Both of these initiatives and other initiatives are in their early stages. The information and recommendations presented here can be used to inform the ELD's initiatives and other efforts to better support and further strengthen Oregon's ECE workforce moving forward.

2 Methodology

Sampling Plan

The purpose of the sampling approach was to include individuals from across the state who were providers of ECE to children aged 0–5 years. Participants did not have to be currently employed as ECE providers because we wanted to capture the experiences of providers who might have been displaced from the ECE workforce due to the COVID-19 pandemic and/or other circumstances. Participants could have been employed in a variety of settings including center-, school-, and home-based programs. Additionally, participants from a variety of job positions were sought including directors, owners, head/lead teachers, assistant teachers, assistants, and aides.

Outreach and Engagement

All ECE providers who were registered as providers with the state of Oregon as of March 2021 who occupied the positions of directors, owners, teachers, assistant teachers, assistants, and aides were sent an email from the ELD offering them the opportunity to participate in the survey and a link to that survey. The ELD also posted information about the survey on their website and social media accounts. Additionally, participants were recruited by partner organizations involved in the state's early learning system (such as Early Learning Hubs and Child Care Resource and Referral Networks) and through community agencies working directly with providers. These community partners advertised the survey on their various social media accounts and through emails. Any person who received information from one of these sources was provided with contact information to call, text, or email research staff to

² <https://health.oregonstate.edu/elsi>

receive a link to the survey. If individuals contacted the research staff for the survey link, staff verified that the individuals were in fact listed as a certified provider before sending the link.

Survey Measure and Data Collection

The survey was made available in Chinese, English, Russian, Spanish, and Vietnamese and was administered primarily online. Some providers completed the interview by speaking to a research assistant over the phone. The online survey was open for approximately 6 weeks from mid-April through May 2022. Respondents were determined to be eligible through the use of a screening question at the beginning of the survey ensuring that they worked with children aged 0–5 years and through cross-checking that were in fact listed as a provider in Oregon. There were two versions of the survey, one for directors and owners of programs and one for lead head teachers, assistant teachers, assistants, aides, EI/ESCE specialists, and other types of providers. Respondents selected their job category from a list and were thus routed to the appropriate version. The full surveys can be found in Appendix A. Each eligible respondent who completed the survey received a \$25 digital gift card.

Data Reporting

The analyses that are provided in this report are primarily descriptive (e.g., percentages of providers selecting given answers to questions). Results are first presented for all respondents, followed by analyses by subgroups such as provider role, facility type, geographic region, racial and ethnic identities, languages spoken, and whether the program in which the provider worked received state funding for pre-kindergarten slots (referred to throughout this report as “state funding for pre-k slots” in order to distinguish this from other state and federal funding

sources). It should be noted that providers could select multiple racial and ethnic identities as well as languages spoken. Thus, these categories are not mutually exclusive in the data reporting while all other subgroup categories are. We examined data disaggregated by groups because we wanted to understand the strengths and needs of providers in different communities to be able to tailor strategies and opportunities to the needs of diverse groups of providers and the families with whom they work across the state.

The subgroups in some of the analyses could become quite small. As researchers, we faced a dilemma of whether to report results for subgroups with small sample sizes (which are more likely to be groups marginalized by the education system whose voices are often not represented in research) or to redact the data. We had concerns both about maintaining individuals' confidentiality as well as not drawing conclusions from small samples. However, choosing not to present data from smaller, traditionally marginalized groups may effectively leave their voices out of larger conversations and decisions about policies by which they will be affected. Thus, for this report, we chose to present data for subgroups when those groups were larger than 10 people. We were reasonably certain that doing so would not violate respondents' confidentiality by allowing data to be triangulated to potentially identify individuals since we only present cross-tabulations of two variables at a time in analyses. We reasoned that this decision allowed us to present information from almost all of the groups of respondents who took the time to provide answers to this survey and represent diverse groups across the state. We do offer a note of caution, however, about generalizing from those analyses in which the subgroup sample sizes are small.

3 Survey Respondent Demographics

There were 2,166 providers who responded to the survey. As noted previously, throughout this report when the size of a subgroup is smaller than 10, results will not be reported and an asterisk will denote this.

Most respondents identified themselves as a lead teacher (37.3%) or assistant teacher (17%), and another 17.3% were owners (Table 3-1). Respondents were asked to choose from categories to identify their positions; many chose "Other" and described positions that were grouped into manager/coordinator/coach (3.4%; including "assistant directors", "education coordinator", "coach") and family advocate/home visitor (2.7%). Figure 3-1 shows that the largest percentage of respondents worked at a community-based child care center that was not a Head Start Program (39.1%). Over a quarter of respondents worked in pre-kindergarten programs that received state funding, with 18.9% in Oregon Pre-K (OPK) and 10.3% in Preschool Promise (PSP).

Figure 3-1. Where respondents worked by facility type

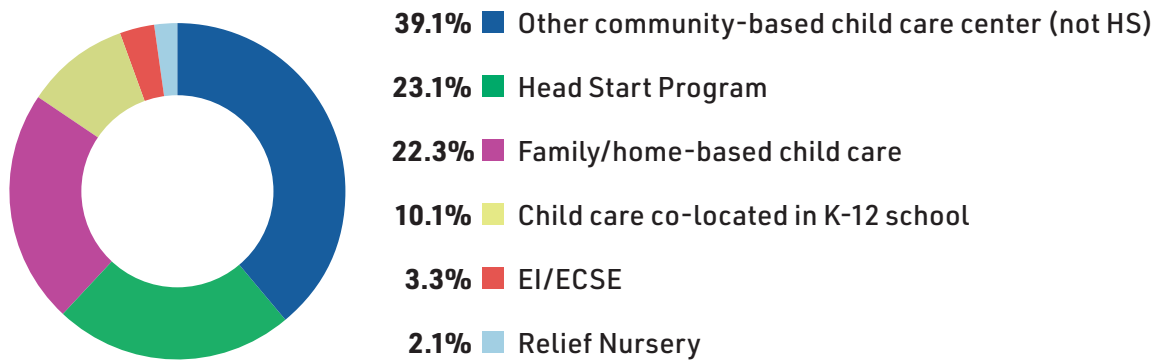


Table 3-1. Demographic characteristics of the sample

Role	Percent
Lead teacher	37.3%
Assistant teacher	17.0%
Director	10.4%
Owner	17.3%
Aide	8.4%
EI/ECSE specialist	1.6%
Other	1.8%
Manager/coordinator/coach	3.4%
Family advocate/home visitor	2.7%

Facility Type	Percent
Head Start Program	23.1%
Other community-based child care center (not HS)	39.1%
Child care co-located in K-12 school	10.1%
Family/home-based child care	22.3%
EI/ECSE	3.3%
Relief Nursery	2.1%

Program has State-Funded Pre-K Slots	Percent
OPK	18.9%
PSP	10.3%
No state-funded pre-k slots	70.8%

Rurality	Percent
Frontier	1.8%
Rural	23.4%
Urban	74.6%

Gender	Percent
Female/Woman	92.1%
Male/Man	3.8%
Non-binary, Genderfluid, Genderqueer	1.5%
Questioning or unsure	0.2%
An identity not listed	0.1%
I prefer not to respond	2.3%

Identify as Transgender	Percent
Yes	0.5%
No	93.5%

Age	Percent
18-24	11.8%
25-39	37.9%
40-54	31.1%
55 and older	17.1%
Prefer not to answer	2.1%

Languages Spoken	Percent
Chinese	2.0%
English	88.9%
Russian	1.2%
Spanish	21.6%
Ukrainian	0.5%
Vietnamese	0.7%
Another language	6.8%

Identify as Similar	Percent
There are children in your classroom who match or partially match your race/ethnicity	89.5%

Education	Percent
8th grade or less	0.4%
9-12 grade, no diploma	1.4%
HS diploma, GED or equivalent	12.0%
Some college credit but no degree	22.4%
Community college certificate	4.7%
Associate degree	15.7%
Bachelors degree	29.9%
Graduate degree	12.1%

Years in ECE	Percent
0-5 years	32.5%
6-10 years	22.3%
11-15 years	12.6%
16-20 years	9.8%
21-25 years	8.0%
26 years or more	13.2%

Gross Total Household Income	Percent
less than \$15,000	8.4%
\$15,001 - \$25,000	12.0%
\$25,001 - \$35,000	15.1%
\$35,001 - \$40,000	9.8%
\$40,001 - \$50,000	10.7%
\$50,001 - \$65,000	10.8%
\$65,001 - \$80,000	9.9%
\$80,001 or more	20.0%

How much of your 2021 income is from your work in ECE?	Percent
All	34.5%
Almost all	12.7%
More than half	8.2%
About half	10.4%
Less than half	16.4%
Very little	10.8%
None	5.1%

Household Income	Percent
Less than FPL	31.7%

Race/Ethnicity	Percent
African American or Black (included African American, African, and Caribbean)	3.7%
Asian (included Asian Indian, Cambodian, Chinese, Filipino/a, Hmong, Indonesian, Japanese, Korean, Laotian, Mien, Nepali, South Asian, Sri Lankan, Taiwanese, Thai, and Vietnamese)	5.5%
Hispanic or Latina/o/x (included Caribbean, Central American, Cuban, Mayan, Mexican, Portuguese, Puerto Rican, South American, and Spanish)	19.2%
Middle Eastern or North African	1.2%
Native American or Native Alaskan (included Alaskan Native, Canadian Inuits, Metis or First Nation, Indigenous Mexican, Central American or South American, Native American, and Members of the following tribes: Arizona, Blackfeet, Cherokee Nation, Chickasaw Nation, Choctaw, Confederated Tribes of Coos, Lower Umpqua, and Sisulaw Indians, Confederated Tribes of Grande Ronde, Confederated Tribes of Umatilla Reservation, Coquille Indian Tribe, Cow Creek Band of Umpqua Indians, Cowlitz, Creek Indian of Oklahoma, Haida, Hawila-Saponi, Klamath Tribes, Keweenaw Bay Band of Lake Superior Ojibwe, Montna Little Shell Tribe of Chippewa Indians, Oglala Sioux, Siou, Sunaq, Tlingit, Turtle Mountain Band of Chippewa Indians of North Dakota, Wahpeton-Sisseton, Walker River Paiute Tribe)	4.0%
Native Hawaiian or Pacific Islander (included Guamanian, Micronesian, Native Hawaiian, and Samoan)	0.7%
White (included Balkan, Czech, Eastern European, Egyptian, Greek, Hispano, Iranian, Irish, Israeli, Italian, Jewish, Latin, Middle Eastern, Mixed race, Nordic, Northern European, Sami, Scandinavian, Slavic, South American, Southern European, Swedish, Western European, and White)	75.4%
Another identity (included Afrikan, Biracial, Cape Verdian, East African, Ethiopian, French Creole, Mestizo, Moorish, Persian, and West African)	2.9%

The demographic information for respondents is presented in Table 3-1, and shows that most respondents were women (92.1%), lived in urban areas (74.6%), and spoke English (88.9%). Respondents reported coming from a range of racial and ethnic backgrounds, shown in Figure 3-2. Respondents could choose multiple racial and ethnic identities. Almost 90% of respondents reported that there are children in their classrooms who match or partially match their own race/ethnicity. Nearly 30% of respondents held a bachelor's degree, and another 22.4% had some college credit but no degree. The sample is generally comparable demographically

to the larger Oregon ECE workforce. The major exception is that while in a report on 2019 workforce statistics,³ 1% of providers identified as “American Indian”, on this survey, 4% of respondents identified as “Native American or Native Alaskan”. This could be due to differences in answer choices or the fact that respondents to this survey could pick more than one category for race and ethnicity.

Most respondents had ten or fewer years of experience working in early childhood education; 32.5% had worked in this field for 0-5 years, and 22.3% had 6-10 years of experience. The median gross household income level for the sample was \$40,001 to \$50,000. Figure 3-3 shows the household income distribution of respondents. Almost one-third (31.7%) of all respondents reported family incomes less than 200% of the federal poverty level (FPL). Figure 3-4 displays how much of respondents’ 2021 household income came from work in early childhood education. Notably, for slightly over one-third of providers, all of their income came from their work in ECE and for two-thirds one half or more of their income came from this work. As the amount of their family income coming from work in ECE increased, the more likely the family was to have an income level less than 200% of the FPL ($r = .20, p < .001; n = 1851$).

Figure 3-2. Respondents by race and ethnicity

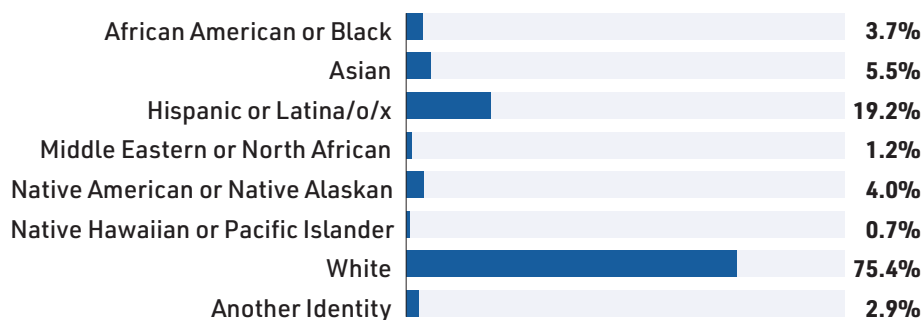


Figure 3-3. Respondents by gross income level

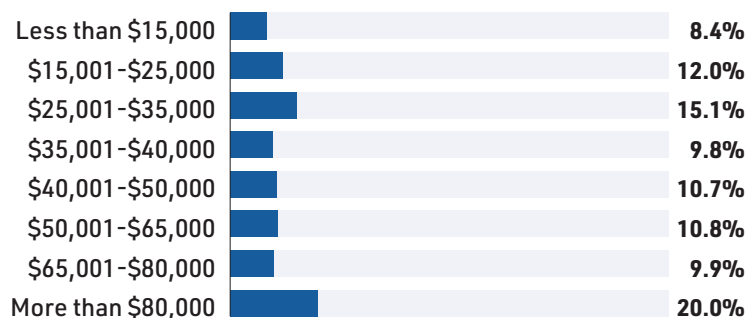
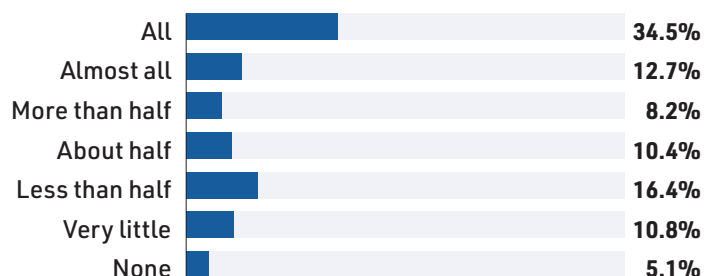


Figure 3-4. Respondents by portion of household income that comes from work in EC



3 Oregon Center for Career Development in Childhood Education and Care and Oregon Child Care Research Partnership. (2021). Oregon Early Learning Workforce: Seven Years Beyond Baseline Comparison on 2012 and 2019.

4 Challenges for the Early Childhood Education Field

The survey sought to understand some of the challenges facing ECE providers in Oregon, and included items assessing classroom or work-related challenges and providers' levels of anxiety and depression. A separate report will focus on the effects of the COVID-19 pandemic, although we recognize that this issue likely affected the other domains.

Provider Feelings of Anxiety, Depression, and Being Overwhelmed

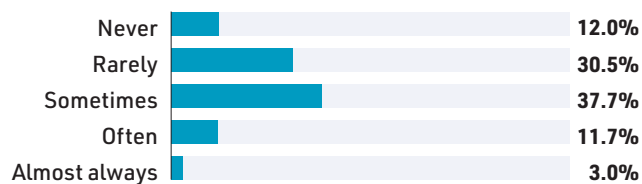
We asked providers to indicate how often in the past 2 weeks they had experienced several symptoms of anxiety and depression using the Generalized Anxiety Disorder and Depression items that comprise the Patient Health Questionnaire 4-Item (PHQ-4), a brief screening measure. Scores of 3 or more on the anxiety and depression subscales indicate a high likelihood of either clinical anxiety or depression, respectively.

We also asked providers to indicate how often they felt “... overwhelmed/burdened, like you don’t have the skills you need to effectively support or manage children’s behavior?”. The percentage of respondents who indicated that they felt overwhelmed sometimes or more often was calculated.

Overall, 26.2% of ECE providers showed levels of anxiety that might indicate a clinical diagnosis, and 15.9% showed such levels of depression. To contextualize the findings on levels of depression and anxiety, a population-based study that was not conducted in the United States but established generalizability to the US population¹ found that 4.8% of the population scored in the clinical range for anxiety on the GAD-2 and 5.6% of the population scored in the clinical range for depression on the PHG-2. More recent population estimates in Germany during the COVID-19 pandemic found similar numbers.² Thus, providers showed rates of anxiety that were 5 times the rate of the general population and rates of depression that were 2.5 times the rate in the general population. As shown in Figure 4-1, over a third of

providers sometimes felt overwhelmed, and 52.4% felt overwhelmed sometimes or more often.

Figure 4-1. Frequency of feeling overwhelmed



Across provider roles (Figure 4-2), directors and EI/ESCE specialists had rates of anxiety that were much higher than the rates for the whole sample (for example, of all of the providers who were EI/ECSE specialists, 48.6% reported high levels of anxiety). Assistant teachers and EI/ESCE specialists showed higher rates of depression than average. Lead teachers, assistant teachers, and EI/ESCE specialists were more likely than average to feel overwhelmed sometimes or more often. Across feelings of anxiety, depression, and being overwhelmed, owners had much lower rates than the average for the whole sample. Across facility types (Figure 4-3), providers in Head Start centers, EI/ECSE programs, and Relief Nurseries showed considerably higher-than-average rates of anxiety and depression. Providers in Head Start centers and those in EI/ECSE programs had some of the highest levels of feeling overwhelmed. Providers in OPK and Preschool Promise programs had higher rates of anxiety and slightly higher rates of depression than average and those in OPK programs reported feelings of being overwhelmed at higher-than-average rates. Providers working in family- or home-based centers had lower levels of anxiety, depression, and feeling overwhelmed compared to the overall average. Comparisons across all subgroups are shown in Appendix B.

1 Löwe, B., Wahl, I., Rose, M., Spitzer, C., Glaesmer, H., Wingenfeld, K., Schneider, A., & Brähler, E. (2010). A 4-item measure of depression and anxiety: Validation and standardization of the Patient Health Questionnaire-4 (PHQ-4) in the general population. *Journal of Affective Disorders*, 122(1), 86-95. <https://doi.org/https://doi.org/10.1016/j.jad.2009.06.019>

2 Wicke, F. S., Krakau, L., Löwe, B., Beutel, M. E., & Brähler, E. (2022). Update of the standardization of the Patient Health Questionnaire-4 (PHQ-4) in the general population. *Journal of Affective Disorders*, 312, 310-314. <https://doi.org/https://doi.org/10.1016/j.jad.2022.06.054>

Figure 4-2. Reported feelings of anxiety, depression, and being overwhelmed by provider role

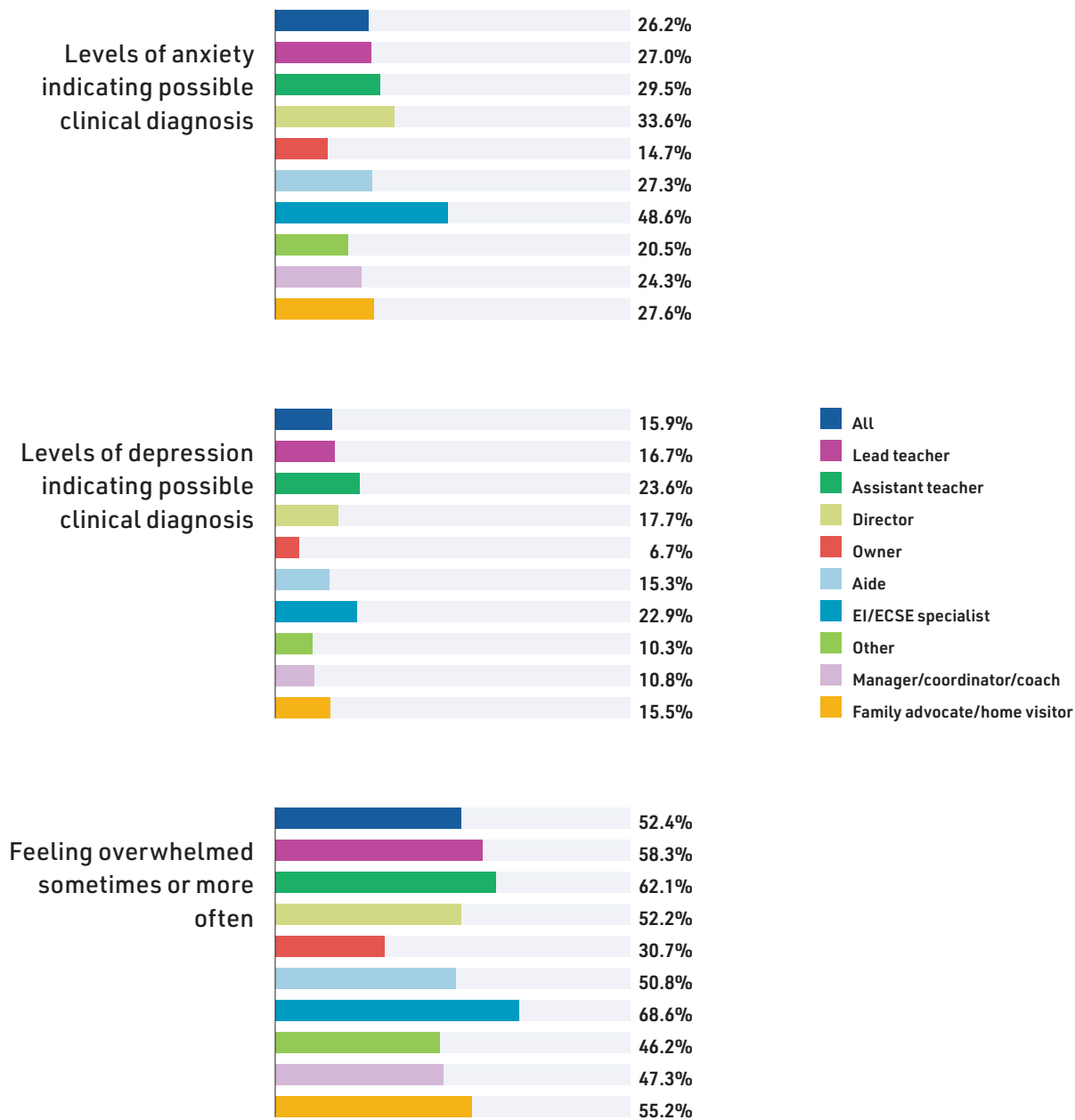
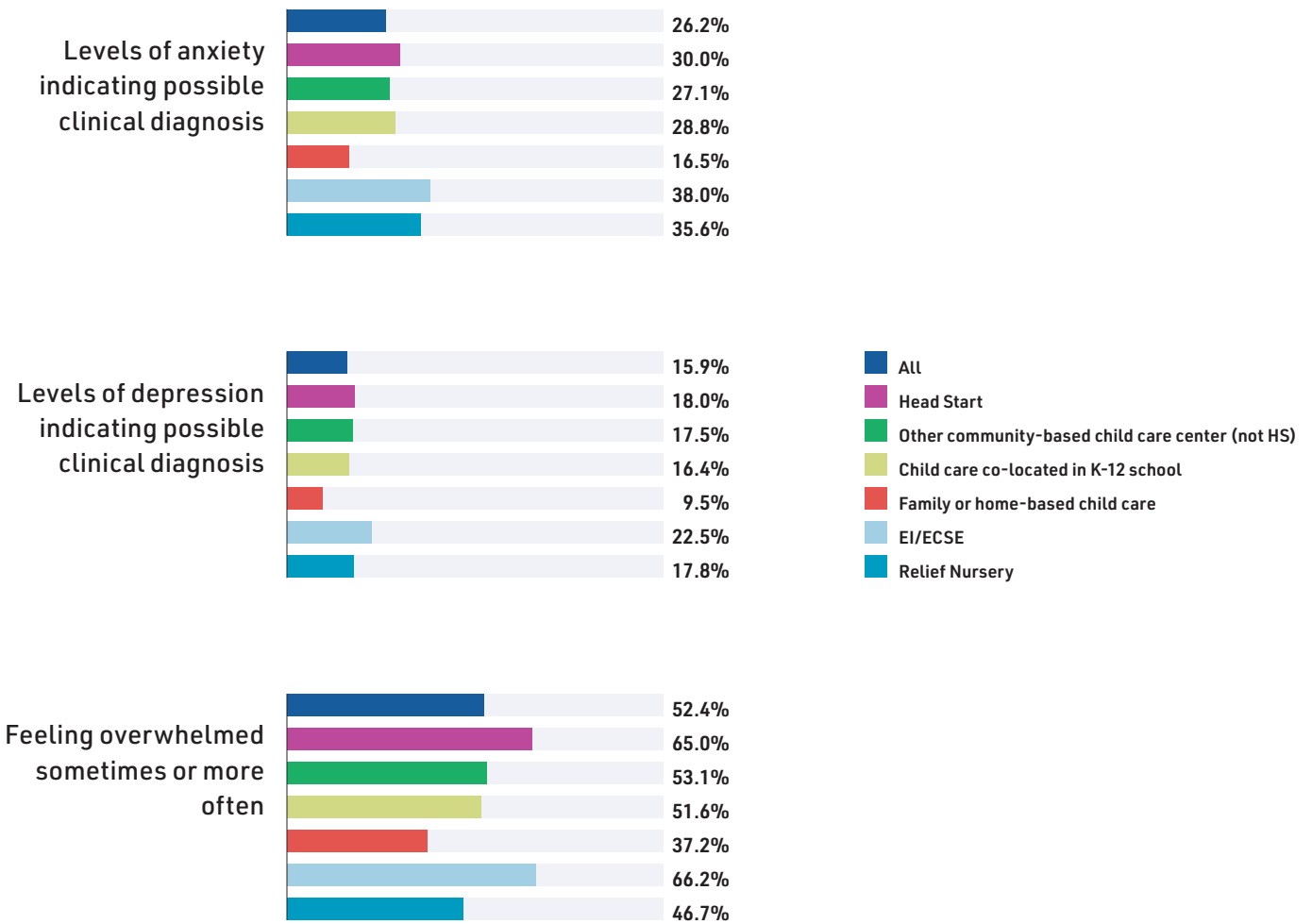


Figure 4-3. Reported feelings of anxiety, depression, and being overwhelmed by facility type



Providers identifying with some marginalized populations also showed higher rates of depression and anxiety compared to the population. For example, while numbers are relatively small, providers identifying as Native American or Native Alaskan showed considerably higher-than-average rates of both anxiety and depression, while those identifying as Middle Eastern or North African and Native Hawaiian or Pacific Islander had higher-than-average rates of depression. Further, providers who spoke Ukrainian showed higher than average rates of anxiety and feeling overwhelmed. Speakers of Chinese showed higher rates of feeling overwhelmed.

It is important to note that the high levels of anxiety and depression reported by providers is not likely to be entirely related to their employment as early childhood educators. Many factors other than job-related factors are likely to affect these scores, including not only aspects of providers' personal lives but also societal factors such as structural racism, sexism, and classism. People identifying as women and people of color are over-represented in the roles of ECE providers.³ However, providers' scores on the measures of both anxiety and depression and the frequency with which they felt overwhelmed were significantly positively associated. The more frequently providers felt overwhelmed or that they could not address children's perceived challenging behaviors, the higher their scores on anxiety ($r = .31, p < .001$) and depression ($r = .28, p < .001$). This does not imply that provider feelings of being overwhelmed causes depression and anxiety or vice versa. It does show that these feelings tend to occur together.

Barriers to Helping Children with Perceived Challenging Behaviors

As we noted above, a majority of providers, at least sometimes, felt that they were overwhelmed and that they did not have the skills they needed to effectively support or manage children's behaviors. We asked providers whether a range of factors had been barriers when they had tried to address the needs of children whose behaviors that they experienced as challenging. Out of all of the providers, 1,152 (53.2%) indicated that they had tried to get support for addressing the needs of children with behaviors that they perceived as being challenging. They were then asked whether they perceived a number of factors to be barriers to receiving support to address the needs of children whose behaviors they experienced as challenging. As can be seen in Figure 4-4, these 1,152 respondents were most likely to say that they believed that families having difficulties acknowledging children's perceived challenging behaviors was a barrier. Providers also believed that families' difficulties addressing issues at home (e.g., substance use, mental health) were barriers. It is important to note that in a study of families whose children were asked to leave care, a number of parents felt that they had not received sufficient support from providers to help their children remain in care despite the families' willingness to receive support.⁴

3 Gillispie, C., Codella, C., Merchen, A., David, J., & Cappo, A. (2022). Equity in child care is everyone's business. The Education Trust & U.S. Chamber of Commerce Foundation.

4 Burton, M., Green, B. L., Houser, C., Lau, S., Ordonez Rojas, D., Richardson, A., Rodriguez, L. (2022, July). Families' experiences of early childhood care suspension and expulsion: Messages for building more inclusive environments. Report submitted to the Oregon Early Learning Division.

Research has also indicated that when providers and families are from different racial backgrounds, providers may be less empathic about family circumstances that may be perceived as difficult.⁵ Together, these findings suggest that more professional development focused on recognizing potential implicit biases and forming healthy partnerships between providers and all the families they serve may be needed to increase the likelihood of inclusive support for children whose behaviors are perceived as challenging. Over one half of the respondents also noted that a lengthy process to get EI/ECSE support and long waits and/or not enough mental health/behavioral specialists were barriers. Other potential barriers were cited very rarely and included such things as children not being able to qualify for services, providers not receiving support from their supervisors or directors, and providers not knowing where or who to ask for help.

Figure 4-4. Barriers to getting support for the needs of children with perceived challenging behaviors

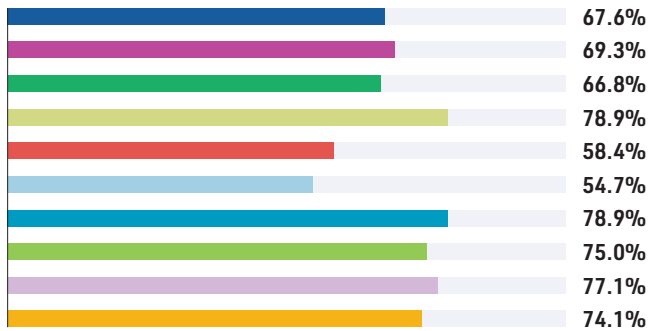


⁵ Gilliam, W. S., Maupin, A. N., Reyes, C. R., Accavitti, M., & Shic, F. (2016). Do early educators' implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions. *Yale University Child Study Center*, 9(28), 1-16.

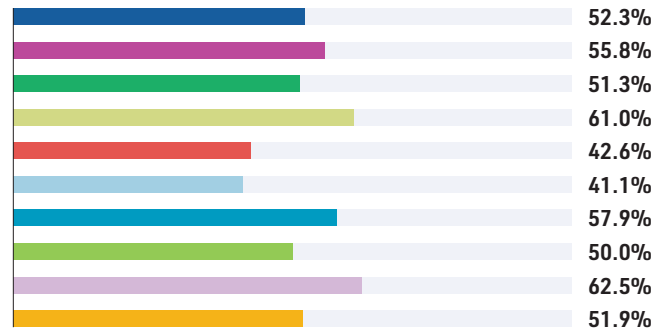
Across different provider roles (Figure 4-5), directors, EI/ECSE specialists, managers/coordinators/coaches, and family advocates/home visitors were all more likely than average to report all of the barriers to receiving support for working with children whose behaviors were seen as challenging. Owners and aides were the least likely to cite any of these barriers.

Figure 4-5. Barriers to getting support for the needs of children with perceived challenging behaviors by provider role

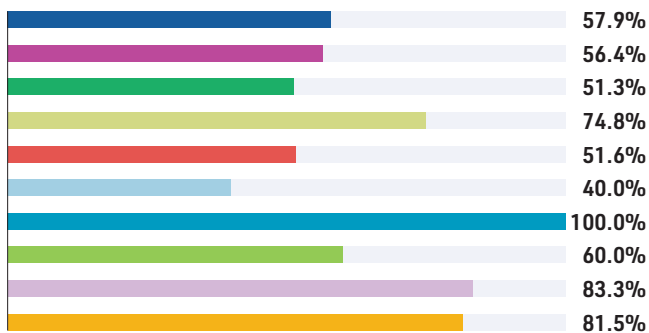
Provider believes that families have difficulty acknowledging child’s challenging behavior



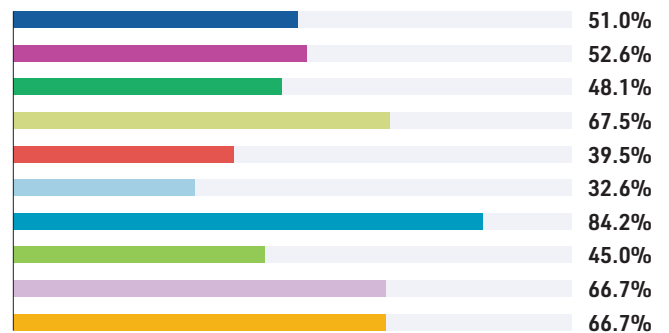
Lengthy process to get early intervention or preschool special education evaluation/support



Provider believes that families had difficulty addressing problems at home (e.g., parent mental health, substance abuse, severe financial problems)



Not enough mental health/behavioral specialists or long wait time to see a specialist



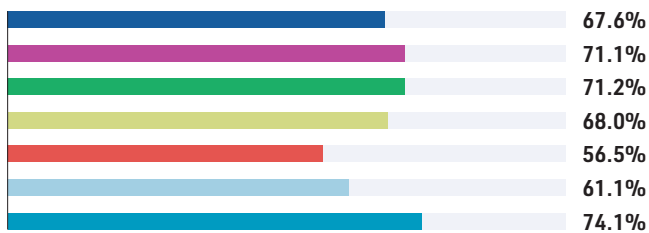
Other



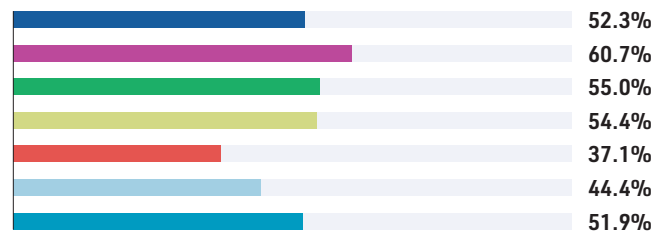
When responses were examined by facility type (Figure 4-6), providers at Head Start centers, EI/ECSE programs, and Relief Nurseries were more likely than average to indicate that they believed that families' difficulties addressing problems at home was a barrier to being able to meet the needs of children with challenging behaviors. These programs are most likely to serve families and children experiencing trauma and stress related to poverty, marginalization, and other systemic barriers. Additionally, providers in Head Start cited there being a lengthy process to get EI/ECSE and not enough behavioral specialists or a long wait to see a specialist as barriers more often than average. Providers in family- or home-based centers were less likely than average to perceive barriers.

Figure 4-6. Barriers to getting support for the needs of children with perceived challenging behaviors by facility type

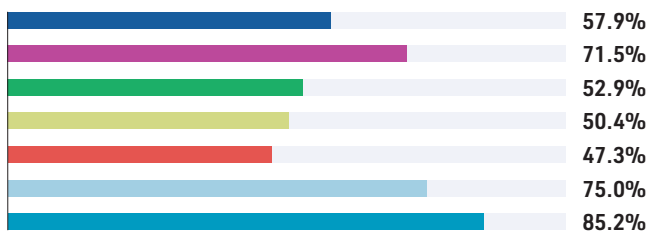
Provider believes that families have difficulty acknowledging child's challenging behavior



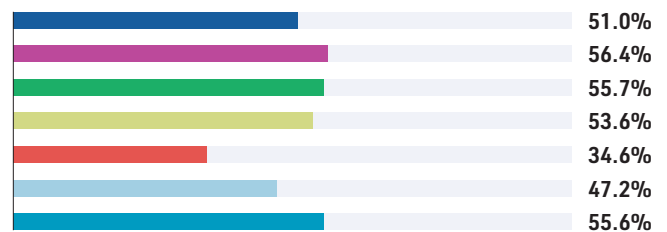
Lengthy process to get early intervention or preschool special education evaluation/support



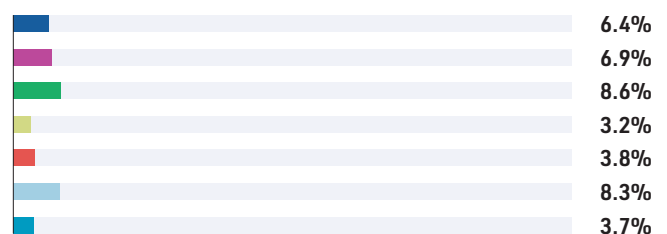
Provider believes that families had difficulty addressing problems at home (e.g., parent mental health, substance abuse, severe financial problems)



Not enough mental health/behavioral specialists or long wait time to see a specialist



Other

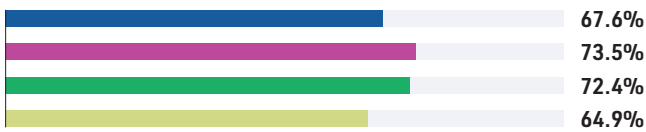


- All
- Head Start
- Other community-based child care center (not HS)
- Child care co-located in K-12 school
- Family or home-based child care
- EI/ECSE
- Relief Nursery

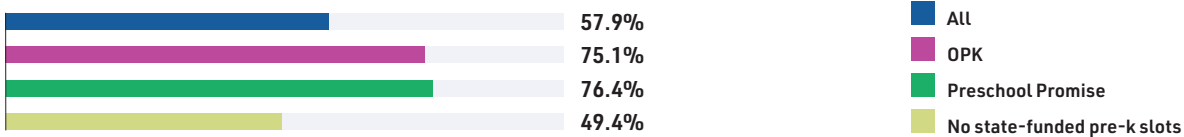
When barriers were examined by region, providers in frontier and rural regions were more likely to indicate that they believed that families were having difficulty addressing problems at home than average (Appendix B). As shown in Figure 4-7, providers in both OPK and Preschool Promise programs cited all of the factors as barriers at a higher-than-average rate.

Figure 4-7. Barriers to getting support for the needs of children with perceived challenging behaviors by funding source

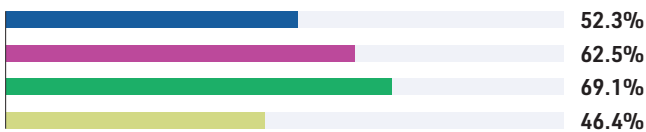
Provider believes that families have difficulty acknowledging child’s challenging behavior



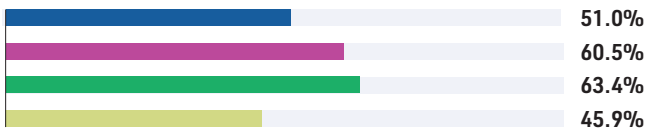
Provider believes that families had difficulty addressing problems at home (e.g., parent mental health, substance abuse, severe financial problems)



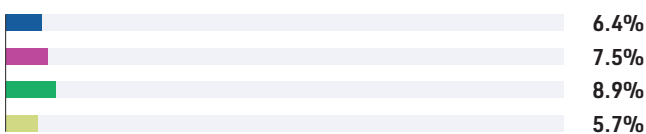
Lengthy process to get early intervention or preschool special education evaluation/support



Not enough mental health/behavioral specialists or long wait time to see a specialist



Other



Asking Children to Leave Care

One outcome when providers are not able to meet the needs of children whose behaviors are experienced as challenging is that the children are asked to leave or reduce their hours in care, or to be formally suspended or expelled. In fact, studies show that children under the age of 5 years are suspended and/or expelled at rates significantly higher than children in K-12 schools.⁶ To begin to understand how often this happens in ECE programs in Oregon, we asked providers if any children in their classroom or program had been asked to leave the program or take a break because the program could not meet their needs and, if so, how many children. Almost 20% of respondents (19.3%; n = 419) indicated that a child had been asked to leave care **in the past year**. In all, providers indicated that 735 children in their programs or classrooms had been asked to leave care in a 1-year period. It is important to remember that multiple providers from a classroom or program may have answered the survey and thus that there is likely some duplication in reporting these numbers; however, this is still likely to be an underestimate of the total number of children suspended or expelled in Oregon in the past year, given that not all programs in Oregon responded to the survey. As shown in Table 4-1, children in community-based centers that were not Head Start and child care programs co-located in K-12 schools were more likely to be asked to leave care than average. Children in family- or home-based centers were least likely to be asked to leave care.

Children in rural areas were less likely to be asked to leave care, while those in urban areas were slightly more likely to be asked to leave. Children in programs with state-funded pre-k slots (OPK and Preschool Promise) were less likely than average to be asked to leave care, while those in programs without state-funded pre-k slots were slightly more likely to be asked to leave. It should be noted that programs in Oregon that receive Preschool Promise funding are required to have policies that limit the use of suspension and expulsion practices and to have processes in place to ensure that the program explores "...all possible options to facilitate the child's safe participation in the program and... to document all steps taken to maintain the child's placement".⁷ Programs receiving OPK funding follow the Head Start policies and regulations⁸ that limit the use of suspension and require that it be only temporary if utilized and prohibit the use of expulsion.

6 Gilliam, W. S. (2005). Prekindergarteners left behind: Expulsion rates in state prekindergarten systems. New York, NY: Foundation for Child Development.

7 Oregon Early Learning Division. (2022, June). Preschool Promise Program Grant Manual-Version 3.0, (p. 9-10). Oregon Department of Education. <https://oregonearlylearning.com/wp-content/uploads/2022/06/22501-PSP-RFA-AttE-Final-Grant-Manual-DOJ-approved-20220613.pdf>

8 <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-17-suspension-expulsion>

Table 4-1. Percentage of providers who responded that students had been asked to leave their classroom/program in the past year

Respondents	Percent
All	19.3%

Facility Type	Percent
Head Start Program	15.6%
Other community-based child care center (not HS)	25.6%
Child care co-located in K-12 school	25.1%
Family/home-based child care	10.1%
EI/ECSE	15.5%
Relief Nursery	*

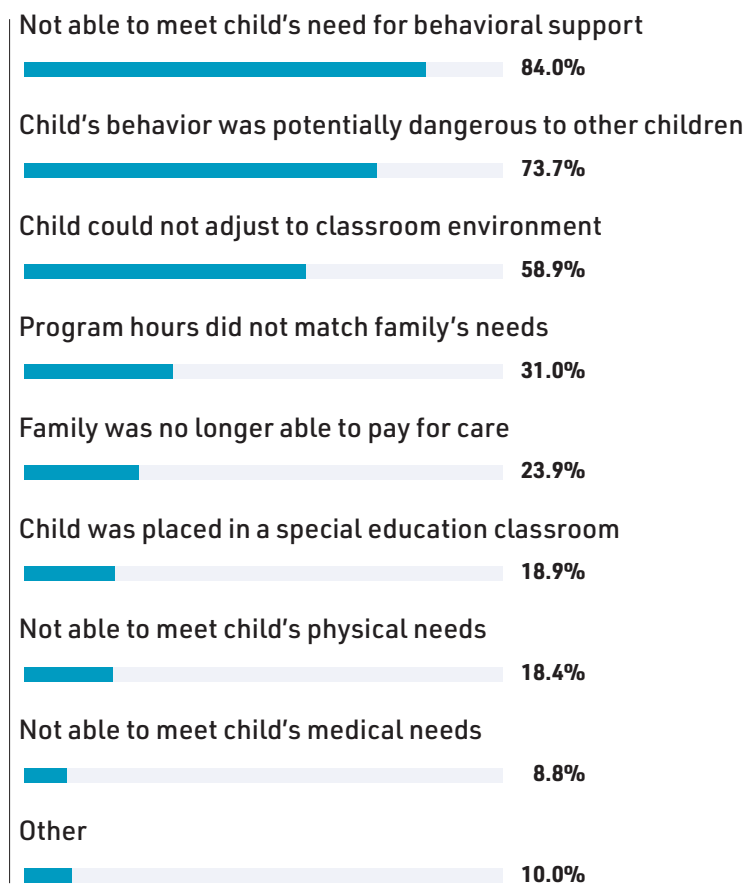
Rurality	Percent
Frontier	*
Rural	14.0%
Urban	21.2%

Program has State-Funded Pre-K Slots	Percent
OPK	15.2%
PSP	14.7%
No state-funded pre-k slots	21.1%

Providers were asked to report the race and ethnicity for children asked to leave care. However, extensive examination of these data raised concerns that not all of the respondents correctly understood the question and/or were able to reliably report this information. Further, it was not clear whether the respondents in some roles had access to family-reported information about children's race and ethnicities or if they were simply using their own judgment/perception of children's racial/ethnic backgrounds. **Thus, these data should be interpreted with care and any conclusions should be considered preliminary.** That said, one finding that stood out across a variety of approaches to minimizing incorrect or unreliable reporting was that a higher proportion of children whom providers reported to be Black or African American were asked to leave care than would be expected, given the proportion of Black or African American children in the general population in Oregon. This finding is consistent with other research related to implicit bias and teachers' perceptions of Black or African American children (see Footnote 5).

We asked providers to indicate the reasons they had asked children to leave care in the past year (shown in Figure 4-8). The most often cited reason for asking a child to leave care was not being able to meet the child's needs for behavioral support, followed by the child's behavior being potentially dangerous to other children. It is also worth noting that one of the more frequently mentioned "other" reasons for asking a child to leave care was that the child's behavior was potentially dangerous to staff. The least cited reasons were not being able to meet the child's medical and physical needs and the child being placed into a special education classroom. The finding that the child's perceived behavioral needs being too difficult to meet was the most frequent reason for children being asked to leave care is consistent with family reports about why their children were asked to leave care.⁹

Figure 4-8. Reasons children were asked to leave care



⁹ Pears, K.C., Miao, A.J., Green, B.L., Lauzus, N., Patterson, L. B., Scheidt, D., & Tremaine, E. (2021, March). Oregon Preschool development grant birth to age 5 strengths and needs assessment: 2020 statewide household survey results. Report submitted to the Oregon Early Learning Division and Early Learning Council.

When the reasons for children being asked to leave care were examined by facility type (Figure 4-9), providers in Head Start programs were more likely than the average for the whole sample to ask children to leave care because the program hours did not meet the family's needs, the child was placed in a special education classroom, or the program was not able to meet the child's physical or medical needs. It was less likely that a child attending Head Start would be asked to leave because the program could not meet the child's needs for behavioral support or the child's behavior was potentially dangerous to other children. As noted above, Head Start regulations limit the use of suspension practices and prohibit expulsion. For other community-based child care centers, children were more likely than average to be asked to leave care due to their behavior, because they could not adjust to the classroom or because their families could no longer pay for care. Children in family- or home-based child care programs were less likely to be asked to leave due to the child's behavior or because the program could not meet the child's physical needs and more likely to be asked to leave because the family could no longer pay for care. The most cited reason for children being asked to leave EI/ECSE programs was that the program hours did not match the family's needs; such programs often do not provide full-day and/or full-week child care options.

Figure 4-9. Reasons children were asked to leave care by facility type

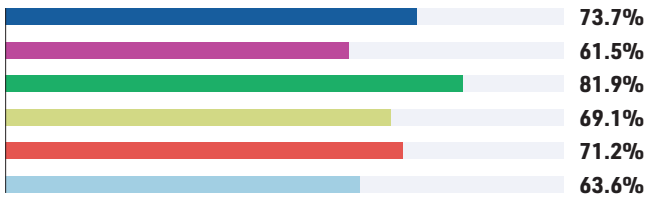
Not able to meet the child's need for behavioral support



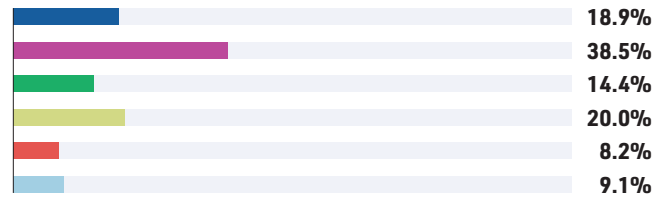
Family was no longer able to pay for care



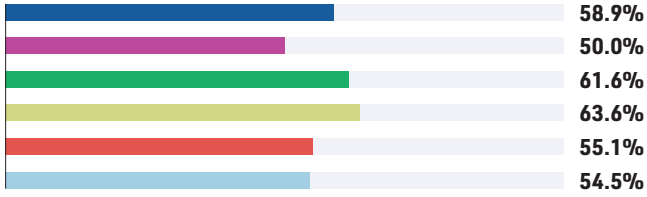
Child's behavior was potentially dangerous to other children



Child was placed in a special education classroom



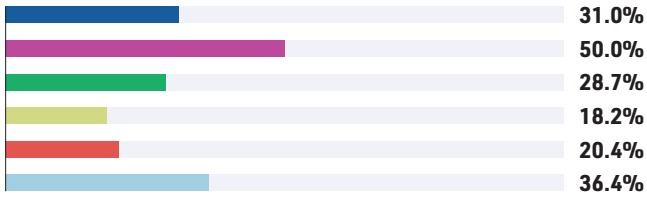
Child could not adjust to the classroom environment



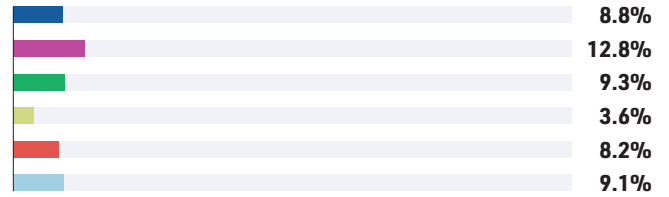
Not able to meet the child's physical needs



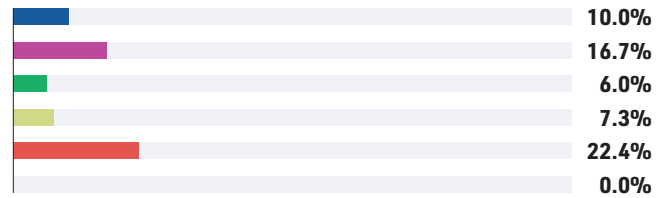
Program hours did not match the family's needs



Not able to meet the child's medical needs



Other



- All
- Head Start
- Other community-based child care center (not HS)
- Child care co-located in K-12 school
- Family or home-based child care
- EI/ECSE

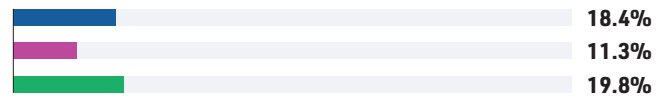
The category of Relief Nursery is not represented here because there were fewer than 10 respondents in that category.

Figure 4-10. Reasons children were asked to leave care by region

Not able to meet the child's need for behavioral support



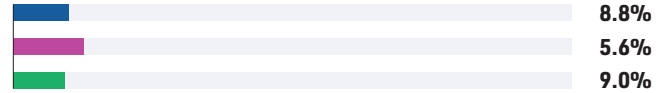
Not able to meet the child's physical needs



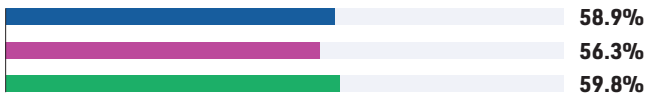
Child's behavior was potentially dangerous to other children



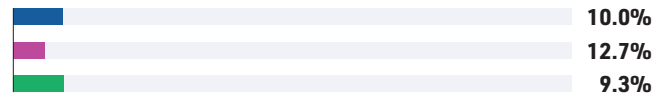
Not able to meet the child's medical needs



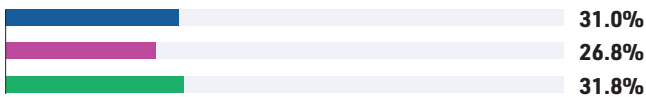
Child could not adjust to the classroom environment



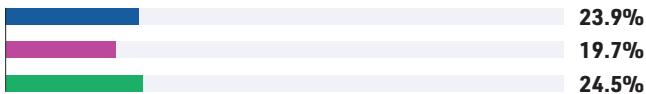
Other



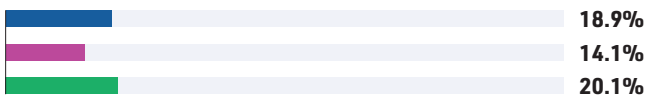
Program hours did not match the family's needs



Family was no longer able to pay for care



Child was placed in a special education classroom



When we examined the reasons for asking a child to leave by region (Figure 4-10), the rates were similar across regions. The only exception was that, in rural areas, children were less likely to be asked to leave because of the child's behaviors or perceived inability to adjust. When reasons were examined by whether the program had state-funded pre-k slots (Figure 4-11), children were less likely to be asked to leave Preschool Promise and OPK programs due to their behaviors or because their families could not pay for care. As with other Head Start programs, children in OPK programs were more likely to be asked to leave because the program hours did not meet the family's needs or because the child was placed in special education.

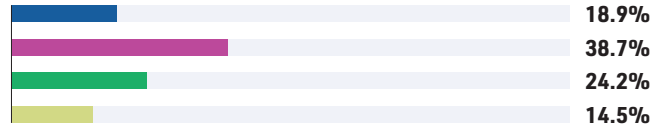
The category of 'frontier' is not represented here because there were fewer than 10 respondents in that category.

Figure 4-11. Reasons children were asked to leave care by funding type

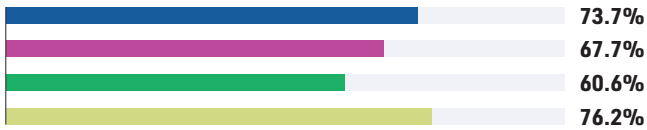
Not able to meet the child's need for behavioral support



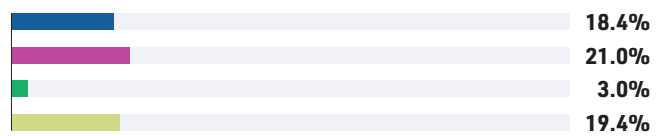
Child was placed in a special education classroom



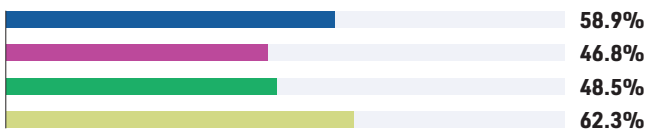
Child's behavior was potentially dangerous to other children



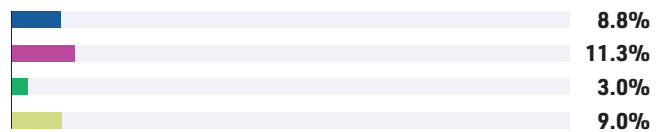
Not able to meet the child's physical needs



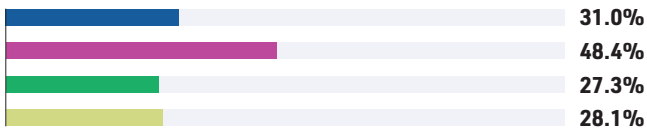
Child could not adjust to the classroom environment



Not able to meet the child's medical needs



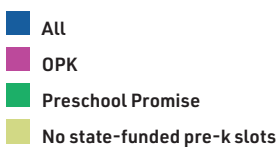
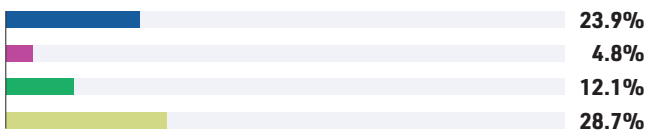
Program hours did not match the family's needs



Other



Family was no longer able to pay for care



Access to and Use of Infant and Early Childhood Mental Health Consultants

The purpose of Infant and Early Childhood Mental Health Consultation (IECMHC) is to support both family members and ECE providers to facilitate children's positive social-emotional development. Such consultation has been shown to have positive outcomes for children, including boosting children's social and academic skills and reducing challenging behaviors.¹⁰ Mental health consultants (MHCs) are specifically trained to have specialized knowledge in mental health, child development, how trauma and stress affect children and adults, and how to build adults' capacities to support children to develop positively.

To explore whether providers had access to MHCs, we asked them to indicate first whether they had had access in the past year to an early childhood MHC defined as someone who "...provides training and coaching to early care and education providers to help manage children's challenging behavior and promote and support children's healthy social-emotional development". We then asked if they had worked with or been supported by an MHC. The rates of having access to and working with MHCs are shown in Table 4-2 for the whole sample and by subgroups of providers. **Fewer than a quarter of all providers had access to an MHC, and less than 20% had actually worked with an MHC in the past year. This is notable given that 52.4% of all providers felt overwhelmed or that they did not have the training to address challenging child behaviors. IECMHC has been shown to reduce ECE providers' feelings of stress.¹¹**

Table 4-2. Provider rates of having access to, having worked with, or having been supported by an MHC in the last year

Respondents	had access to an MHC	worked with an MHC
All	23.3%	18.2%

Role	had access to an MHC	worked with an MHC
Lead Teacher	26.0%	21.5%
Assistant Teacher	21.4%	14.6%
Director	23.9%	19.5%
Owner	9.4%	5.6%
Aide	12.0%	8.7%
EI/ECSE Specialist	48.6%	37.1%
Other (Nanny, etc.)	20.5%	17.9%
Manager/coordinator/coach	56.8%	48.6%
Family Advocate or Home Visitor	65.5%	51.7%

¹⁰ SAMSHA. About infant and early childhood mental health consultation. <https://www.samhsa.gov/iecmhc/about>

¹¹ SAMSHA. About infant and early childhood mental health consultation. <https://www.samhsa.gov/iecmhc/about>

Table 4-2. Provider rates of having access to, having worked with, or having been supported by an MHC in the last year *continued*

Facility Type	had access to an MHC	worked with an MHC
Head Start Program	60.0%	48.0%
Other community-based child care center (not HS)	10.2%	7.8%
Child care co-located in K-12 school	12.3%	8.7%
Family/home-based child care	8.7%	6.0%
EI/ECSE	29.6%	21.1%
Relief Nursery	64.4%	57.8%

Rurality	had access to an MHC	worked with an MHC
Frontier	50.0%	39.5%
Rural	32.2%	24.7%
Urban	19.9%	15.7%

Race/Ethnicity	had access to an MHC	worked with an MHC
African American or Black	35.0%	31.3%
Asian	17.8%	11.9%
Hispanic or Latina/o/x	25.9%	20.2%
Middle Eastern or North African	19.2%	23.1%
Native American or Native Alaskan	31.8%	25.9%
Native Hawaiian or Pacific Islander	14.3%	14.3%
White	22.4%	16.8%
Another identity	31.1%	29.5%

Language	had access to an MHC	worked with an MHC
Chinese	18.6%	16.3%
English	23.7%	18.2%
Russian	14.8%	14.8%
Spanish	28.5%	24.2%
Ukrainian	10.0%	0.0%
Vietnamese	31.3%	12.5%
Another language	16.2%	12.8%

Program has State-Funded Pre-k	had access to an MHC	worked with an MHC
OPK	64.3%	53.1%
PSP	29.5%	24.6%
No state-funded pre-k slots	11.5%	8.0%

Across provider roles, owners are the least likely to have access to or work with an MHC, followed by aides. EI/ECSE specialists, managers/coordinators/coaches, and family advocates/home visitors reported higher-than-average rates of having access to and working with MHCs. As is noted above, EI/ECSE specialists and family advocates/home visitors reported higher-than-average rates of feeling overwhelmed; although manager/coordinators/coaches had slightly lower-than-average rates.

Across facility types, providers in Head Start and Relief Nursery programs showed much higher-than-average rates of access to and working with MHCs, while those in community-based centers, family- or home-based care, and care co-located in K-12 schools were less likely to have access to or work with MHCs. Across regions, providers in frontier regions were more likely than average to have access to or work with MHCs, while those from urban areas were slightly less likely to do so.

When provider race and ethnicity and languages were examined, notably, providers who identified as Asian—or spoke Chinese, Russian, or Ukrainian—were less likely than average to have access to or work with MHCs. Providers identifying as Black or African American, Native American or Native Alaskan or another identity, and those who spoke Spanish, were more likely to have access to or work with MHCs.

Providers in programs receiving state funding for pre-k were more likely than average to have access to or work with MHCs, while those in programs that were not receiving state funding for pre-k were much less likely to do so. Overall, these findings highlight that programs that received federal (e.g., Head Start) or state (e.g., OPK or Preschool Promise) funding for pre-k or that are dedicated to working with children and families with developmental disabilities or delays (e.g., EI/ECSE), and providers within those programs, were more likely to have access to and actually be supported by MHCs. Community-based and family- or home-based programs were least likely to have access to MHCs. Notably, Head Start, OPK, and Preschool Promise program guidelines all require that staff have access to mental health consultation; however, research has shown considerable gaps in existing consultation for these programs in meeting staff and children's needs.¹²

12 Green, B. L., Everhart, M., Gordon, L., & Garcia-Gettman, M. (2006). Characteristics of effective mental health consultation in early childhood settings: Multi-level analysis of a national survey. *Topics in Early Childhood Special Education*, 26(3), 142-152.

Challenges for the ECE Field: Takeaways and Recommendations

Providers across the state are showing high levels of anxiety, depression, and feeling overwhelmed or that they do not have the skills they need to adequately address children’s behaviors that they perceive as challenging. The highest rates of these issues are seen in directors and EI/ECSE specialists and in providers working in programs such as Head Start, EI/ECSE, and Relief Nurseries that traditionally serve families who may be experiencing circumstances such as a lack of financial resources, parental mental health issues, developmental disabilities or ongoing medical needs, and systemic barriers such as racism and classism. Additionally, providers in programs that received state funding for pre-K and providers identifying as Native American or Native Alaskan show higher-than-average rates of distress. The lowest rates are seen in providers who are owners of programs and working in family- or home-based programs. This suggests a need for more support for providers statewide. One such support could be the expansion of the availability of early childhood MHCs as suggested below.

It is also important to emphasize that the high levels of depression and anxiety in providers is influenced by multiple factors, in addition to their perceptions of challenging child behaviors. There are multiple factors that are likely to be impinging upon providers, including the effects of the COVID-19 pandemic. Additionally, almost 33% of all respondents reported incomes that were within 200% of the Federal Poverty Line. This is another potential source of stress for providers and highlights **the need for increased and equitable pay for ECE providers.**

Providers believe that families’ difficulties acknowledging their children’s perceived challenging behaviors or other family difficulties, such as low resources or parental mental health issues, are barriers to being able to address the needs of children with behaviors perceived as challenging. Recent research shows that families whose children have been asked to leave care would like support from providers and often felt that they could not get that support (see Footnote 4). This set of findings suggests the need for more emphasis on and training in forming healthy partnerships between providers and the families they serve so that perceived issues can be addressed early and collaboratively. It is also important to note the consistent research findings that implicit and explicit biases can lead ECE providers to perceive some children’s behaviors to be more challenging than those of others based on the children’s race or other factors (see Footnote 5). Thus, these findings also suggest that providers might benefit from professional development and coaching to increase their abilities to recognize how their own implicit biases might affect their perceptions of children’s behaviors.

Providers also note that extended waits for EI/ECSE or other behavioral support services are barriers to addressing the needs of children with challenging behaviors. This suggests a need for expansion of these services and increased infrastructure to support access to the services.

Almost 20% of providers reported that one or more children had been asked to leave their classroom or program in the past year, and the majority of providers noted that this was due to children's behaviors. This is consistent with the finding that over one half of all providers feel overwhelmed by children's behaviors that they perceive as challenging at least sometimes. This indicates a critical need for providers to have more training and support around understanding child development and promoting positive development, in addition to understanding how their own perceptions of child behaviors may influence their interpretations of that behavior.

More research is needed on potential inequities in suspensions from ECE. The difficulties in obtaining information about the race and ethnicities of children asked to leave care highlight the need to develop reliable and sustainable methods for collecting data about ECE suspensions and expulsions across the state. Such methods should prioritize respondents who are most likely to be able to provide information about children who are asked to leave care, such as directors and owners.

Black or African American children were asked to leave care at disproportionately high rates although these data are preliminary. This vividly highlights that, in addition to training and support in addressing children's challenging behaviors, providers need training in recognizing and addressing their implicit biases and their abilities to engage children and families across different racial/ethnic, cultural, and linguistic backgrounds.

We need to learn more about what helps providers to support children's behavioral and social-emotional needs so that they can include all children in their programs. A number of findings suggest children are less likely to be asked to leave family- and home-based programs. Additionally, children in Head Start programs appear to be less likely to be asked to leave care due to their behavior and, instead, more likely to be transitioned to a program that better meets the child's needs. **To better support Oregon's children and families, it is imperative that we understand what is already working to keep children in care.**

Further, providers' own levels of distress are likely to adversely affect both their perceptions of children's behaviors and their abilities to provide developmentally appropriate, supportive care. Thus, in addition to understanding what supports for children and families allow children to stay in care, it is **also vital that policymakers focus on increasing the wellbeing of ECE providers through social-emotional support, organizational supports such as flexible schedules and time off, and structural supports such as better pay and benefits that include mental health care.**

There is a critical need for IECMHC services across providers and programs; however, fewer than 25% of providers have access to these services and even fewer have worked with a mental health consultant. Research has shown that IECMHC services can significantly reduce challenging child behaviors while also increasing children's positive social-emotional skills. Given the high levels of provider distress and perceived barriers to getting support to address children's perceived challenging behaviors cited above, the provision of these services could be an effective way to address these issues and prevent their development in the future. However, it is clear that access to and use of these services need to be significantly expanded across the state. Further, particular attention needs to be paid to allowing owners and providers in community-based centers and family- and home-based programs that are not currently supported by state funding for pre-k to have greater access to IECMHC services. Finally, **mental health consultations should be specific to the cultural and linguistic needs of the children, families, and providers being served.**

5 Who is Coaching ECE Providers?

To learn more about providers who deliver coaching in Oregon, **all survey respondents were asked to indicate whether they had served in the role of coach or mentor in their program since March 2021.** Importantly, respondents did not have to have the job title of “Coach” in order to respond to this set of questions since the goal of the survey was to gain a deeper understanding of the characteristics and experiences of all people who are currently providing coaching to ECE providers in Oregon. A coach or mentor was defined as “someone who provides ongoing support to other providers by doing some or all of the following: demonstrating or modeling classroom/instructional skills; doing formal (e.g., CLASS, ECERS, etc.) or informal observations of classroom/children and providing feedback to provider; working to set goals geared to developing knowledge and skills related to their instructional practice”.

Who Delivers Coaching?

Overall, 16.6% (n = 360) of all responding providers said that they had served in the role of coach or mentor in their program in the past year. The characteristics of providers who provided coaching are shown in Table 5-1. Notably, most providers who said that they had served in the role of coach in the past year did not have that position title. About a third (33.9%) of all of these providers indicated that they were lead teachers in their programs; 24.7% indicated that they were directors, and 16.7% indicated that they were owners. Aides and family advocates were least likely to provide coaching to others.

Table 5-1. Demographic characteristics of providers who have been coaches since March 2021 (n=360)

Role	Percent
Lead teacher	33.9%
Assistant teacher	4.4%
Director	24.7%
Owner	16.7%
Aide	2.5%
EI/ECSE specialist	1.9%
Other	0.6%
Manager/coordinator/coach	13.1%
Family advocate/home visitor	2.2%

Facility Type	Percent
Head Start Program	23.9%
Other community-based child care center (not HS)	40.6%
Child care co-located in K-12 school	12.5%
Family/home-based child care	17.2%
EI/ECSE	2.5%
Relief Nursery	3.3%

Rurality	Percent
Frontier	2.2%
Rural	25.5%
Urban	72.3%

Family Income	Percent
Less than FPL	23.9%

Table 5-1. Demographic characteristics of providers who have been coaches since March 2021 *continued*

Race/ethnicity	Percent
African American or Black	3.6%
Asian	4.2%
Hispanic or Latina/o/x	13.9%
Middle Eastern or North African	0.3%
Native American or Native Alaskan	4.7%
Native Hawaiian or Pacific Islander	1.4%
White	81.1%
Another identity	0.8%

Languages Spoken	Percent
Chinese	1.1%
English	89.7%
Russian	1.1%
Spanish	18.9%
Ukrainian	0.6%
Vietnamese	0.8%
Another language	5.6%

Years in ECE	Percent
0-5 years	15.6%
6-10 years	20.0%
11-15 years	14.4%
16-20 years	14.7%
21-25 years	12.5%
26 years or more	22.8%

Program has State-Funded Pre-K Slots	Percent
OPK	20.6%
PSP	11.7%
No state-funded pre-k slots	67.8%

As shown in Figure 5-1, 40.6% of all coaches worked within community-based child care centers. Almost a fourth (23.9%) worked in Head Start programs. Figures 5-2 and 5-3 show the racial or ethnic identities of the coaches and the languages that they speak fluently. As noted earlier in this report, respondents could select more than one racial or ethnic identification and language spoken. Notably, when compared to the distribution of race and ethnicities for the whole sample, providers who identified as Hispanic or Latina/o/x were underrepresented as coaches (19.2% in the whole sample vs. 13.9% as coaches) and respondents who identified as White were overrepresented (75.4% in the whole sample vs. 81.1% as coaches). The majority of coaches lived in urban regions. Almost 24% of coaches had family incomes that were less than 200% of the FPL. Coaches tended to have more than 11 years of experience in ECE.

Figure 5-1. Where coaches work by facility type

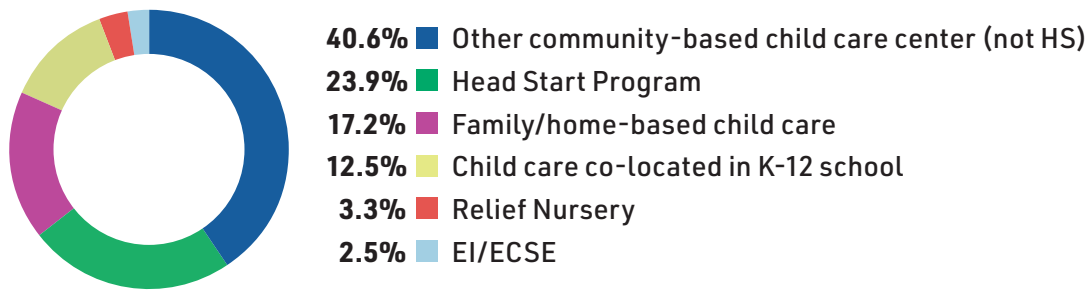


Figure 5-2. Racial or ethnic identities of coaches

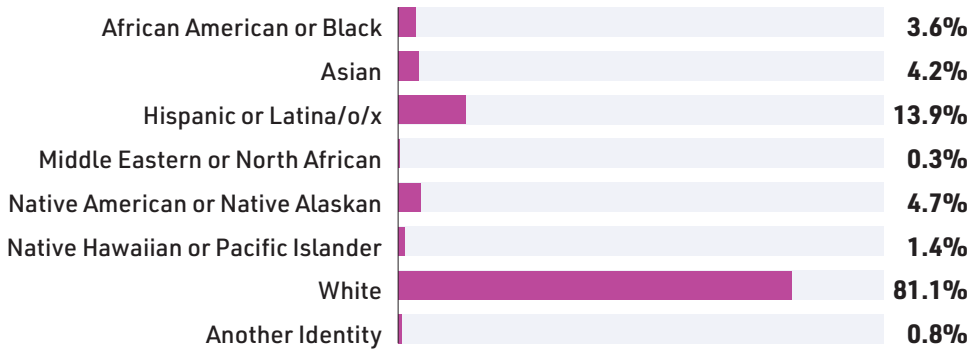
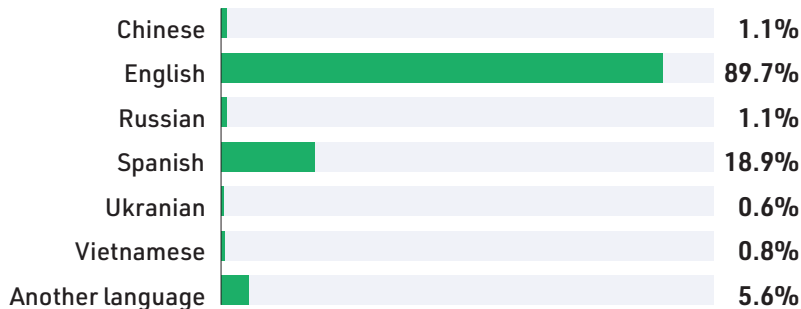
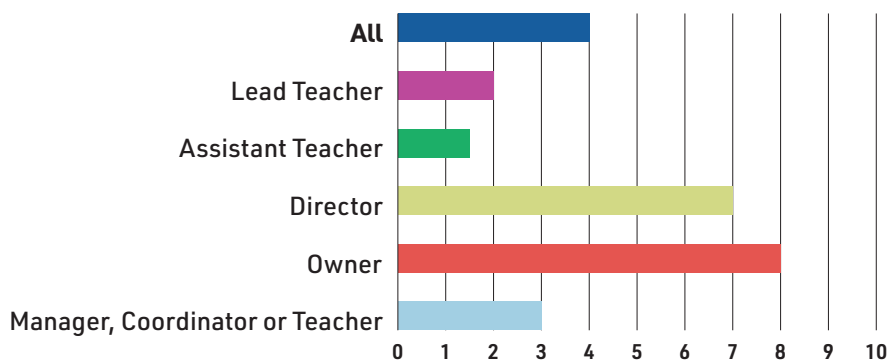


Figure 5-3. Languages spoken by coaches



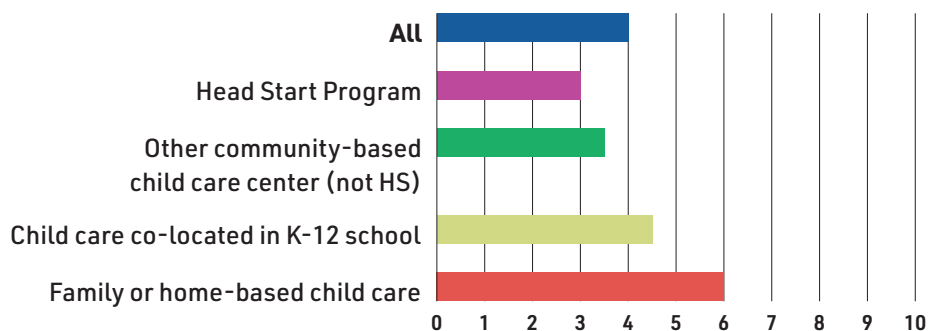
The median number of years that respondents had been coaching others was four, with about 30% of the coaches having had a year or less of experience. As shown in Figure 5-4, owners and directors had a higher median number of years of coaching experience compared to that for all respondents, while lead teachers, assistant teachers, and those in managerial roles (which included those who had “Coach” as their official job title) had fewer overall median years of experience. When the median number of years of experience in coaching was examined by facility type, those respondents in Head Start and community-based centers reported fewer years of experience than the median for all respondents, while those in other facilities had more years of experience (see Figure 5-5). When average years of coaching experience were examined by race and ethnicity, respondents who identified as Hispanic or Latina/o/x or Asian had fewer years of experience than the median for all respondents, while those identifying as African American or Black or Native American or Native Alaskan had more years of experience than the overall median (see Appendix C).

Figure 5-4. Median number of years coaching by role of coach



The categories of Aide, EI/ECSE Specialist, Other, and Family Advocate/Home Visitor are not pictured because they had fewer than 10 providers in those categories.

Figure 5-5. Median number of years coaching by facility type



The categories EI/ECSE and Relief Nursery are not included because there were fewer than 10 respondents in those categories.

Time Dedicated to Coaching

Respondents who had the role of coach were asked to indicate how much of their work time was typically dedicated to coaching. **The large majority of respondents (71.7%) had less than 25% of their working hours dedicated to coaching** and very few had 25% or more of their time dedicated to coaching (Figure 5-6). These proportions were fairly consistent across different job roles with the exception of the managers category that included respondents who had “Coach” as their official job title (Figure 5-7). Even respondents in this category, however, were unlikely to spend more than 50% of their time coaching others. When responses were examined by race and ethnicity, a higher proportion of those respondents who identified as Black or African American or Asian spent between 50% and 100% of their time dedicated to coaching than all respondents (Appendix C). Finally, a third of respondents in state-funded Preschool Promise programs spent 25%–49% of their time coaching versus 15.6% in the whole sample (see Appendix C).

Figure 5-6. Percentage of working hours spent coaching

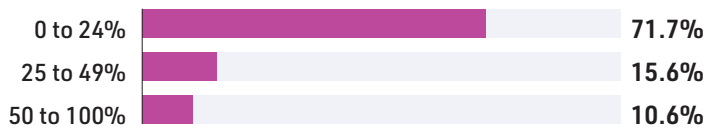
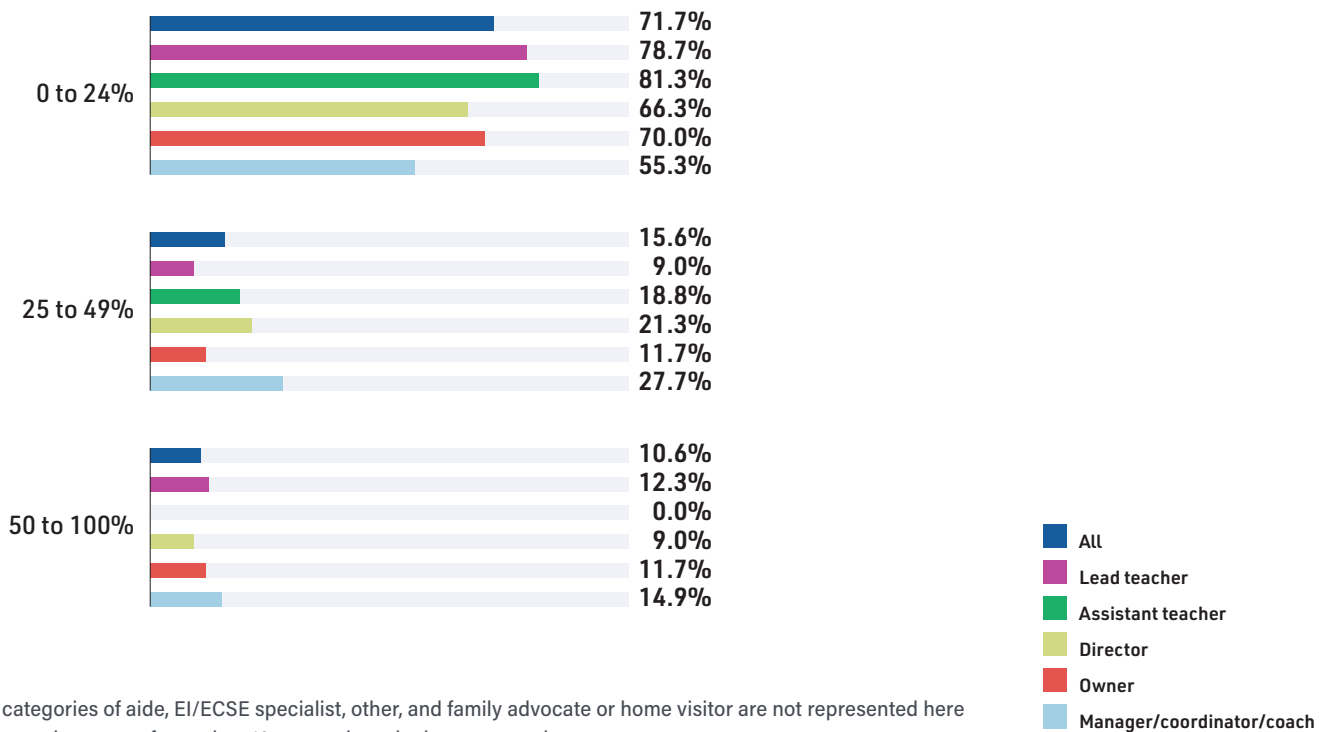


Figure 5-7. Percentage of working hours spent coaching by provider role



The categories of aide, EI/ECSE specialist, other, and family advocate or home visitor are not represented here because there were fewer than 10 respondents in those categories.

Professional Development Received by Coaches

Respondents who had coached others were asked whether, in the past year, they had received professional development (PD) opportunities to support coaching on the topics listed in Figure 5-8. As shown in the figure, coaches were most likely to have received PD in communication methods. They were least likely to have received PD in coaching structure and implementation, and adult learning as a tool for coaching delivery. Finally, fewer than a half of all coaches received PD in either practice-based coaching or equity and inclusion as they relate to coaching. Figures 5-9 and 5-10 illustrate the percentage of coaches receiving the different types of PD by role and by facility type. Respondents in the manager/coordinator/coach category showed the highest rates of receiving all types of PD, with directors also showing rates higher than those for the whole group in a number of categories. Owners were less likely to receive PD in all of the categories compared to the values for the whole sample. Coaches in Head Start had higher rates than the averages for the whole group of receiving PD in all of the categories. When the rates of receiving PD in different topics were examined by other subgroups, results revealed that providers who identified as Black or African American, those who spoke Spanish, those in rural areas, and those in Preschool Promise programs received PD across topics at higher rates than the averages for the whole sample (see Appendix C).

Figure 5-8. Percentages of coaches receiving professional development in selected topics

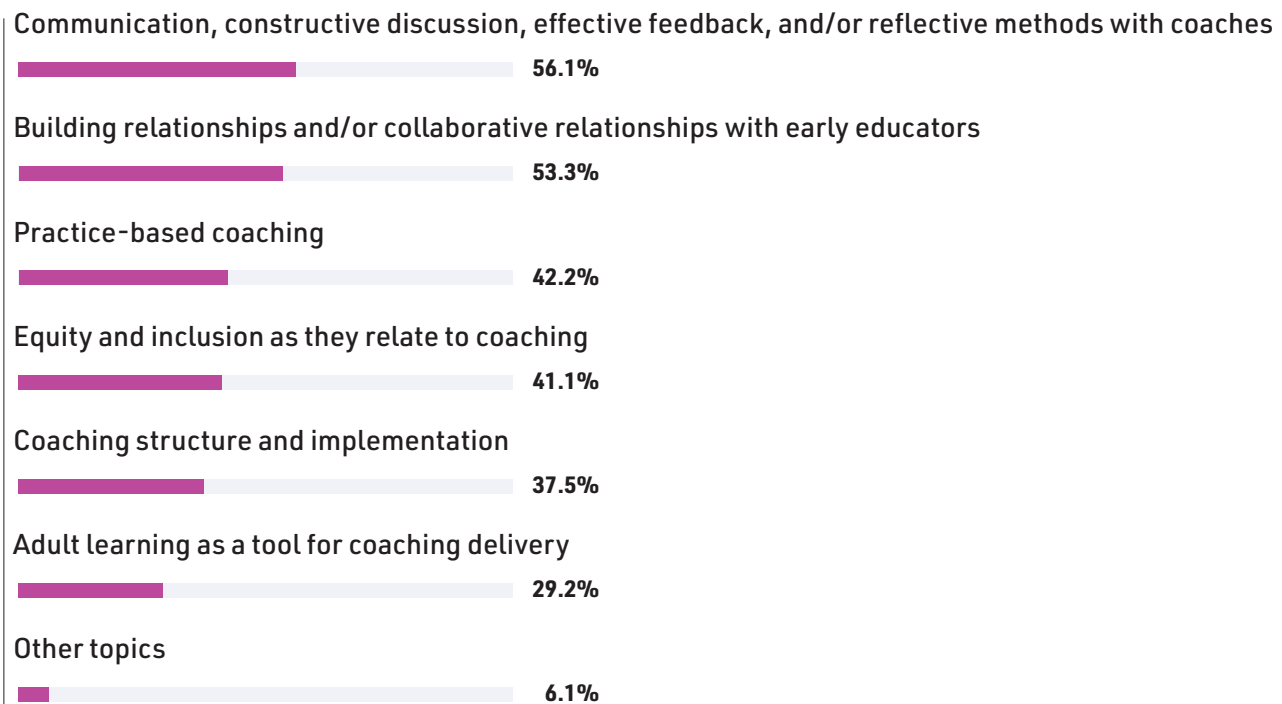
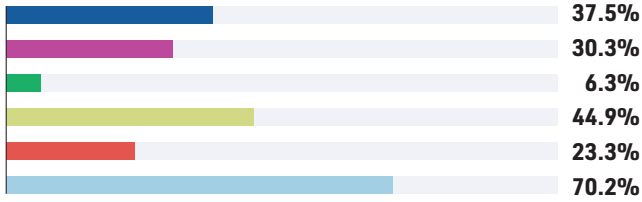
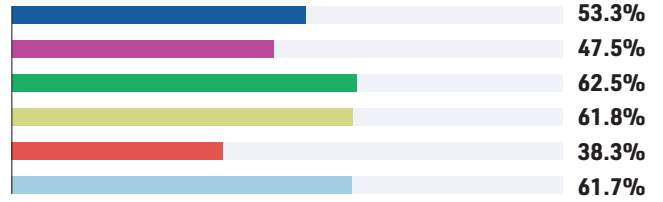


Figure 5-9. Percentages of coaches receiving professional development in selected topics by role

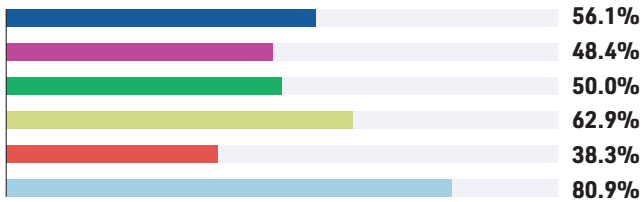
Coaching structure and implementation



Building relationships and/or collaborative relationships with early educators



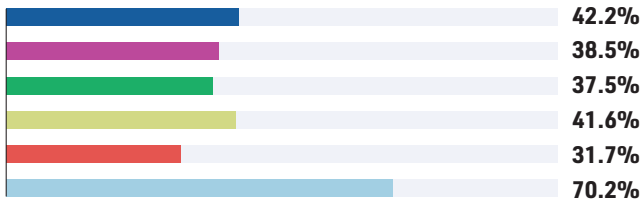
Communication, constructive discussion, effective feedback, and/or reflective methods with coaches



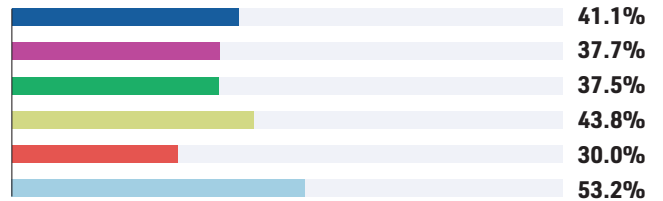
Adult learning as a tool for coaching delivery



Practice-based coaching



Equity and inclusion as they relate to coaching



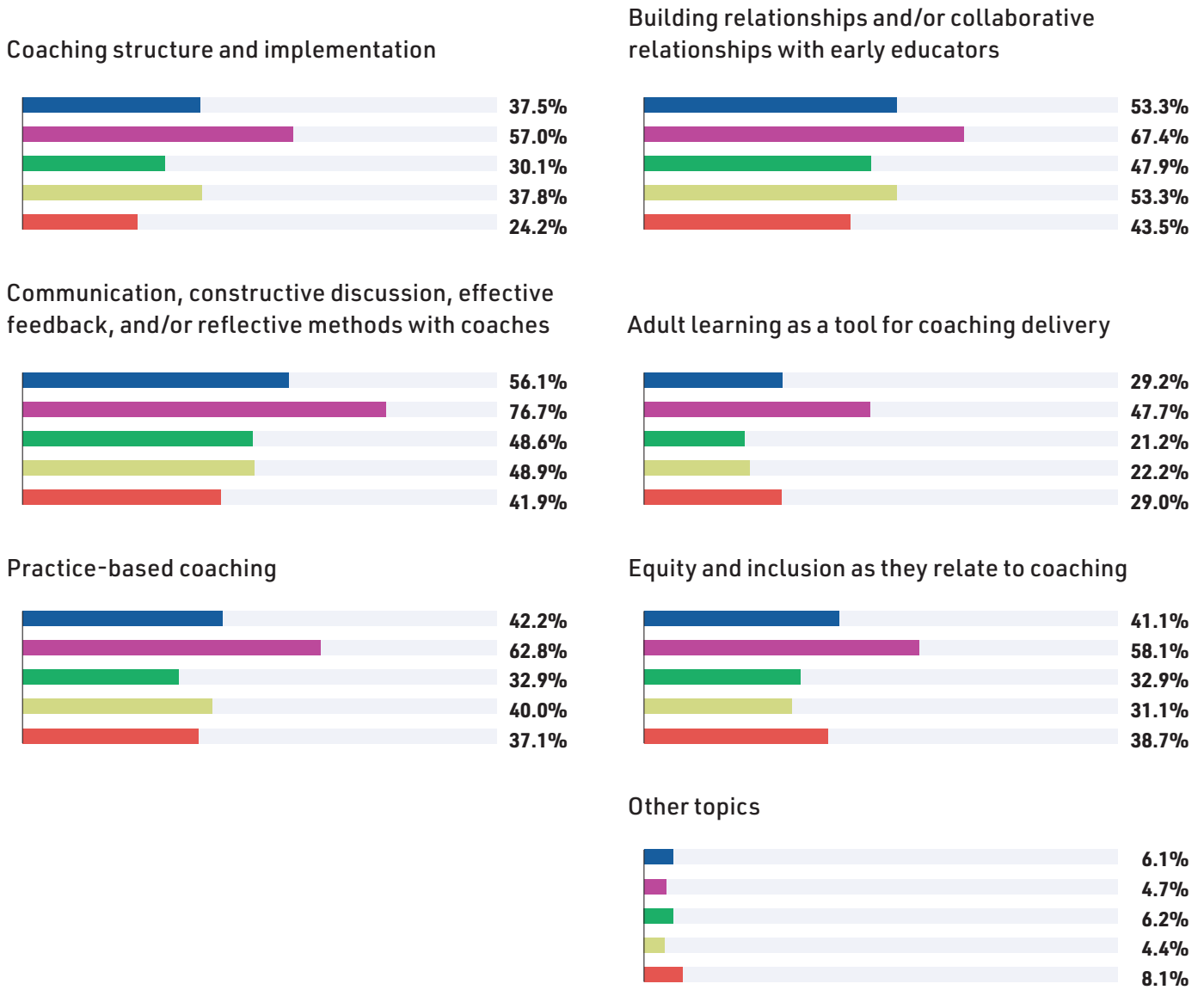
Other topics



- All
- Lead teacher
- Assistant teacher
- Director
- Owner
- Manager/coordinator/coach

The categories of aide, EI/ECSE specialist, other, and family advocate or home visitor are not represented here because there were fewer than 10 respondents in those categories.

Figure 5-10. Percentages of coaches receiving professional development in selected topics by facility



- All
- Head Start
- Other community-based child care center (not HS)
- Child care co-located in K-12 school
- Family or home-based child care

The categories of EI/ECSE programs and Relief Nurseries are not represented here because there were fewer than 10 respondents in those categories.

Who Are Coaches Working With?

To understand who the coaches were working with, we asked several questions. First, respondents were asked how many staff they coached, followed by a question about how many staff they coached in a one-to-one partnership. As shown in Table 5-2, there was wide variability in the average number of providers coached by the respondents. Thus, median numbers will be discussed here. The median number of people coached was three and the median number coached in one-to-one partnerships was two. Those respondents in the manager/coordinator/coach role worked with almost three times more staff than the median for the whole sample for both general coaching and in one-to-one partnerships, and directors worked with two times more staff. Owners worked with only half of the median number of staff in general for coaching but were at the median for the whole sample on one-to-one partnerships. Providers working in Head Start or community-based child care programs worked with slightly more staff than the median in both general coaching and one-to-one partnerships. (Tables 5-2 and 5-3). When numbers of staff coached were examined by other subgroups (see Appendix C), providers who identified as Black or African American worked with higher numbers of staff than the median, while those who identified as Asian and Hispanic or Latina/o/x worked with half as many in general coaching. Similarly, providers who spoke Spanish worked with fewer providers in general coaching. Coaches working in OPK programs worked with higher median numbers of providers in both general coaching and one-to-one partnerships. Overall, the more providers the coaches worked with, the greater the proportion of their working hours were devoted to coaching ($r = 0.24, p < .001$).

Table 5-2. Mean number of staff coached

Respondents	Median	M	SD	Range
All	4.00	8.91	18.28	0-228

Role	Median	M	SD	Range
Lead teacher	3.00	5.71	20.74	1-228
Assistant teacher	2.00	3.06	4.80	0-20
Director	8.50	13.34	19.03	0-120
Owner	2.00	5.21	10.81	0-75
Manager/coordinator/coach	11.00	18.04	20.54	1-100

Facility Type	Median	M	SD	Range
Head Start Program	5.00	9.65	13.44	0-100
Other community-based child care center (not HS)	5.00	11.15	23.50	0-228
Child care co-located in K-12 school	4.00	10.11	20.45	1-120
Family/home-based child care	2.00	2.75	3.62	0-25

The categories of aide, EI/ECSE specialist, other, family advocate or home visitor and EI/ECSE programs, and Relief Nurseries are not represented here because there were fewer than 10 respondents in those categories.

Table 5-3. Mean number of staff coached in 1-to-1 partnerships

Respondents	Median	M	SD	Range
All	2.00	5.09	12.90	0-121

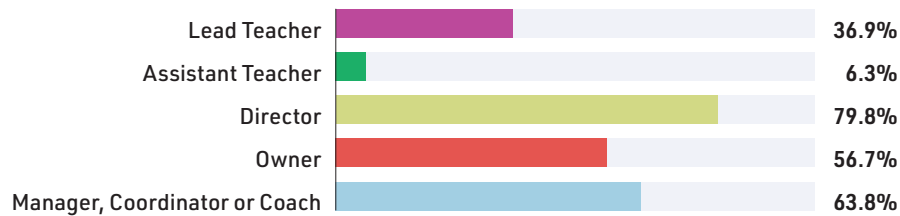
Role	Median	M	SD	Range
Lead teacher	2.00	3.68	11.52	0-121
Assistant teacher	1.00	1.79	2.01	0-7
Director	4.00	8.29	14.72	0-120
Owner	2.00	4.42	10.69	0-75
Manager/coordinator/coach	6.00	11.65	17.12	0-100

Facility Type	Median	M	SD	Range
Head Start Program	3.00	6.35	12.98	0-100
Other community-based child care center (not HS)	3.00	6.07	12.35	0-121
Child care co-located in K-12 school	4.00	8.73	20.59	0-120
Family/home-based child care	2.00	2.80	3.78	0-25

The categories of aide, EI/ECSE specialist, other, family advocate or home visitor and EI/ECSE programs, and Relief Nurseries are not represented here because there were fewer than 10 respondents in those categories.

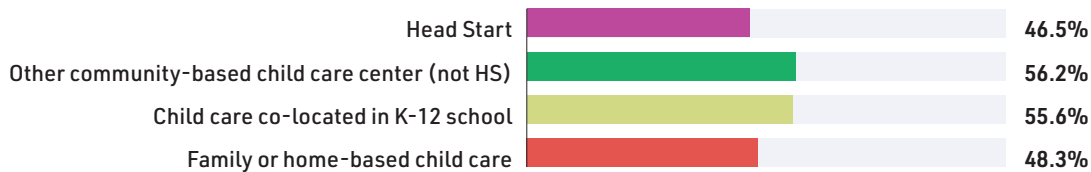
Just over half (51.1%) of respondents were coaching or mentoring their supervisees. This suggests that there may be a power differential in many of the coaching partnerships. As shown in Figure 5-11, even within the group of providers that included people who held the official title of coach, the majority were likely to be formal supervisors of the staff they were coaching. Coaches working in family or home-based or Head Start centers were less likely than the average to be formal supervisors of their coachees (Figure 5-12). The tables in Appendix C show that coaches who identified as Asian, Hispanic or Latina/o/x, or Native American or Native Alaskan were less likely than average to be formal supervisors of the people that they coached or who spoke Spanish.

Figure 5-11. Percentages of coaches who are formal supervisors of the staff they coach by role



The categories of aide, EI/ECSE specialist, other, and family advocate or home visitor are not represented here because there were fewer than 10 respondents in those categories.

Figure 5-12. Percentages of coaches who are formal supervisors of the staff they coach by facility



The categories of EI/ECSE programs and Relief Nurseries are not represented here because there were fewer than 10 respondents in those categories.

Coaching Activities

Coaches were asked how often they engaged in various activities (shown in Figure 5-13) with providers. As can be seen in Figure 5-13, coaches were most likely to provide emotional support to providers and model practices or behavior for them. **They were least likely to set goals and assess progress towards those goals;** help with preparation of materials, lessons, or schedules; and use Coaching Companion (an online platform featuring exemplar videos and materials for setting coaching goals). It should be noted that the use of Coaching Companion was much lower in general than any of the other activities. To examine activities by subgroups, the percentage of coaches who said that they engaged in the activities consistently (i.e., “often” or “almost always”) were calculated. As shown in Figure 5-14, across roles, the same patterns largely held with the exception that managers/coordinators/coaches more often engaged in activities in every category except material and lesson preparation. Assistant teachers also showed a higher rate of using Coaching Companion than the average. When activities were examined by facility type, the pattern was similar to that of the whole sample (Figure 5-15). Coaches working at Head Start programs were more likely than the average to provide strength-based feedback to providers, and coaches in family- or home-based programs were more likely to engage in material and lesson preparation. Further exploration of activities by other subgroups are presented in Appendix C. Of note, coaches in Preschool Promise programs were slightly less likely than average to help with preparation for lessons.

Figure 5-13. Frequency of coaching activities as reported by coaches

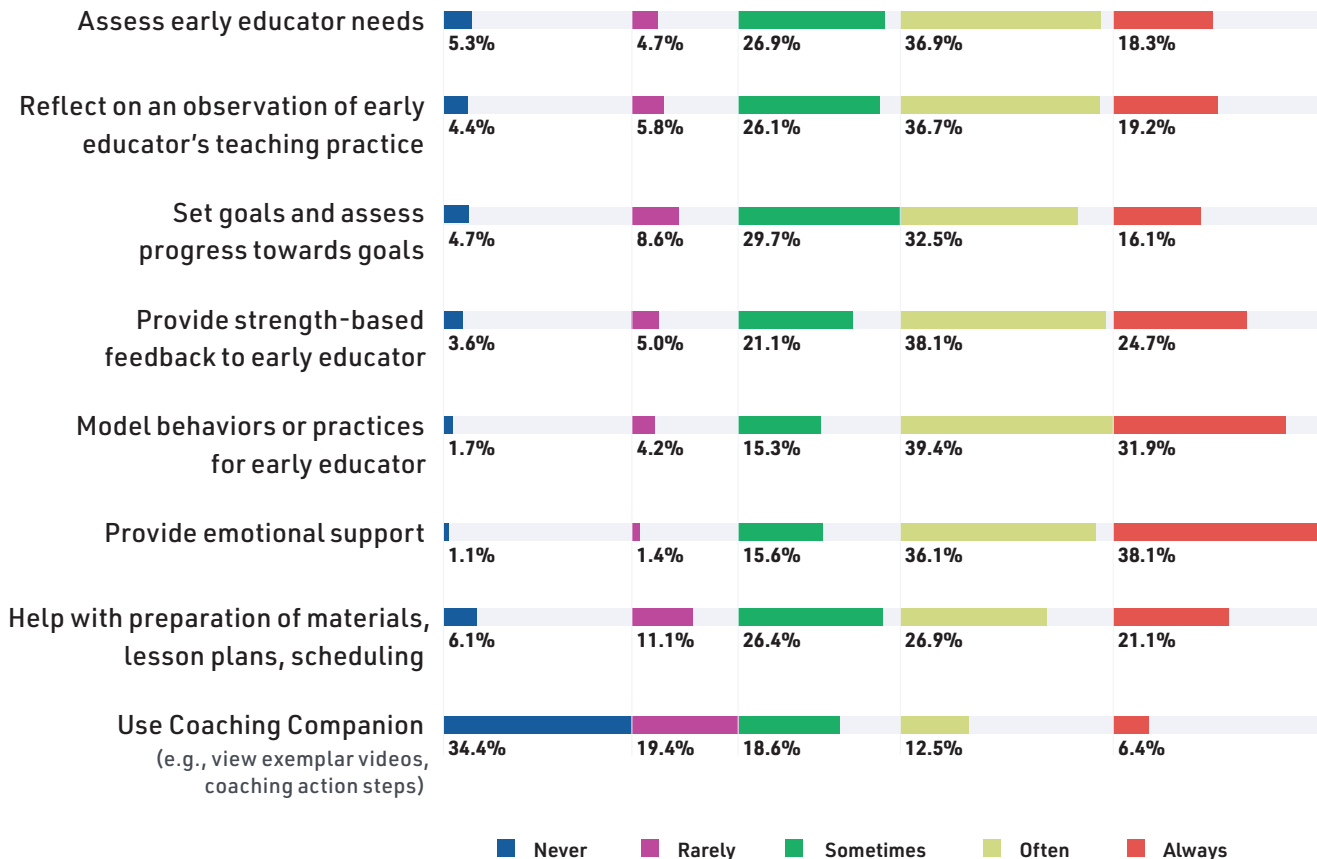
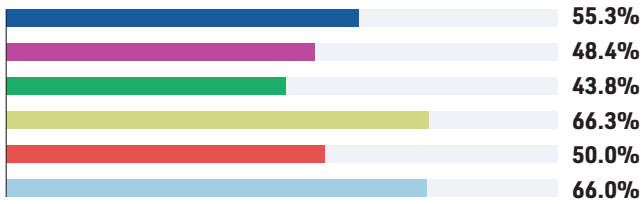


Figure 5-14. Frequency of coaching activities as reported by role of coach

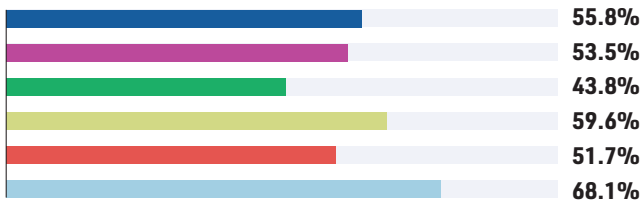
Assess early educator needs



Model behaviors or practices for early educator



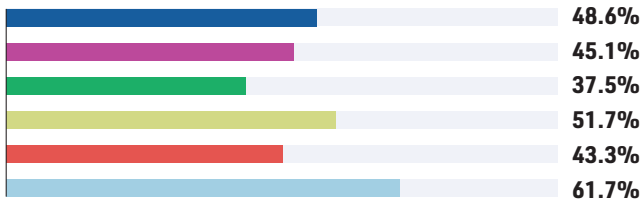
Reflect on an observation of early educator's teaching practice



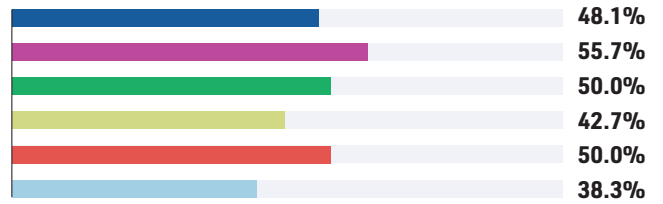
Provide emotional support



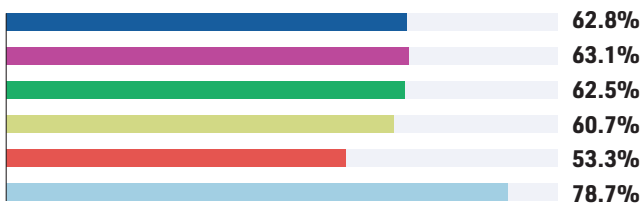
Set goals and assess progress towards goals



Help with preparation of materials, lesson plans, scheduling



Provide strength-based feedback to early educator



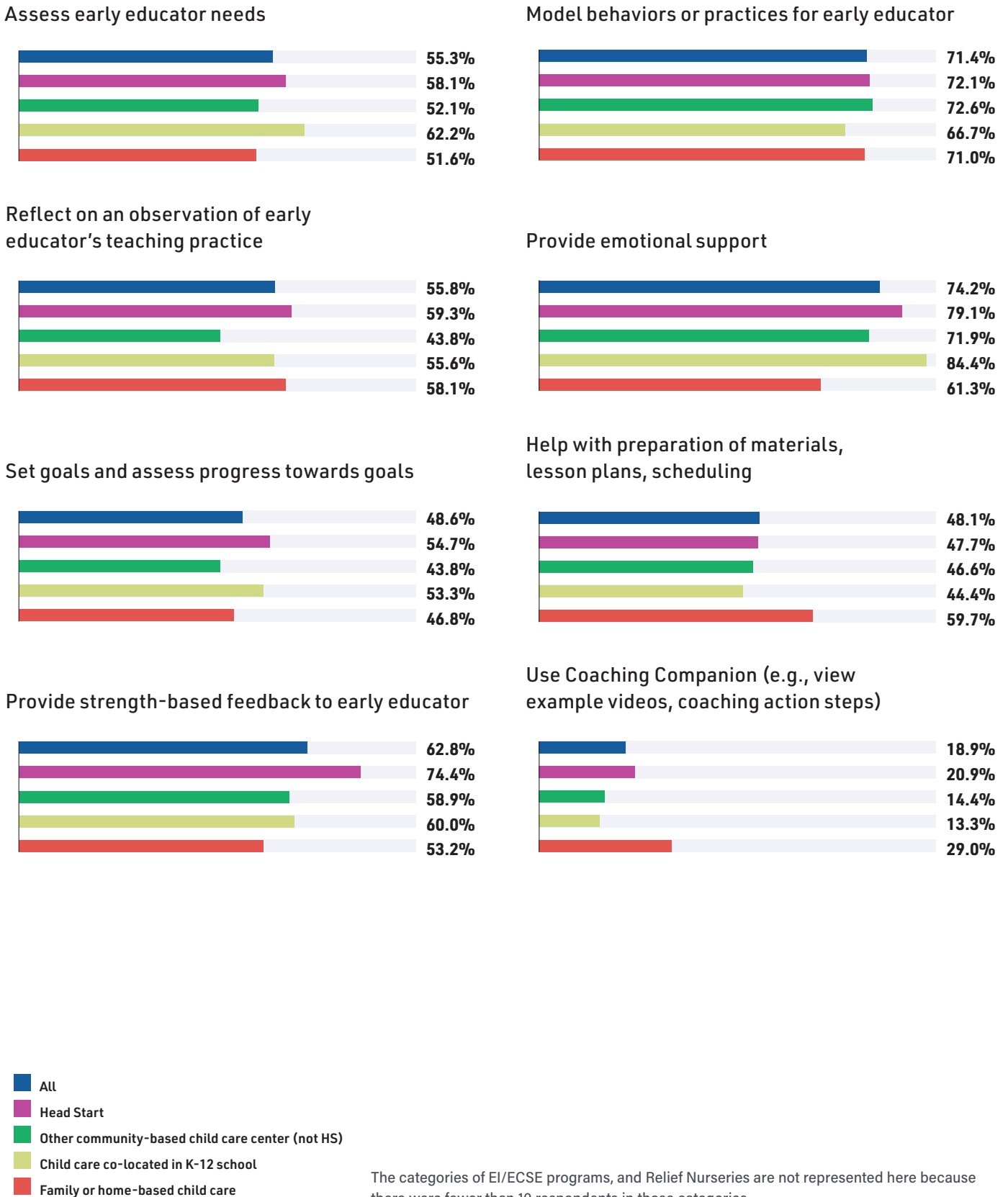
Use Coaching Companion (e.g., view example videos, coaching action steps)



- All
- Lead teacher
- Assistant teacher
- Director
- Owner
- Manager/coordinator/coach

The categories of aide, EI/ECSE specialist, other, and family advocate or home visitor are not represented here because there were fewer than 10 respondents in those categories.

Figure 5-15. Frequency of coaching activities as reported by facility type



Reported Challenges in Coaching

To gain a better understanding of what factors the respondents found challenging in their role of coach, coaches were given a list of potential factors shown in Figure 5-16. They were asked to rate how often these things were challenges. For these analyses, answers were coded to indicate whether the coach responded that the factor was sometimes, often, or almost always a challenge. As seen in Figure 5-16, early educator turnover was the most commonly experienced challenge to coaching, followed by a lack of coach time for meetings with early educators, and educator personal crises, stresses, and mental health. The least often cited challenges were the level of support from center or program directors and directors or supervisors interfering with the coaching process. This general pattern was also seen in the data when challenges were examined by the role of the coach. Exceptions included owners experiencing generally lower levels of all challenges; lead and assistant teachers experiencing higher levels of lack of training or professional development for coaching; directors or supervisors who interfere with the coaching process; and challenges with levels of support from directors. When challenges were examined by other subgroups (Appendix C), coaches identifying as Native American or Native Alaskan had higher-than-average likelihoods of experiencing early educator turnover as a challenge. Coaches in OPK programs had higher likelihoods of experiencing challenges with either the coaches or the early educators not having time for meetings.

Figure 5-16. Frequency of challenges to coaching

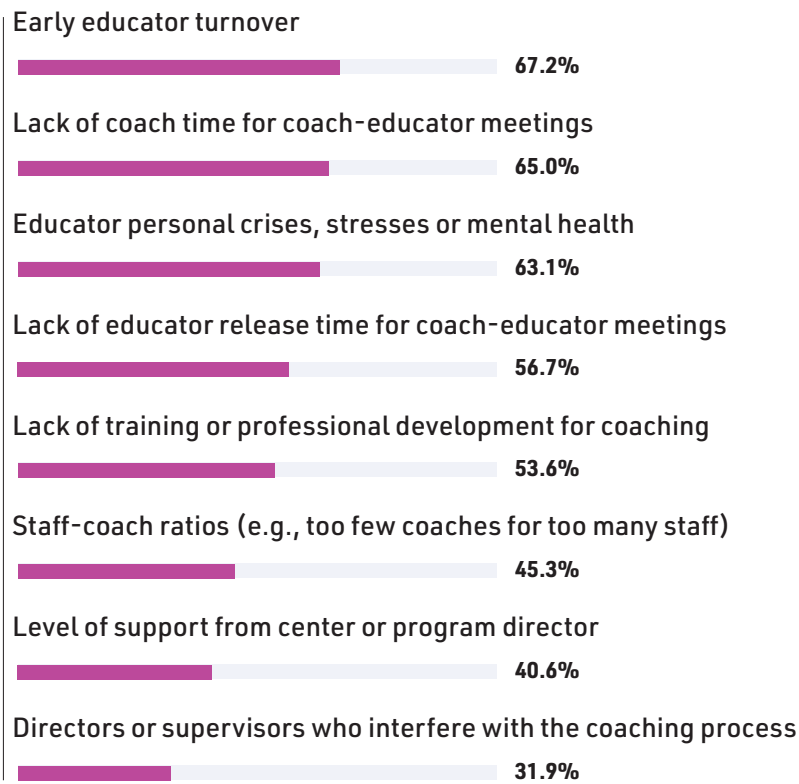
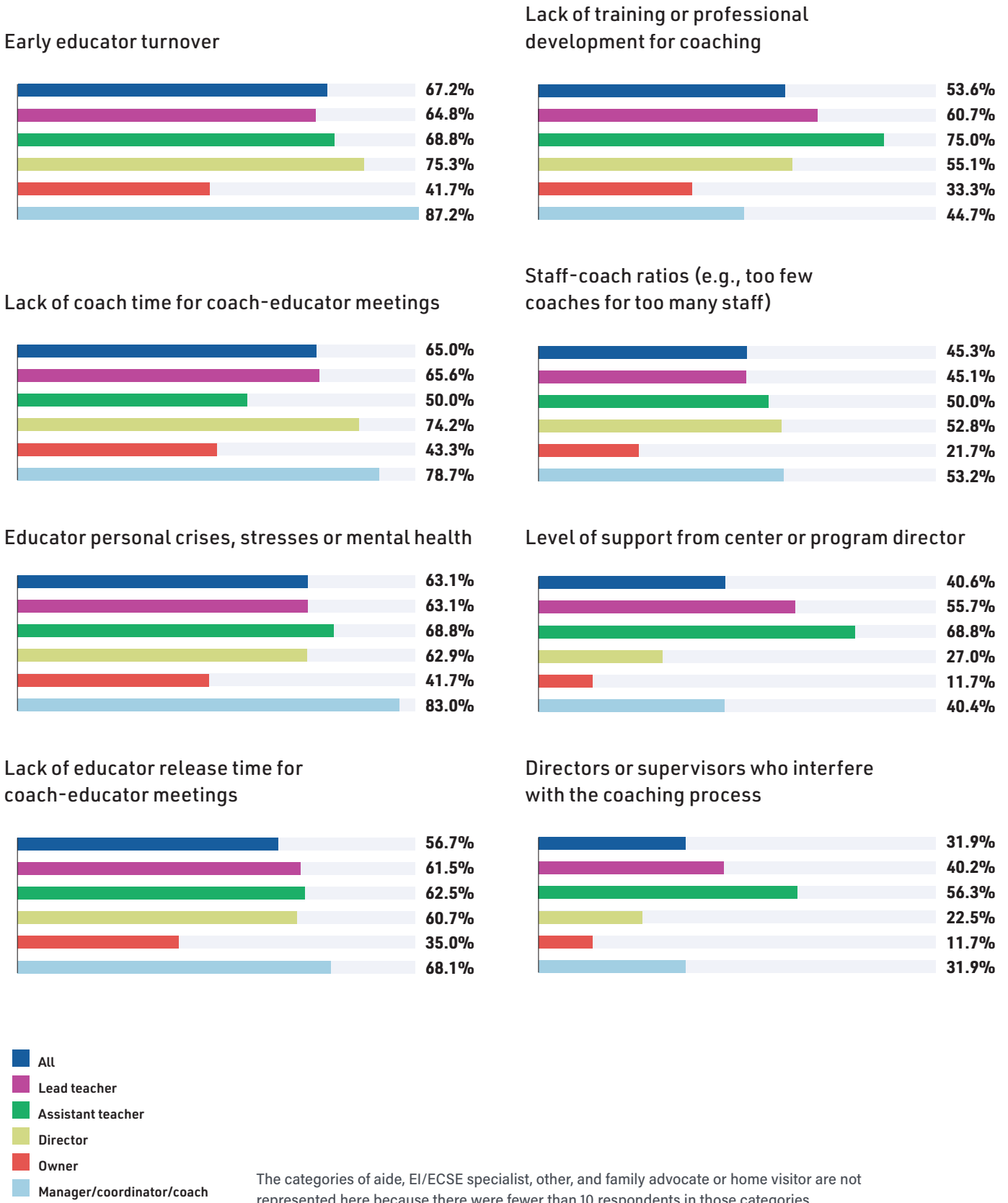


Figure 5-17. Frequency of challenges to coaching by role of coach



Future Coaches

Respondents who indicated that they had **not** had the role of coach in the past year were asked if they had ever wanted to become a coach or mentor to other early educators. **Of the 1,806 respondents who were not currently coaches, 25.6% (n = 463) noted that they would like to become one.** As can be seen in Table 5-4, those providers who wanted to become coaches were likely to be lead teachers, to live in urban areas, and to work in programs without state-funded pre-k slots. Notably, a slightly higher proportion of respondents identifying as Hispanic or Latin/o/x wanted to become coaches (22.5%) versus the proportion in the whole sample (19.2%). Almost a third of these providers had received coaching themselves in the past year.

Table 5-4. Characteristics of providers who are not currently coaching but would like to become coaches (n = 463)

Role	Percent
Lead teacher	47.3%
Assistant teacher	15.6%
Director	8.0%
Owner	15.1%
Aide	5.6%
EI/ECSE specialist	2.2%
Other	1.3%
Manager/coordinator/coach	1.7%
Family advocate/home visitor	3.2%

Facility Type	Percent
Head Start Program	28.1%
Other community-based child care center (not HS)	37.8%
Child care co-located in K-12 school	8.2%
Family/home-based child care	20.3%
EI/ECSE	3.0%
Relief Nursery	2.4%

Rurality	Percent
Frontier	*
Rural	21.4%
Urban	76.5%

Race/Ethnicity	Percent
African American or Black	3.2%
Asian	4.5%
Hispanic or Latina/o/x	22.5%
Middle Eastern or North African	2.2%
Native American or Native Alaskan	4.1%
Native Hawaiian or Pacific Islander	*
White	72.8%
Another identity	*

Language	Percent
Chinese	2.4%
English	90.3%
Russian	*
Spanish	26.1%
Ukrainian	*
Vietnamese	*
Another language	8.9%
Another identity	*

Family Income	Percent
Less than the FPL	31.1%

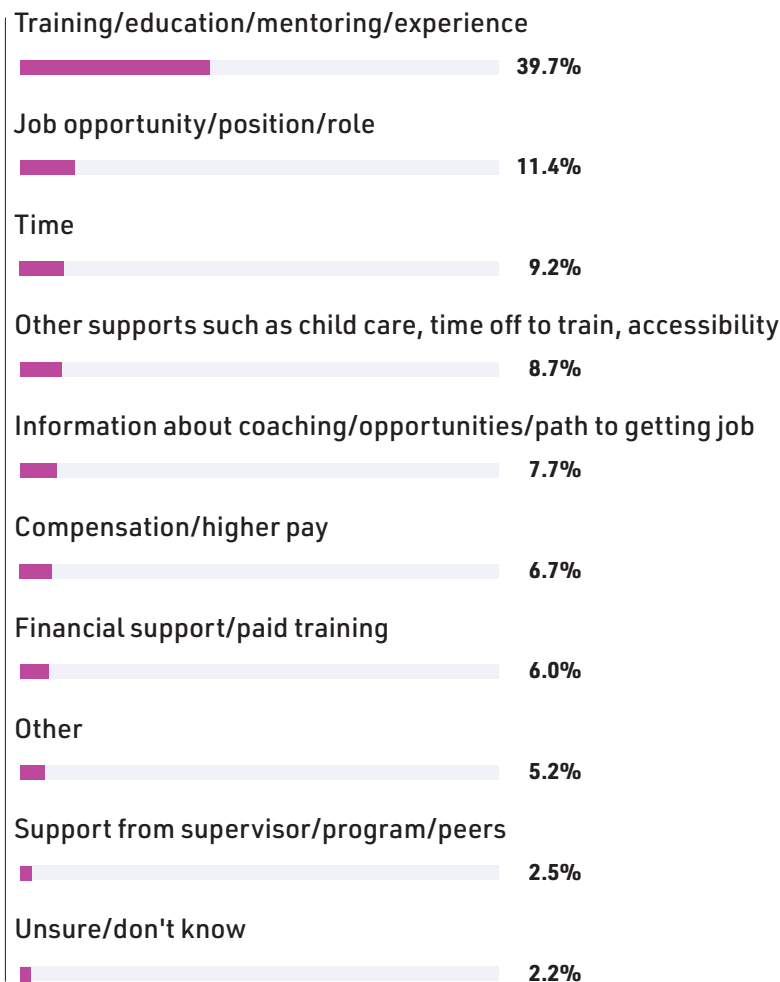
Number of Years in ECE	Percent
0-5 years	27.2%
6-10 years	26.1%
11-15 years	14.5%
16-20 years	11.0%
21-25 years	8.9%
26 years or more	12.3%

Program has State-Funded Pre-K Slot	Percent
OPK	22.9%
PSP	10.2%
Not state-funded pre-k slots	67.0%

* indicates that there were fewer than 10 respondents in a group.

Respondents who wanted to become coaches were asked an open-ended question about what supports they would need to become coaches. A total of 430 answers were coded into the 10 categories listed in Figure 5-18. As can be seen in the figure, the need for training and experience in coaching was most often cited, followed by the needs for the job opportunity or role to be open, time, and other supports (e.g., child care, time off, and accessibility) that would be needed so that providers could receive training.

Figure 5-18. Supports providers would need to become coaches



Who is Coaching ECE Providers?: Takeaways and Recommendations

Providers who have coached other providers in the last year are a diverse group representing a number of different job positions, facilities, and a variety of backgrounds.

The large majority of people providing coaching to early educators do not have the official title of “Coach” and less than 25% of their work time is dedicated to coaching. This suggests that coaching duties may be “add ons” to a provider’s typical duties rather than being considered a role to which considerable time may be dedicated. Thus, those providers serving as coaches may not have sufficient time to work with staff. Structural changes are needed to allow coaches more time to engage in coaching activities.

Coaches typically work with three staff, engaging in one-to-one partnerships with two of them. Coaches who have the roles of managers/coordinators/coaches or directors and those working in Head Start or community-based child care programs tend to coach more staff.

While coaches tend to receive PD in communication within coaching relationships, they are less likely to be receiving PD in important topics such as practice-based coaching, equity, and inclusion as they relate to coaching, coaching structure and implementation, and adult learning. Less than half of educators providing coaching receive PD in the latter four categories, suggesting a need for more PD opportunities focused on topics pertinent to coaching.

Coaches tend to be the formal supervisors of those they coach. Many coaches are program directors or owners or lead teachers and thus are likely to supervise the staff who they coach. This introduces a fundamental power differential into the coaching relationship that could influence the nature and strength of the partnership.

Many coaches model behaviors and practices with the staff they coach while fewer work to set goals and assess progress towards those goals. This again suggests the need for more focused professional development for coaches that provides models for coaching and implementation. The infrequent use of Coaching Companion also suggests that coaches need to be made more aware of this resource.

The most frequent challenges to coaches are staff turnover and the personal crises, stresses, and mental health of the early educators they coach. Taken together with data showing that coaches are frequently providing emotional support to staff and not setting goals, this suggests that coaches are spending time helping staff with acute issues rather than setting and consistently working towards longer-range goals that may help to prevent crises in the future. This also suggests that stabilization of the early childhood care and education workforce is a critical prerequisite to allow coaching activities to be consistent and effective.

About 25% of providers who are not currently serving as coaches would like to coach other providers. To do so, they need training, job opportunities, and supports (such as child care and release time) for receiving training. This interest in coaching suggests that the ELD, in conjunction with ELSI, should be planning to expand training and opportunities to be available to all providers interested in coaching statewide, rather than focusing on state-funded pre-k programs.

Respondents identifying as Hispanic or Latina/o/x were underrepresented as coaches and had fewer years of experience than average. However, these respondents are slightly overrepresented in the group of providers who would like to be coaches. This suggests a need for a greater focus on training and supporting coaches who identify as Hispanic or Latina/o/x.

6 What Does the Experience of Being Coached Look Like?: Provider Perspectives

We asked survey respondents if they had received any coaching in the past year. A coach or mentor was defined as "...an individual with specialized and adult learning, knowledge, and skills, who takes a strength- and relationship-based approach to focus on supporting the development of a professional through collaborative goal setting to support teaching practices". Almost 28% of all respondents indicated that they had received coaching. As shown in Table 6-1 and Figure 6-1, approximately 40% of providers who were receiving coaching were lead teachers. Providers in Head Start programs were the most likely to receive coaching (Figure 6-2) and at a higher rate than in the larger sample. Those living in urban areas were almost 3 times more likely than respondents in rural areas to receive coaching and 20 times more likely than those in frontier areas (Figure 6-3). The distribution of the respondents who had received coaching across racial and ethnic categories was similar to the distribution for the whole sample. Thirty-two percent of respondents who received coaching had incomes below 200% of the FPL, which matched the percentage in the whole sample. As was true in the whole sample, the majority of respondents who had received coaching had worked in ECE for 10 or fewer years.

Table 6-1. Characteristics of respondents who received coaching in the past year (n = 605)

Role	Percent
Lead teacher	38.2%
Assistant teacher	17.7%
Director	8.4%
Owner	12.1%
Aide	10.2%
EI/ECSE specialist	2.3%
Other	1.3%
Manager/coordinator/coach	5.0%
Family advocate/home visitor	4.8%

Facility Type	Percent
Head Start Program	39.0%
Other community-based child care center (not HS)	27.9%
Child care co-located in K-12 school	8.4%
Family/home-based child care	16.7%
EI/ECSE	4.6%
Relief Nursery	3.3%

Table 6-1. Characteristics of respondents who received coaching in the past year continued

Rurality	Percent
Frontier	3.0%
Rural	27.8%
Urban	68.8%

Race/Ethnicity	Percent
African American or Black	4.6%
Asian	4.5%
Hispanic or Latina/o/x	26.1%
Middle Eastern or North African	1.0%
Native American or Native Alaskan	4.1%
Native Hawaiian or Pacific Islander	0.5%
White	70.2%
Another identity	2.1%

Language	Percent
Chinese	1.8%
English	88.1%
Russian	0.7%
Spanish	29.6%
Ukrainian	0.5%
Vietnamese	1.0%
Another language	6.8%

Family Income	Percent
Less than the FPL	32.2%

Number of Years in ECE	Percent
0-5 years	35.9%
6-10 years	23.6%
11-15 years	12.4%
16-20 years	7.1%
21-25 years	7.8%
26 years or more	12.8%

Program has State-Funded Pre-K	Percent
OPK	33.4%
PSP	14.7%
No state-funded pre-k slots	51.9%

Figure 6-1. Percentage of respondents receiving coaching by provider role

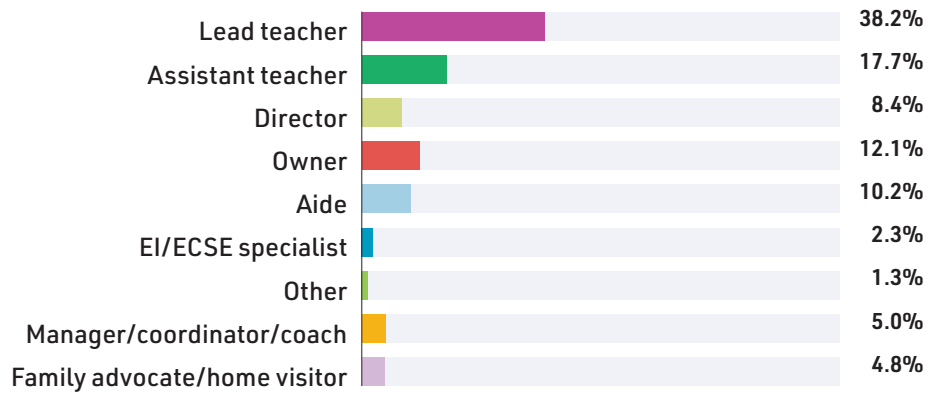


Figure 6-2. Percentage of respondents receiving coaching by facility type

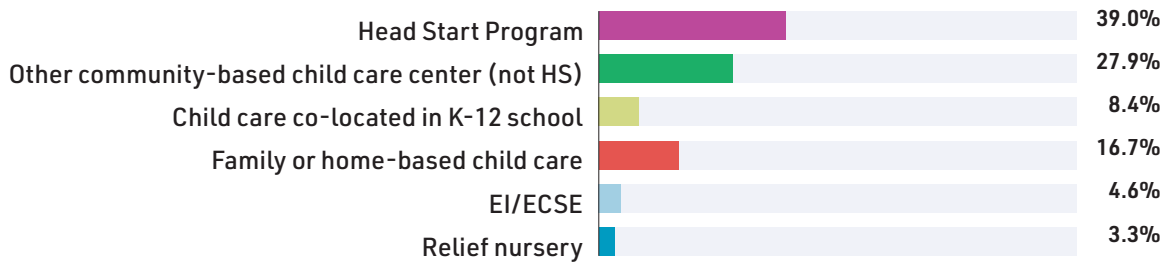
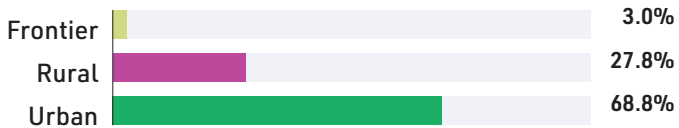


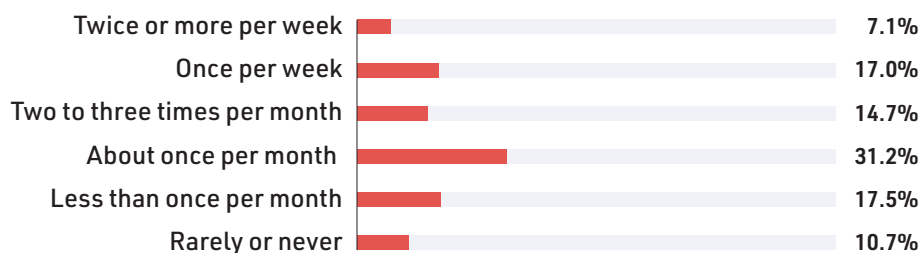
Figure 6-3. Percentage of respondents receiving coaching by region



Receiving Coaching: How Often and How Much?

We asked respondents who had received coaching in the past year to indicate how often they had met with their coach in one-to-one in-person or virtual meetings. Providers were most likely to meet with their coach once a month (Figure 6-4). While once a month was the median (or middle) answer, there was wide variability across respondents and a third of respondents met with their coaches more often. However, a quarter of providers saw their coaches less than monthly or never. As shown in Appendix D, most types of providers met with the coaches once a month with the exception of EI/ECSE providers who tended to meet more often, 2 to 3 times a month. The same pattern was observed when the frequency of meetings with coaches was examined by facility type. Only providers working in EI/ESCE programs and Relief Nurseries tended to meet with their coaches more often than once a month. Across all other subgroups once-a-month meetings were the median.

Figure 6-4. Frequency of 1-to-1 meetings with coach



Respondents indicated that the one-to-one meetings with their coaches tended to last 45 minutes ($M = 44.75$, $SD = 34.13$, $Range = 0 - 244$ min; Table 6-2).¹ To gain a better understanding of the distribution of time in meetings with coaches, we coded answers into four categories: 0-29 min, 30-59 min, 60-89 min, and 90+ min. As shown in Figure 6-5, there was wide variability in how long providers spent with their coaches, with similar percentages falling into the categories of 30 through 59 min and 60-89 min. Almost 25% of providers met with their coaches for less than 30 min. As shown in Table 6-2, owners spent more time with their coaches than average, while aides spent slightly less time. Providers in family- or home-based child care or Relief Nurseries spent more time than average in meetings with their coaches, while those in community-based child centers that were not Head Starts and EI/ECSE programs spent less time on average. When other subgroups were examined (Appendix D), providers who identified as African American or Black and those speaking a language other than Chinese, English, Russian, Spanish, Ukrainian, or Vietnamese spent less time with their coaches than the average for the whole group. Providers working in programs with funding from Preschool Promise had longer-than-average meetings with their coaches.

¹ There were two extreme outliers on this variable. They were recoded to be within two standard deviations of the group mean before analyses.

Table 6-2. Average time in meetings

Respondents	Mean	SD	Range
All	44.75	34.13	0-244

Role	Mean	SD	Range
Lead teacher	41.66	32.58	0-244
Assistant teacher	42.51	42.89	0-244
Director	49.51	32.21	0-180
Owner	54.72	32.73	0-180
Aide	39.46	30.51	0-120
EI/ECSE specialist	46.79	29	0-90
Other	*	*	*
Manager/coordinator/coach	47.57	41.83	0-120
Family advocate/home visitor	49.08	31.85	0-120

Facility Type	Mean	SD	Range
Head Start Program	45.59	36.17	0-244
Other community-based child care center (not HS)	38.08	29.14	0-180
Child care co-located in K-12 school	46.63	33.1	0-120
Family/home-based child care	56.28	36.84	0-180
EI/ECSE	34.62	28.52	0-120
Relief Nursery	51.11	30.9	0-120

* indicates that there were fewer than 10 respondents in a group

Figure 6-5. Time spent in meetings with coach

Activities During Coaching

We asked providers to indicate who typically helped to decide on what the provider and their coach did together. As shown in Figure 6-6, the majority of providers worked with their coaches to make these decisions, and the coach or the program director were the next most likely people to help make the decision about what the coach and provider worked on together. Across different job roles (Figure 6-7), aides and EI/ECSE specialists were more likely than others to have the decision of the coaching content made by their program director or supervisors. Providers who were managers/coordinator/coaches or family advocates/home visitors were more likely than average to make decisions with their coach. Across facility types (Figure 6-8), providers in EI/ECSE programs had the decisions about what would happen in coaching made by their coaches or program directors or supervisors more often than average. When other subgroups were examined (Appendix D), providers in programs with OPK funding were half as likely as all providers to make decisions about activities in coaching for themselves, and providers in PSP programs were more likely to have their coach making these decisions.

Figure 6-6. Who helps decide what the provider and their coach do together

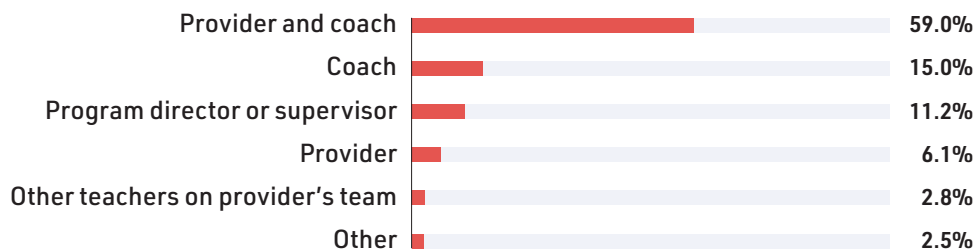


Figure 6-7. Who helps decide what the provider and their coach do together by provider role

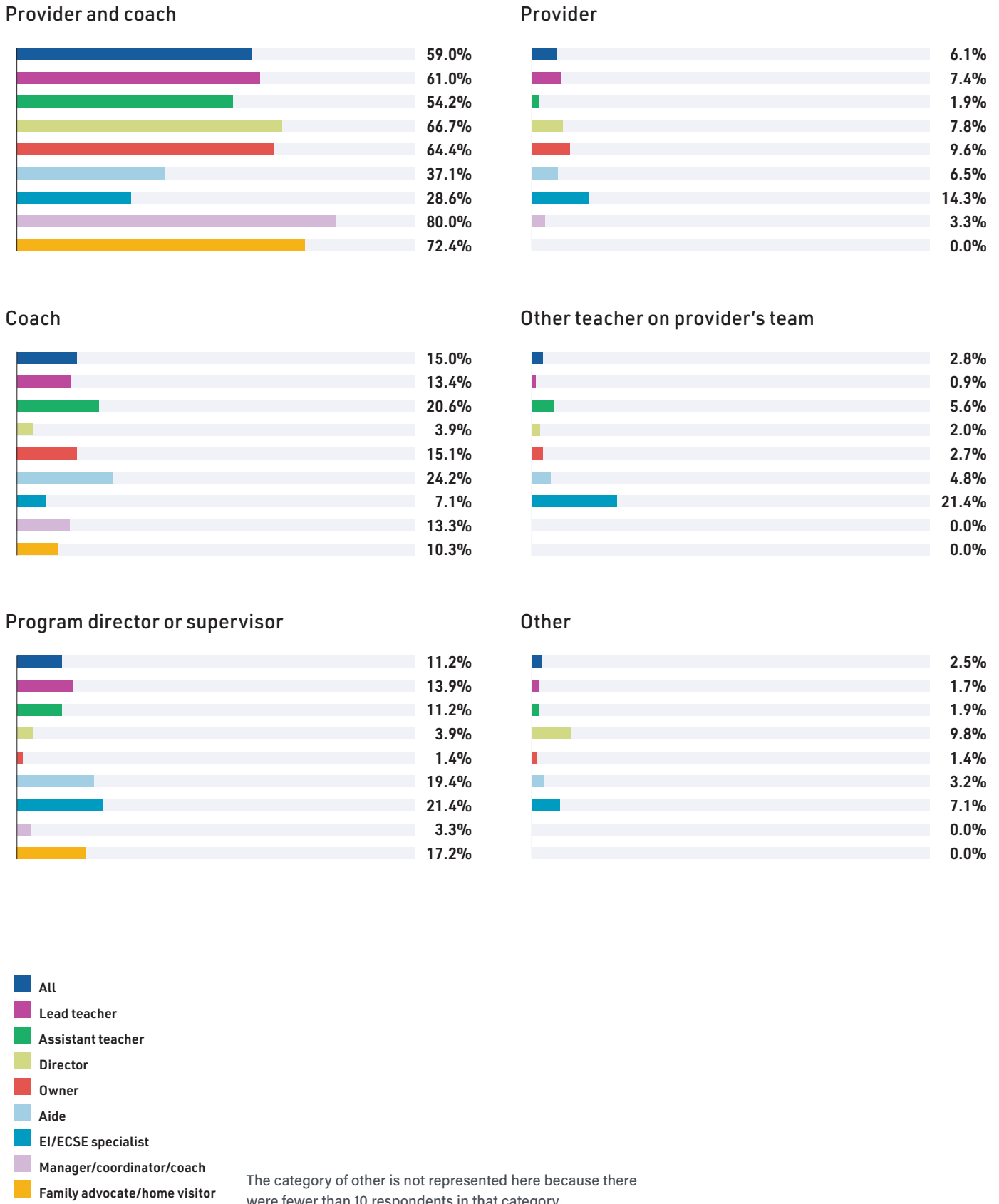
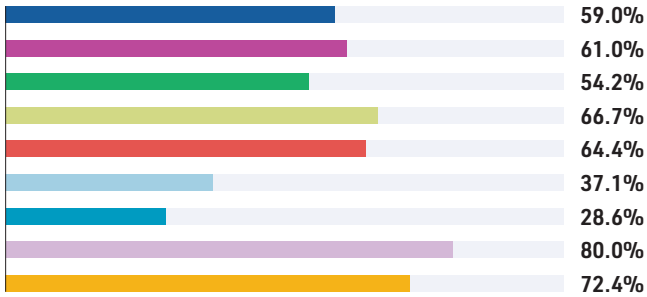


Figure 6-8. Who helps decide what the provider and their coach do together by facility type

Provider and coach



Provider



Coach



Other teacher on provider's team



Program director or supervisor



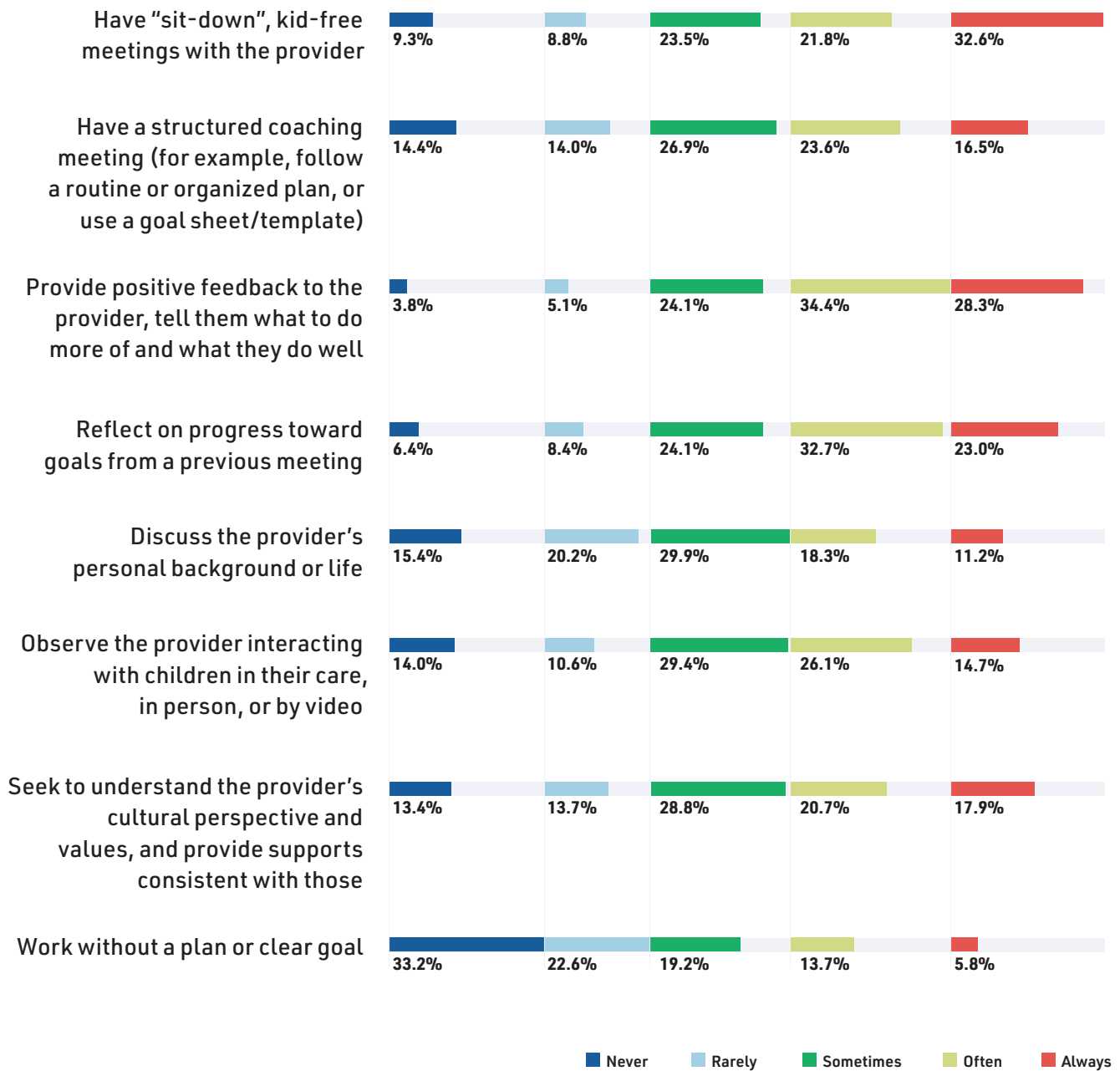
Other



- All
- Head Start
- Other community-based child care center (not HS)
- Child care co-located in K-12 school
- Family or home-based child care
- EI/ECSE
- Relief Nursery

Respondents indicated how often their coaches used a range of strategies, shown in Figure 6-9. Overall, providers were most likely to have sit-down, kid-free meetings with their coaches, to get positive feedback, and to reflect on progress towards goals (Figure 6-9). Fewer providers tended to have structured meetings with their coaches, be observed by their coach, or have their coach seek to understand their cultural perspective and values. Notably, about 20% of providers indicated that their coaches often or almost always worked with them without a clear plan or goal.

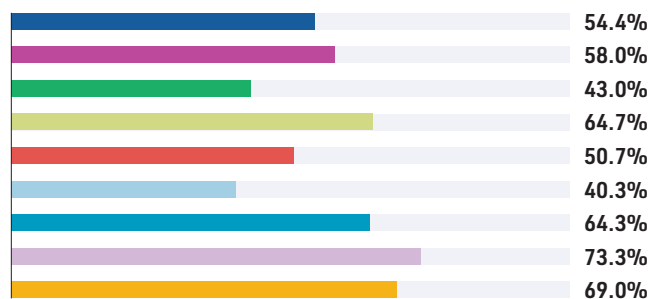
Figure 6-9. Frequency of strategies used by coaches



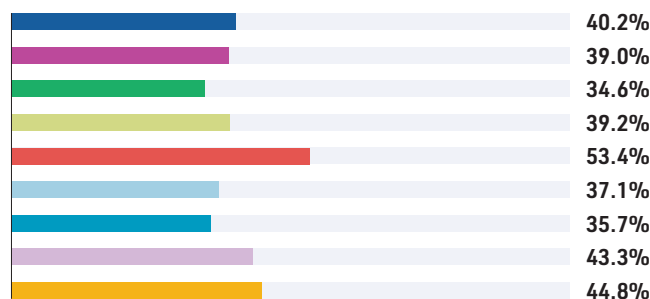
To understand how often coaches applied strategies across groups, answers of “often” or “almost always” were coded to reflect consistent experiences. As shown in Figure 6-10, across roles, assistant teachers and aides consistently experienced all of the strategies at a lower rate, with the exception of being observed. Across facility types, coaches of providers in Relief Nurseries tended to consistently use all of the strategies at higher-than-average rates (Figure 6-11). Additionally, providers in child care centers co-located in K-12 schools, in EI/ECSE programs, and Relief Nurseries tended to be observed by their coaches more consistently than average. Data for other subgroups is presented in Appendix D. Notably, although providers in frontier areas were less likely to consistently experience structured coaching meetings, their coaches were more likely than average to reflect on progress towards goals and less likely to work without a plan.

Figure 6-10. Frequency of strategies used by coaches, by provider role

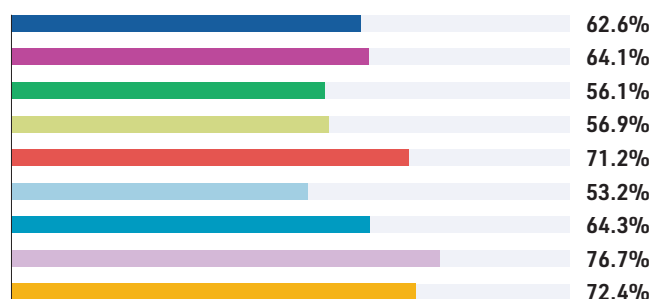
Have “sit-down”, kid-free meetings with the provider



Have a structured coaching meeting (for example, follow a routine or organized plan, or use a goal sheet/template)



Provide positive feedback to the provider, tell them what to do more of and what they do well

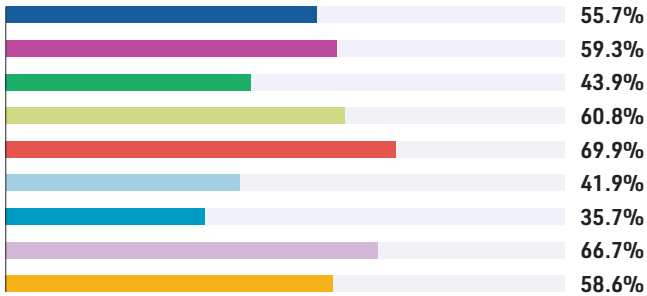


- All
- Lead teacher
- Assistant teacher
- Director
- Owner
- Aide
- EI/ECSE specialist
- Manager/coordinator/coach
- Family advocate/home visitor

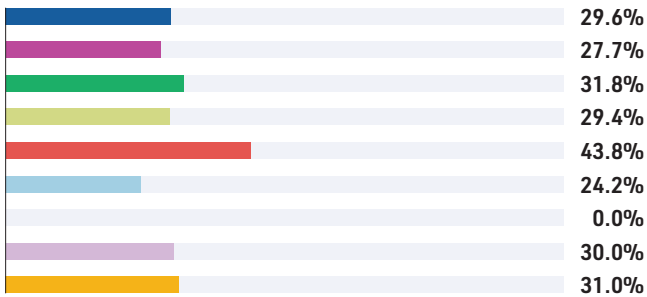
The category of other is not represented here because there were fewer than 10 respondents in that category.

Figure 6-10. Frequency of strategies used by coaches, by provider role *continued*

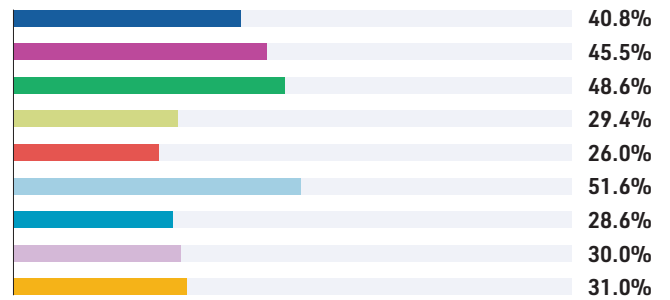
Reflect on progress toward goals from a previous meeting



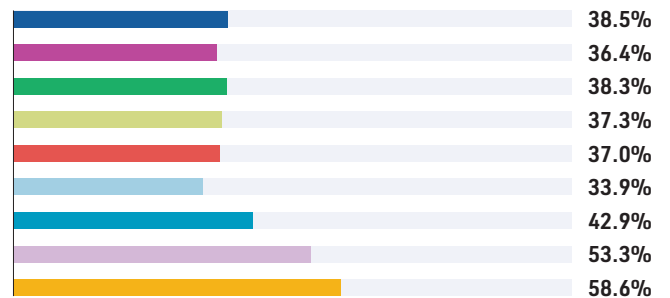
Discuss the provider's personal background or life



Observe the provider interacting with children in their care, in person, or by video



Seek to understand the provider's cultural perspective and values, and provide supports consistent with those



Work without a plan or clear goal

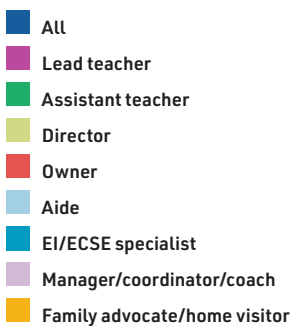
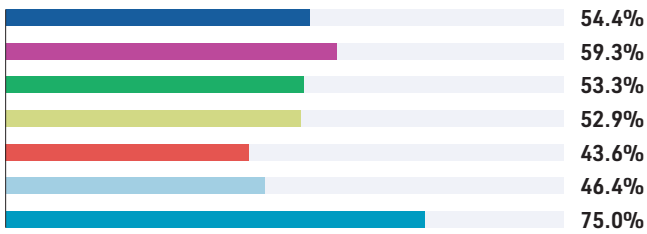
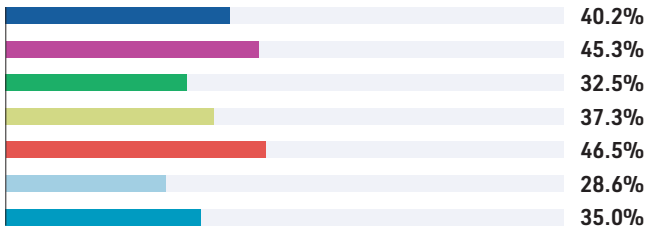


Figure 6-11. Frequency of strategies used by coaches, by facility type

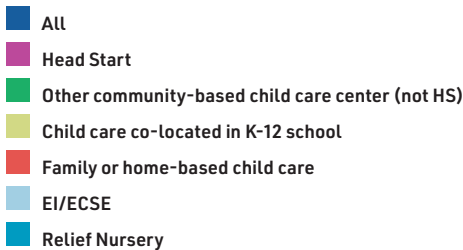
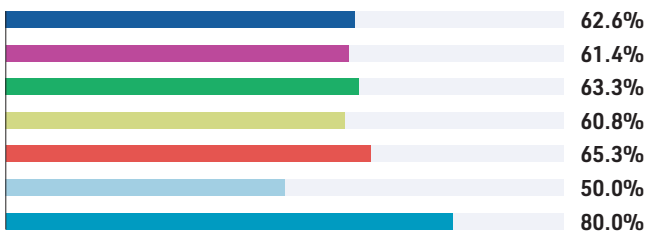
Have "sit-down", kid-free meetings with the provider



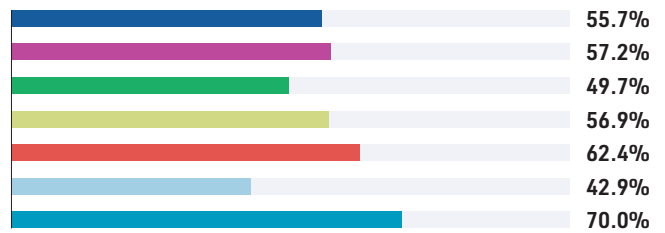
Have a structured coaching meeting (for example, follow a routine or organized plan, or use a goal sheet/template)



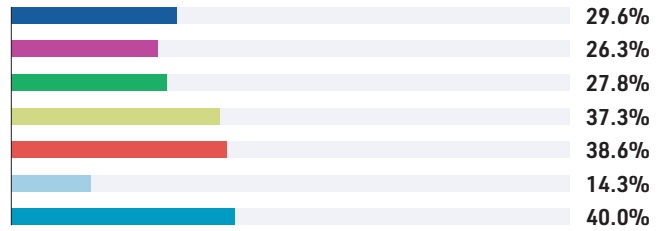
Provide positive feedback to the provider, tell them what to do more of and what they do well



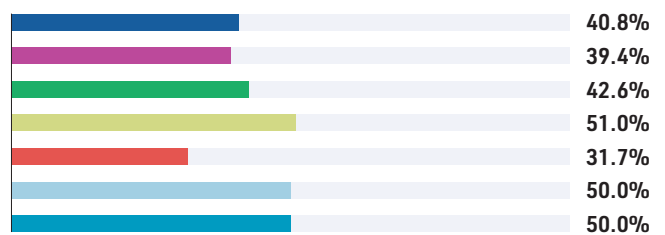
Reflect on progress toward goals from a previous meeting



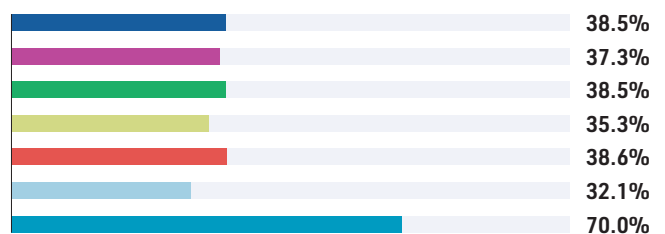
Discuss the provider's personal background or life



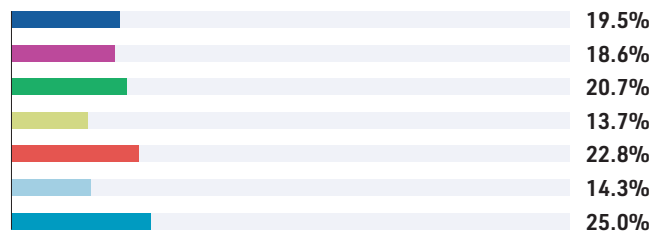
Observe the provider interacting with children in their care, in person, or by video



Seek to understand the provider's cultural perspective and values, and provide supports consistent with those



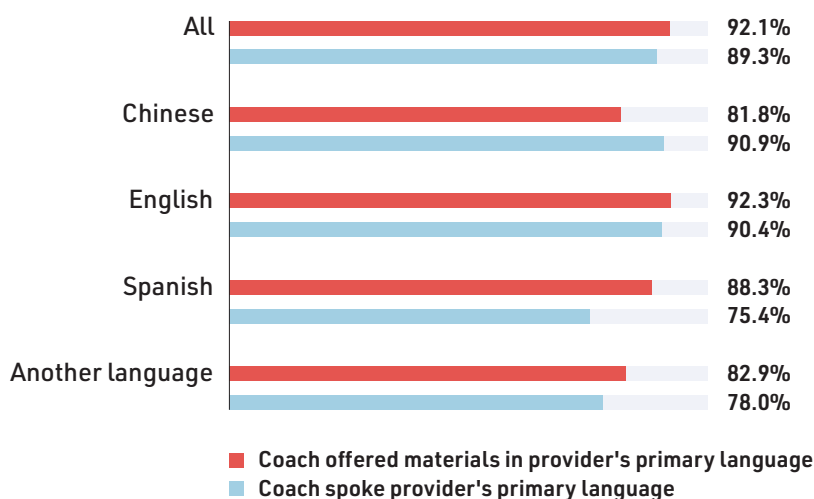
Work without a plan or clear goal



Coaching in the Coachee's Primary Language

To explore the accessibility of coaching across providers with linguistically diverse backgrounds, respondents were asked if their coach offered materials in their primary language and if their coach spoke their primary language. Across all providers receiving coaching, 92.1% said that their coaches offered materials in their primary language and 89.3% said their coach spoke their primary language. While these numbers are high, they indicate that about 10% of providers were not able to receive either materials or coaching in their primary languages. As can be seen in Figure 6-12, speakers of languages other than English were less likely than the average to receive materials in their primary language. This was particularly true for Chinese speakers and speakers of languages other than Chinese, English, Russian, Spanish, Ukrainian, or Vietnamese. Speakers of Chinese, Spanish, and languages other than those listed above were also less likely than average to have a coach who spoke their primary language; Spanish speakers were the least likely to have a coach who spoke their primary language. This is particularly notable, given that across the entire sample Spanish was the second most frequently spoken language.

Figure 6-12. Percentage of providers who received coaching materials or coaching in their primary language



The categories of Russian, Ukrainian, and Vietnamese are not represented here because there were fewer than 10 respondents in those categories

Analyses of other subgroups (Appendix D) showed that assistant teachers, aides, EI/ESCE specialists, and home visitors were less likely than average to have coaches who spoke their primary language. Assistant teachers and aides were further slightly less likely to receive materials in their primary language. Providers who identified as Black or African American, Asian, Hispanic or Latina/o/x or Native American or Native Alaskan were less likely than average to receive materials in their primary languages. Those who identified as Black or African American or Hispanic or Latina/o/x were also less likely than average to have a coach who spoke their primary language. Taken together, these findings suggest a need for coaches who speak a diversity of languages.

Who Would Like to Receive Coaching

Providers who had not received coaching in the past year (n = 1428) were asked to indicate if they would participate in coaching, if it were available to them. Two-thirds (66.5%) indicated that they would participate in coaching. Levels of anxiety, depression, and feelings of being overwhelmed were significantly higher in those providers who wished to participate in coaching (Table 6-3). This suggests that providers who are having difficulties perceive coaching as a way to receive help.

Table 6-3. Mean levels of distress by whether providers wished to participate in coaching if it were available

Providers who would like to receive coaching

Type of Distress	M	SD
Anxiety score	1.90	1.87
Depression score	1.33	1.73
Feeling of being overwhelmed	2.75	0.96

Providers who would not like to receive coaching

Type of Distress	M	SD
Anxiety score	1.59	1.89
Depression score	1.01	1.57
Feeling of being overwhelmed	2.29	0.92

The differences between groups are all significant at $p < .01$.

What Does the Experience of Being Coached Look Like?: Takeaways and Recommendations

Only about a quarter (28%) of providers currently receive coaching and two-thirds of providers who are not receiving coaching would like to have a coach. This suggests that access to coaching needs to be expanded. This is particularly important given the high levels of feeling overwhelmed or unable to address perceived challenging child behaviors reported across providers (see Section 4).

Providers need more consistent and longer meetings with coaches. On average, providers met with their coaches once a month, although a quarter met with their coaches less often or never. Further, although coaches spent 45 minutes with providers on average, a quarter of all respondents saw their coaches for less than 30 minutes. To make consistent progress towards goals and apply what they are learning in coaching to their practices in the classrooms, providers are likely to need to meet more often with their coaches, at least in the initial stages of coaching. These data, taken together with the finding that most coaches only devote 25% of their working time to coaching (see Section 5), suggest that infrastructure changes are needed to allow both coaches and providers more time to spend on coaching activities. Additionally, the number of trained coaches needs to be expanded to allow greater access to coaching.

While coaches are likely to have sit-down meetings that focus on positive support with providers, they are less likely to have structured meetings or conduct observations of providers. This is consistent with reports from coaches (see Section 5) that they spend considerable time giving emotional support to providers and that coaches do not receive training in implementing structured coaching. Providing emotional support is an important component of coaching and may build rapport needed for engaging in the coaching partnership. For instance, that relationship support is critical for building a collaborative partnership (the first component of practice-based coaching). That said, these findings suggest a need for more intentional professional development for those people providing coaching in the ECE programs focusing on implementation of coaching models and the use of observations. This also includes support for the use of Coaching Companion. This also may be indicative of coaches' needs for more work time dedicated to coaching so that they may conduct observations and engage in more formal coaching activities.

Coaching and coaching materials MUST be offered in a range of languages to match the primary languages of providers. The data indicate that, currently, coaching opportunities do not meet the needs of providers who speak Spanish, Chinese, and a range of other languages including Arabic, Farsi, Somali, and Tagalog. **Until coaching is offered in a range of languages, the opportunity will not be equitably distributed across all providers.**

7 General Professional Development Opportunities for ECE Providers

To understand the general professional development (PD) opportunities available to providers, besides coaching, we asked them questions both about the topics that they had been able to receive PD on as well as the accessibility and availability of PD opportunities.

Topics of Training

We asked respondents about the topics in which they had received “training, mentoring, or PD” (collectively called “PD”) in the past year. As shown in Figure 7-1, providers most often received PD in managing children with behaviors perceived as challenging, better supporting children’s diverse cultural and linguistic needs, and understanding how implicit bias might influence their practices. They were less likely to receive PD in using or understanding Classroom Assessment Scoring System (CLASS) observation scores and practice-based coaching.

Directors and owners only were asked if they had received PD in managing finances and using data to set goals. As shown in Figure 7-1, fewer than 50% of directors and owners had received these types of PD. Less than a third had received any PD on managing finances.

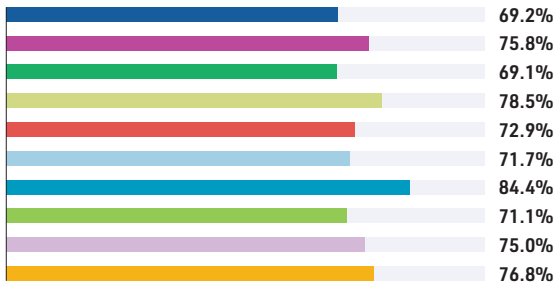
Figure 7-1. Percentage of providers who received training by topic



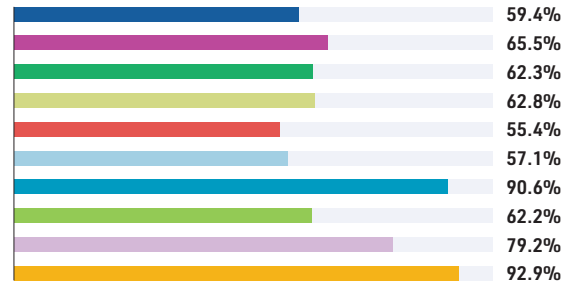
Across provider roles (Figure 7-2), lead teachers and EI/ESCE specialists were more likely than average to receive PD in managing behaviors perceived as challenging in the classroom. Notably, EI/ECSE specialists and family advocates/home visitors were much more likely to receive PD in supporting children’s diverse cultural and linguistic needs, understanding how implicit bias might influence their practices, using CLASS scores, and practice-based coaching. Owners were more likely than average to receive PD in managing finances. Providers in Head Start and Relief Nursery programs were more likely than the average for all respondents to receive PD in all of the areas (Figure 7-3).

Figure 7-2. Types of training by provider role

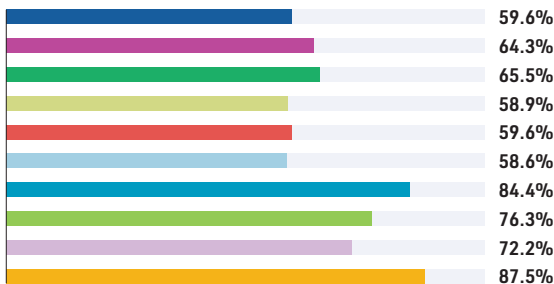
Managing children with perceived challenging behaviors in a classroom



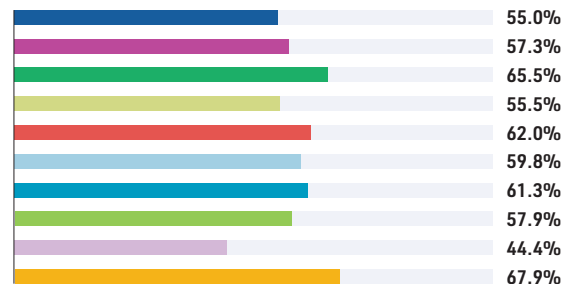
Training in understanding how my implicit bias might influence my practice



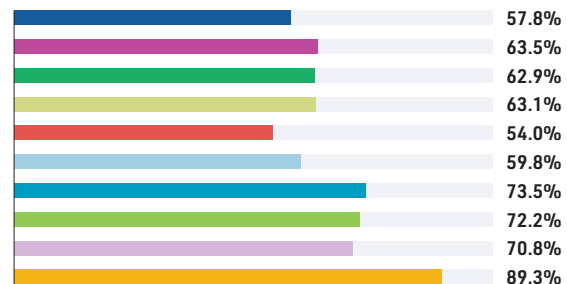
Training in better supporting children’s diverse cultural and linguistic needs



Skills and activities for teaching early literacy and numeracy



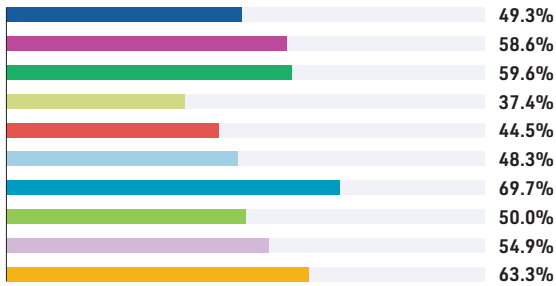
Trauma-informed practices



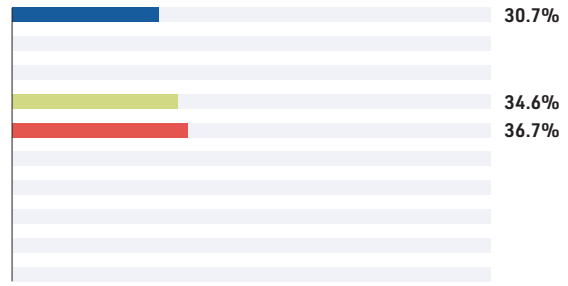
- All
- Lead teacher
- Assistant teacher
- Director
- Owner
- Aide
- EI/ECSE specialist
- Other
- Manager/coordinator/coach
- Family advocate/home visitor

Figure 7-2. Types of training by provider role *continued*

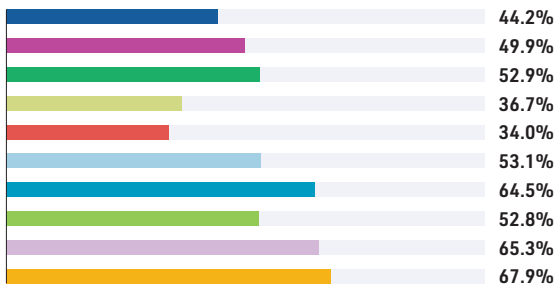
Using or understanding CLASS observation assessment scores



Using data to set goals (n = 590)



Practice-based coaching



Managing finances (n = 590)

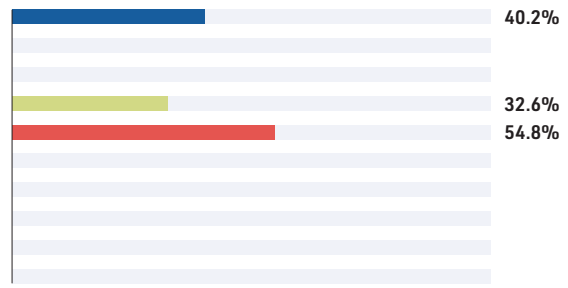
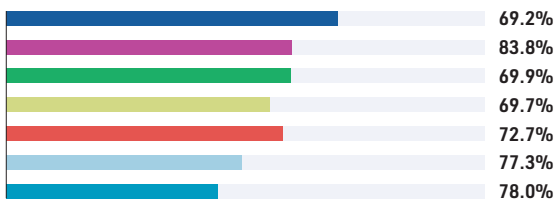
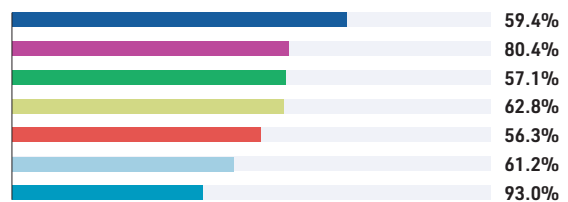


Figure 7-3. Types of training by facility type

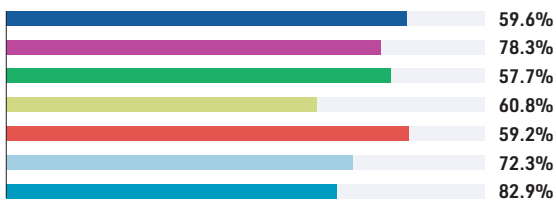
Managing children with perceived challenging behaviors in a classroom



Training in understanding how my implicit bias might influence my practice



Training in better supporting children's diverse cultural and linguistic needs



Skills and activities for teaching early literacy and numeracy

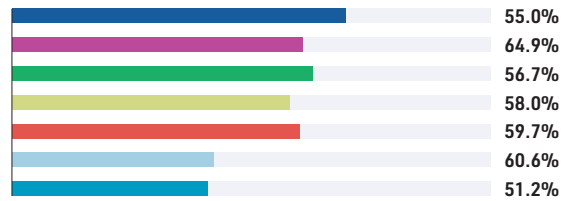
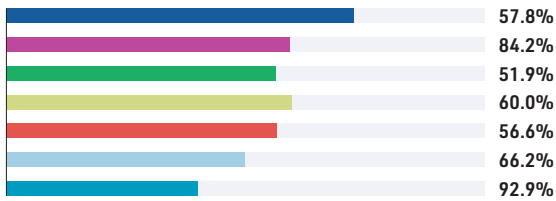
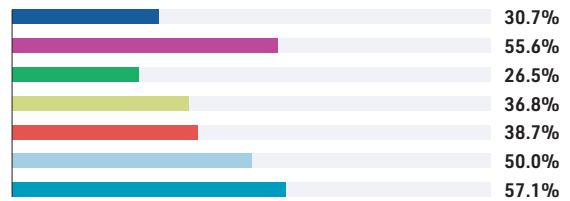


Figure 7-3. Types of training by facility type *continued*

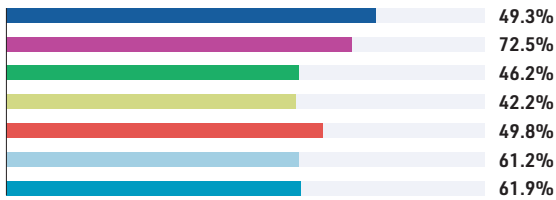
Trauma-informed practices



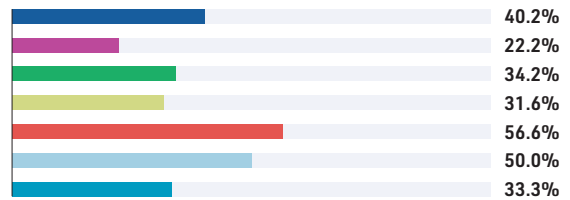
Using data to set goals (n = 590)



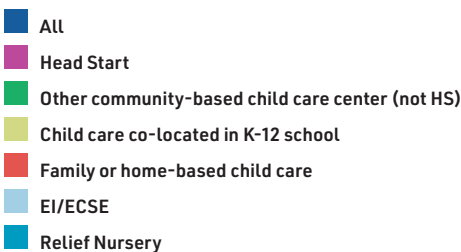
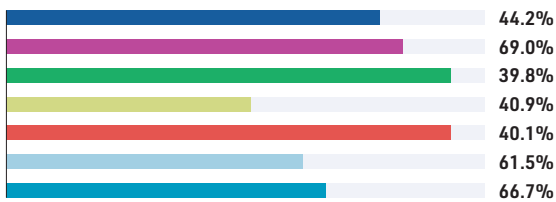
Using or understanding CLASS observation assessment scores



Managing finances (n = 590)



Practice-based coaching

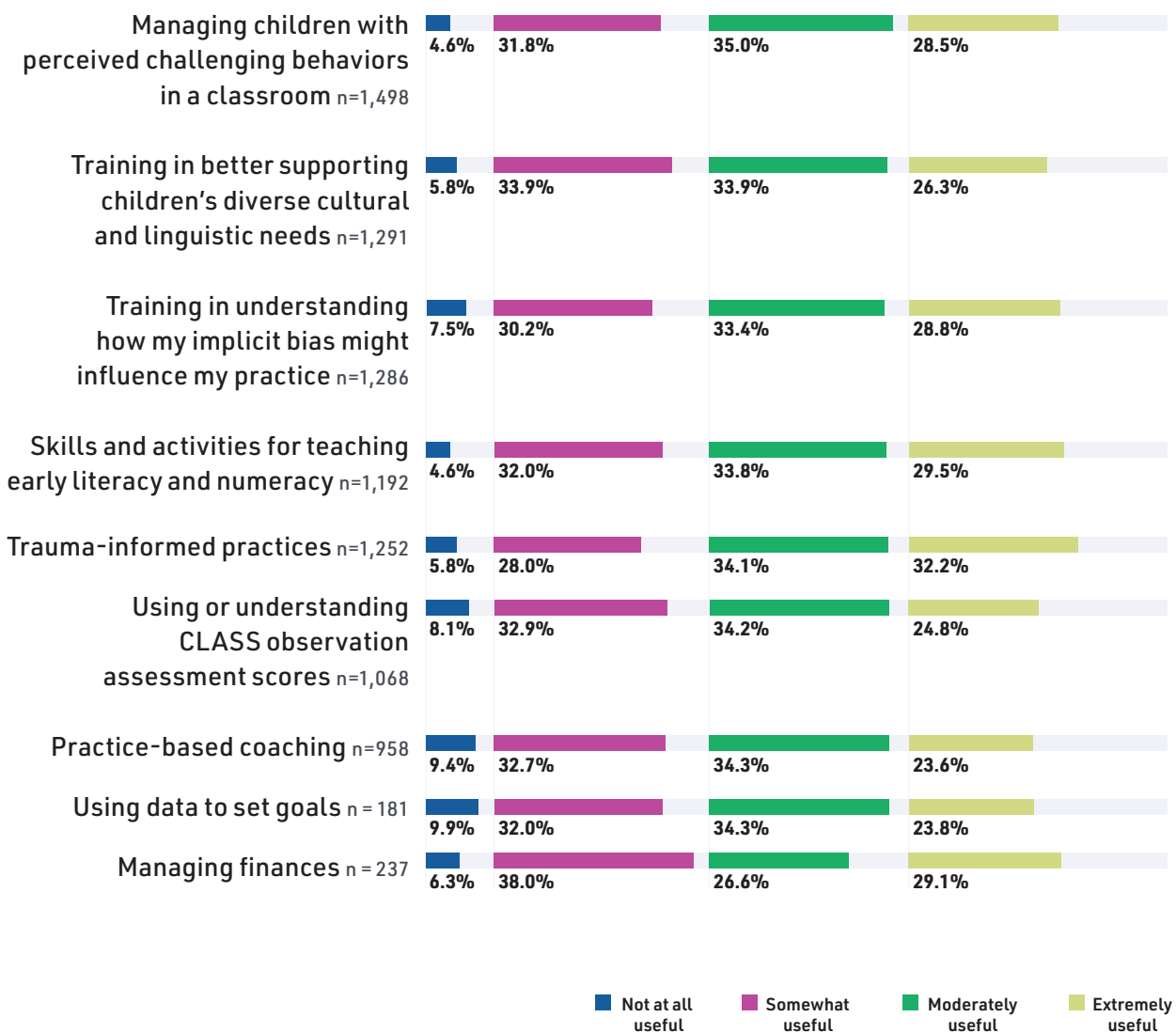


When PD topics were examined by other subgroups, providers in all groups were as likely or more likely than the average for all respondents to receive PD in all topics (see Appendix E). The major exception was that providers in programs that did not have state-funded pre-kindergarten slots were less likely than average to receive PD in all of the topics. Respondents from frontier regions were also more likely than average to have had PD in better supporting children’s diverse cultural and linguistic needs.

Utility of Professional Development Topics

To understand how useful the PD topics were, we asked providers who received PD in each topic to rate the utility on a four-point scale from “not at all useful” to “extremely useful”. As shown in Figure 7-4, most respondents found PD on managing perceived challenging behaviors, better supporting children’s diverse cultural and linguistic needs, and understanding how implicit bias might influence practice to be moderately or extremely useful. Notably, the topics most likely to be rated as not at all useful—using CLASS observation and practice-based coaching—were also the topics in which providers were least likely to have received PD in the past year.

Figure 7-4. Utility of different training topics



For the purposes of comparing subgroups, we present the combined percentages of respondents rating the topics as moderately or extremely useful. Across provider roles, notably, aides found PD on managing children’s behaviors perceived as challenging to be useful at higher rates than the overall group, and EI/ECSE specialists and family advocates/home visitors were much more likely to find PD in implicit biases to be useful. Across facility types (Figure 7-6), notably, providers in EI/ECSE and Relief Nurseries programs in general found all of the topics to be moderately or extremely useful (except those only for directors and owners).

Utility was examined across all of the other subgroups (see Appendix E). Notably, providers in frontier regions generally found PD topics to be more useful than average with the exception of PD about understanding children’s diverse cultural and linguistic needs.

Figure 7-5. How moderately or extremely useful training topics were by provider role

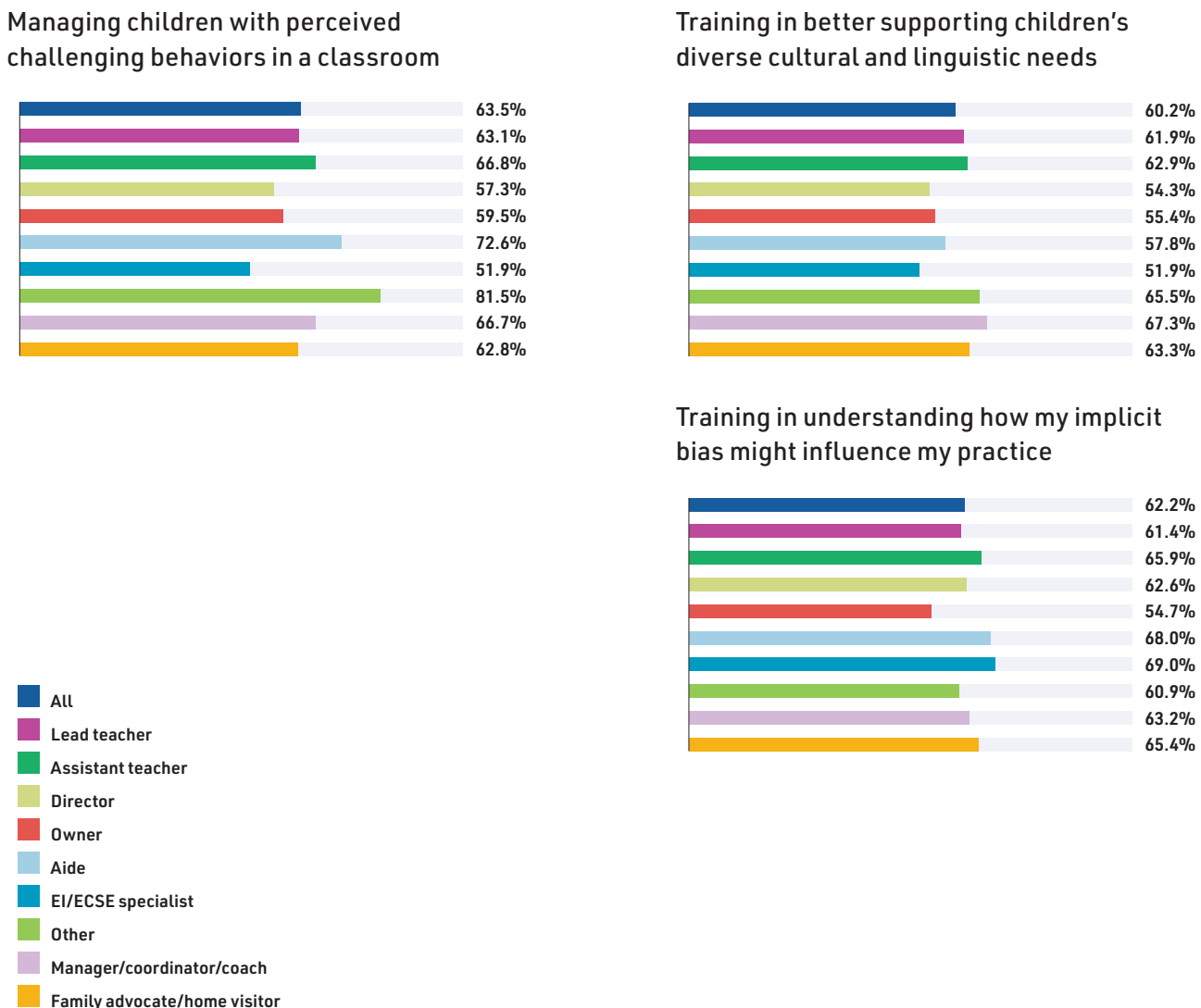
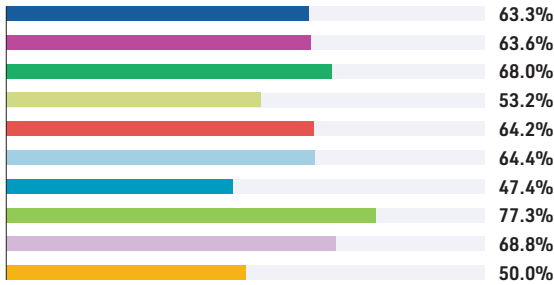
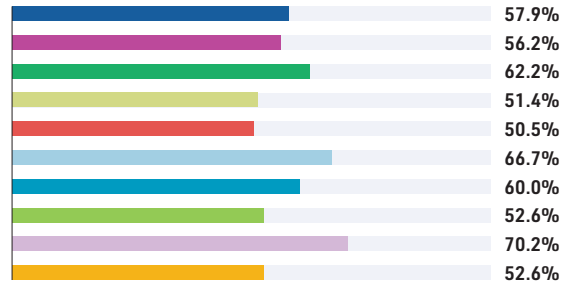


Figure 7-5. How moderately or extremely useful training topics were by provider role continued

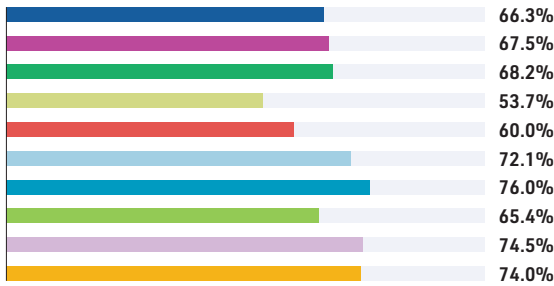
Skills and activities for teaching early literacy and numeracy



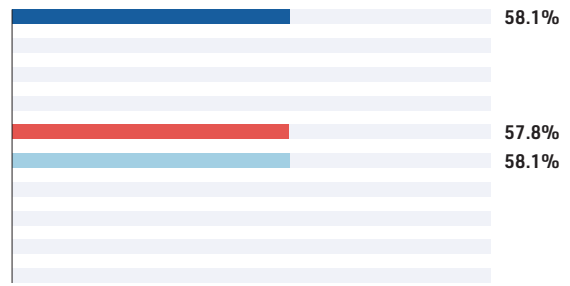
Practice-based coaching



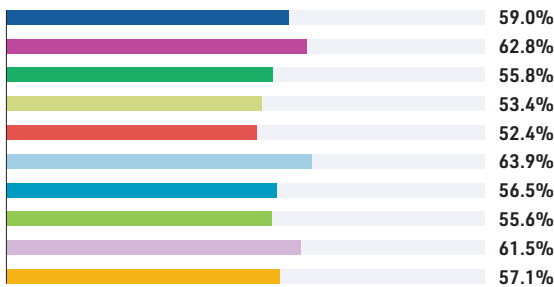
Trauma-informed practices



Using data to set goals (n = 590)



Using or understanding CLASS observation assessment scores



Managing finances (n = 590)

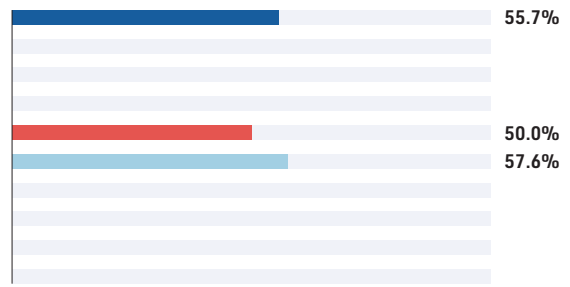
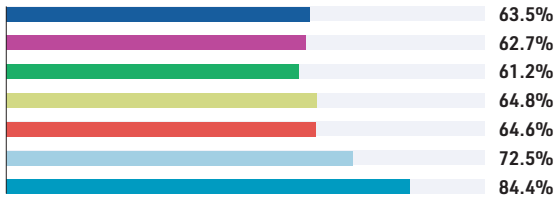
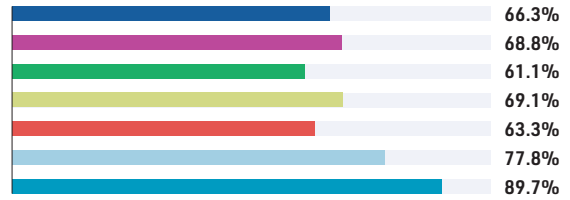


Figure 7-6. How moderately or extremely useful training topics were by facility type

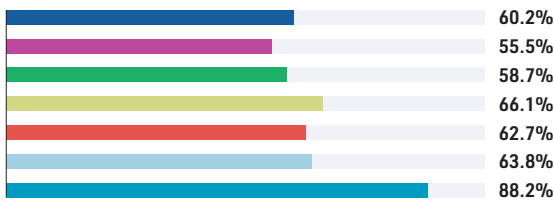
Managing children with perceived challenging behaviors in a classroom



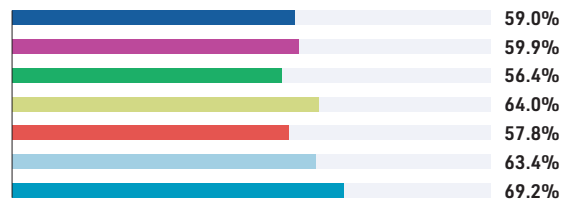
Trauma-informed practices



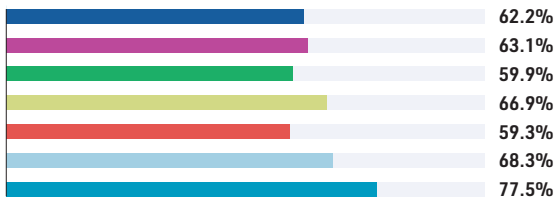
Training in better supporting children's diverse cultural and linguistic needs



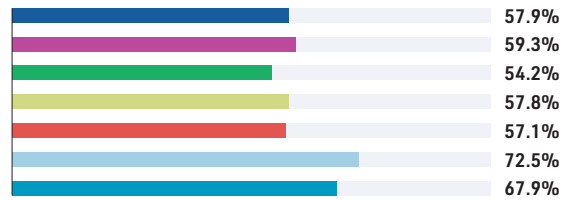
Using or understanding CLASS observation assessment scores



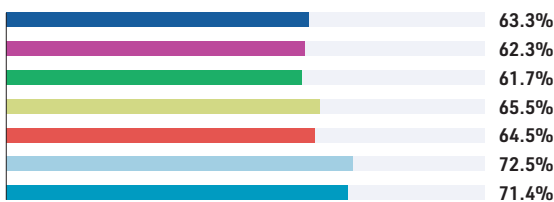
Training in understanding how my implicit bias might influence my practice



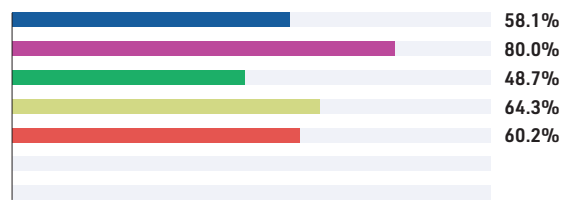
Practice-based coaching



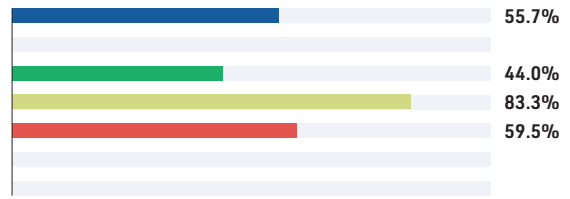
Skills and activities for teaching early literacy and numeracy



Using data to set goals (n = 590)



Managing finances (n = 590)



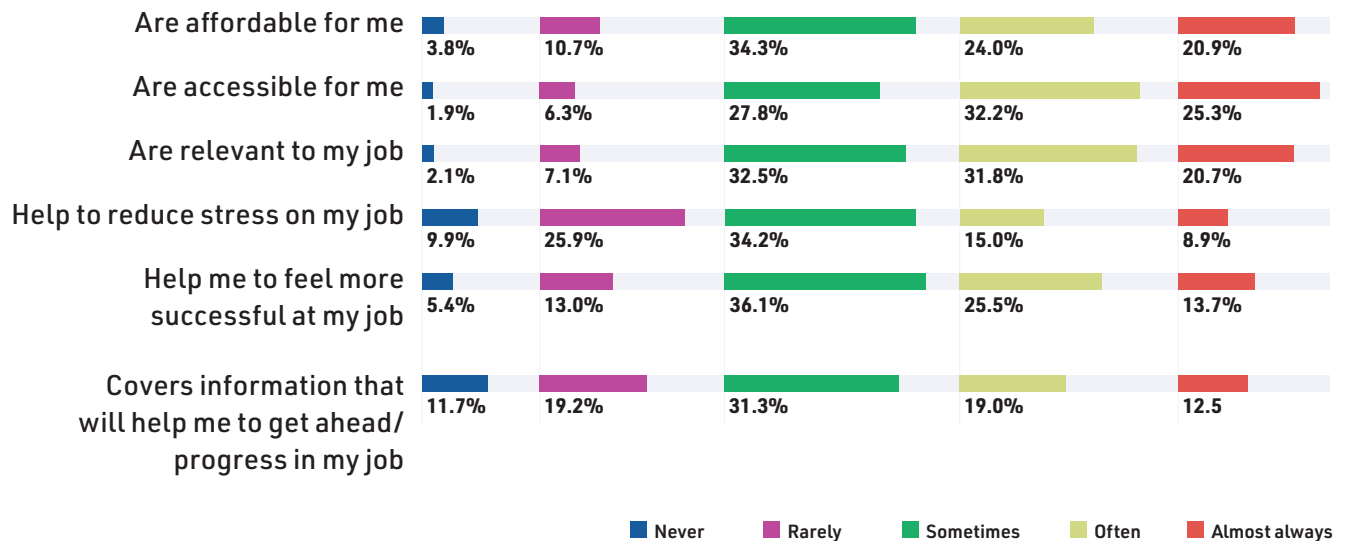
- All
- Head Start
- Other community-based child care center (not HS)
- Child care co-located in K-12 school
- Family or home-based child care
- EI/ECSE
- Relief Nursery

Accessibility of PD Opportunities

In addition to asking respondents to report on the topics about which they had received PD in the past year, we asked them how often (never, rarely, sometimes, often, or almost always) the PD opportunities that had been presented to them were: affordable, accessible, relevant to their job, helpful in reducing job stress, allowing them to feel more successful in their job, and allowing them to progress in their job.

Overall, only a third of respondents sometimes found PD opportunities to be affordable. PD opportunities were often accessible for the majority of respondents (Figure 7-7). PD opportunities were sometimes relevant for 32.5% of respondents and often relevant for 31.8% of respondents. Notably, fewer respondents indicated that PD opportunities were almost always helpful in reducing job stress; respondents were more likely to report that PD opportunities were sometimes or rarely helpful in reducing job stress. A quarter of respondents found that opportunities often helped them to feel more successful in their jobs, but were more likely to say this was true only sometimes. Nearly a third of respondents reported that PD opportunities sometimes covered information that was helpful for them to progress in their jobs, and 11.7% said that opportunities never covered such information.

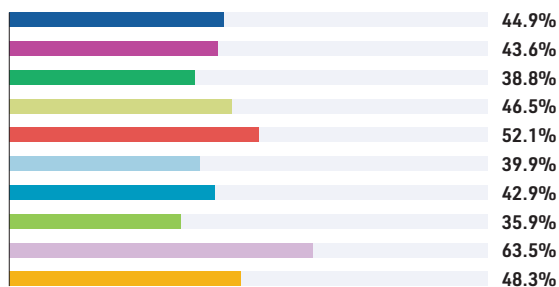
Figure 7-7. Access to professional development opportunities



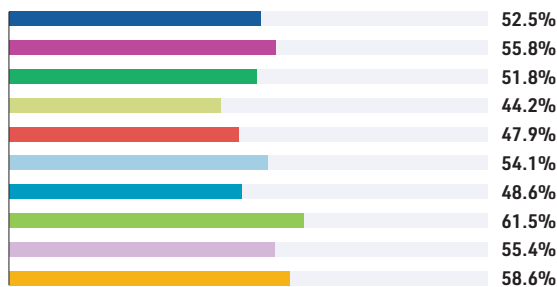
To explore accessibility by groups, the percentages for respondents saying that opportunities often or almost always were accessible, affordable, etc. were combined. When job roles were examined (Figure 7-8), assistant teachers, aides, and those in other roles were least likely to say that opportunities were often or almost always affordable. Notably, although aides were less likely to find that opportunities were affordable and accessible, they were more likely to find that PD helped to reduce their stress and to get ahead in their jobs, suggesting that although it may be difficult for aides to access PD, they find it useful. When accessibility of PD was examined by facility type (Figure 7-9), providers in Relief Nursery programs generally found the PD more useful in terms of reducing stress and helping them to get ahead. Providers in family- or home-based facilities and in EI/ECSE programs were more likely to say that the PD opportunities helped to reduce stress on their jobs.

Figure 7-8. Access to professional development opportunities by provider role

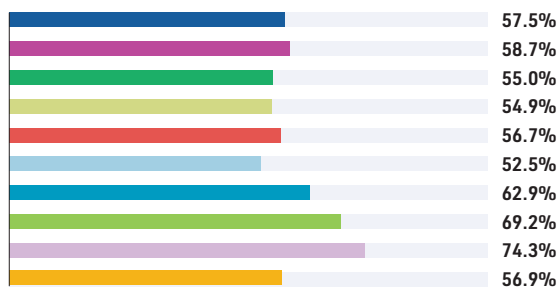
Are affordable for me



Are relevant to my job



Are accessible for me



Help to reduce stress on my job

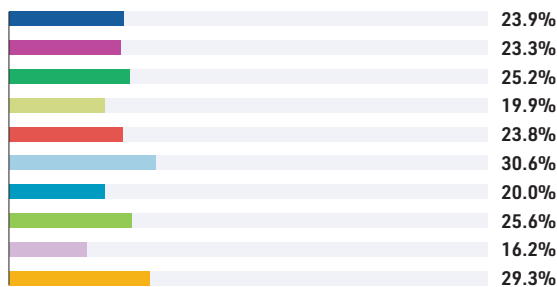


Figure 7-8. Access to professional development opportunities by provider role *continued*

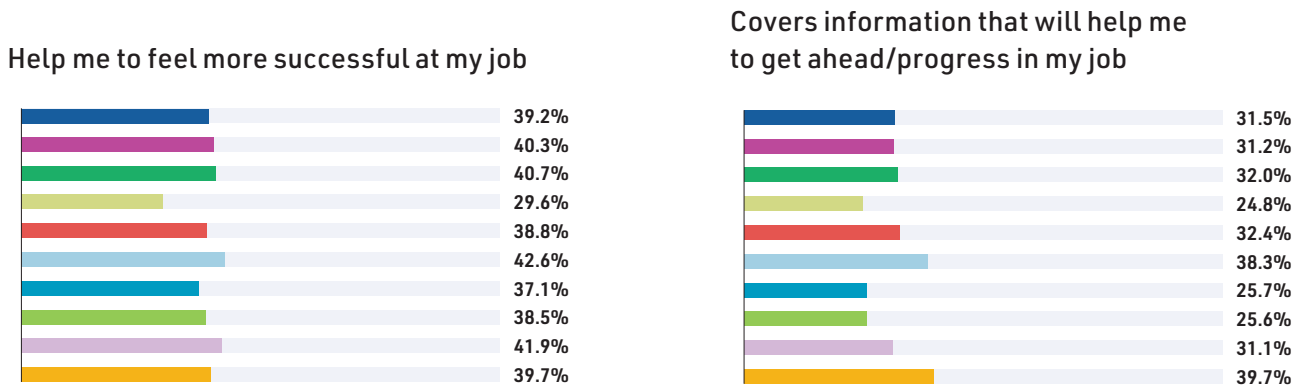


Figure 7-9. Access to professional development opportunities by facility type



When looking at respondents who reported that PD opportunities were almost always or often affordable, rates were lower than the full sample for respondents identifying as Asian, Hispanic or Latino/a/x, and Native American or Native Alaskan. Respondents who identified as Black or African American were more likely to indicate that opportunities almost always or often helped reduce job stress than the full sample (Appendix E). Respondents working in programs that had state-funded pre-kindergarten slots were more likely than the full sample to say that PD opportunities were almost always or often affordable, whereas respondents who were working in a program that did not have state-funded pre-kindergarten slots were less likely to say this.

General PD Opportunities: Takeaways and Recommendations

Of various possible topics for PD, providers are most likely to receive PD in managing child behaviors perceived as challenging. Almost two-thirds of providers who received PD on this topic found it to be moderately or extremely useful. Given the high frequency with which providers report feeling overwhelmed by behaviors they perceive as challenging, more PD is needed. A helpful starting point would be collecting more information from providers about the aspects of these PD opportunities that providers found useful to further enhance and improve future opportunities.

Providers were least likely to receive PD in using and understanding CLASS observation scores and practice-based coaching. Further, these PD opportunities received some of the lowest scores on utility. Both of these types of PD opportunities could potentially be useful to providers as the CLASS is a widely used observational tool in ECE programs in Oregon, and practice-based coaching is also widely utilized. This may be another area for further exploration with providers about what could be done to make these opportunities more useful in the future.

Professional development opportunities generally need to be made more affordable to providers. Fewer than 50% of all providers found PD opportunities to be affordable for them often or almost always, with a third of providers saying that they were only sometimes affordable. Further, those providers in the roles that are traditionally lower paid (e.g., assistant teachers and aides) were the least likely to say that PD was affordable. Given that a third of all providers have incomes within 200% of the FPL, greater efforts need to be made to ensure that all providers can afford PD opportunities. This can be linked to the need for widespread changes to infrastructure that would allow for better compensation for all providers.

A quarter of providers indicated that PD opportunities rarely helped to reduce stress on the job. Given the large numbers of providers reporting significant stressors in their lives and feeling overwhelmed in their jobs (see Section 4), it is paramount that providers receive PD and technical assistance to help them to manage stress and increase their overall wellbeing.

Almost 20% of providers indicated that PD rarely helped them to progress in their jobs and less than a third said they often or almost always did. The term “professional development” implies growth and progress, yet it appears that the current opportunities for providers are not allowing many of them to move forward. The ELD is currently working on systems to help providers to engage in and track continuous quality improvements in their programs and professional lives. These findings suggest that an important part of such systems should be PD that helps providers recognize how to and actually make progress in their ECE careers.

8 Overall Conclusion and Recommendations

The findings from the 2022 ELD Provider Survey provide critically important information about the current needs and opportunities across ECE programs and the ECE workforce. The findings emphasize ECE providers' current levels of feelings of distress and being overwhelmed. They also illustrate widespread provider needs for supports across contexts and programs and highlight what providers have found to be useful in PD and coaching opportunities. The following conclusions and recommendations provide actionable information about how equitable and accessible PD and coaching opportunities could be tailored to aid in developing and sustaining a valued and well-supported ECE workforce that will contribute positively to the growth and development of our children and families.

1. Providers are reporting high levels of anxiety and depression that are tied to feelings of being overwhelmed and/or not having the skills they need to handle perceived challenging behaviors in the classroom. It is critical to identify methods to increase provider overall wellbeing in addition to helping providers to gain skills to promote children's positive development. Providers who were more anxious, depressed, and overwhelmed also tended to be more interested in receiving coaching and mentoring supports, suggesting that they are open to assistance. Although ECE providers are tasked with one of the most important societal jobs, that of nurturing our youngest members, they receive some of the lowest wages and few benefits. Additionally, women and people of color are overrepresented in ECE provider roles and thus face systemic, institutionalized inequities and barriers.¹ This all suggests that changes to better support ECE providers need to be made in multiple domains and at programmatic, structural, and societal levels. These include:

Better compensation including health and financial benefits

Increased access to physical and mental health services and wellbeing supports within the workplace

An established system of education and PD programs, including financial aid as well as paid time to receive training and child care during training

Supports across the full range of provider roles and types of ECE programming, including management level staff, teaching staff, family engagement staff, and specialists

Supports available in culturally and linguistically appropriate formats to ensure equitable access for ECE providers from a diverse range of backgrounds.

¹ Gillispie, C., Codella, C., Merchen, A., David, J., & Cappo, A. (2022). Equity in child care is everyone's business. The Education Trust & U.S. Chamber of Commerce Foundation.

2. Providers need to be better supported to foster the positive growth and development of all children within their care even when children's behaviors and needs are perceived as challenging. Almost 20% of providers who responded to the survey told us that they had asked children to leave or take a break from care because the program could not meet the children's needs, reflecting an estimated 735 children being asked to leave care. Children who were Black or African American were disproportionately more likely to be asked to leave care. The large majority of providers indicated that they had asked children to leave because they could not meet a child's needs for behavioral support or because a child's behavior was dangerous to other children. Taken together, these findings suggest the need for a number of changes:

Augmenting and strengthening systems-side training, mentoring, and ongoing coaching support for individualizing programming and including all children in classrooms should be a priority. Providers told us that their PD opportunities most often focus on managing perceived challenging behavior in the classroom. Further, providers tended to rate these trainings highly in terms of utility. The continued high rates of provider feelings of being overwhelmed and children being asked to leave care suggest that trainings should be enhanced with implementation supports, such as coaching, mentoring, and peer support, to increase effects on provider practice.

A greater focus needs to be placed on helping providers to recognize implicit bias, to improve their abilities to support

children from diverse backgrounds and with a range of abilities, and to change their practices to do so. Sixty percent of providers indicated that they had received training in better supporting the cultural and linguistic needs of children from diverse background and on recognizing how implicit biases affect practices. Further, they tended to rate these trainings highly on utility. Thus, providers are willing to pursue these topics. Increasing the reach of trainings as well as their effects on practice is critical.

We need a better understanding of what is currently working for providers and programs who are able to keep children in care. Providers in family- and home-based programs were less likely to ask children to leave their programs. It is important to understand what might be happening within these programs that allows all children to be supported in care.

Families' perspectives need to be included in efforts to ensure that all children are included in classrooms. A recent study of families whose children had been asked to leave care highlighted the great burden placed on families when this occurs.² Families also offered stories about successful partnerships between themselves and providers to find inclusive arrangements for their children, as well as suggestions about how such efforts could be expanded. Greater inclusion of families in the planning of PD and supports for providers, as well as for other families in the same situation, will increase the likelihood that these efforts will succeed.

² Burton, M., Green, B. L., Houser, C., Lau, S., Ordonez Rojas, D., Richardson, A., & Rodriguez, L. (2022, July). Families' experiences of early childhood care suspension and expulsion: Messages for building more inclusive environments. Report submitted to the Oregon Early Learning Division.

3. IECMHC may be a particularly effective way of increasing both providers' well-being and their ability to support ALL children and families. Research supports the efficacy of IECMHC in helping providers and families to support children's positive growth and development. If providers feel less stress in the classroom, their feelings of anxiety and depression may decrease. Additionally, IECMHC engages not only ECE providers but also families of the children in programs. This is important because providers often perceived families themselves as being barriers to their abilities to support children with behaviors perceived as challenging. For IECMHC to be maximally effective in alleviating current challenges for ECE providers, the following recommendations should be met:

IECMHC services need to be expanded to be much more widely available to providers across a range of roles and settings.

Less than a quarter of ECE providers had either had access to or worked with a MHC in the past year. Providers working in programs that were supported at least partially by public funding (e.g., Head Start, EI/ECSE programs, and Relief Nurseries) had the most access to MHCs, while those that might have less likelihood of public funding (e.g., community-based centers and family- or home-based care) were least likely to have such access. Owners of programs were also much less likely to have access to IECMHC. Over 50% of providers also indicated that the lack of enough consultants and/or the long wait to receive EI/ECSE services was a barrier to their being able to support all children. Notably,

recent Oregon legislation provided resources to design and implement a statewide system of IECMHC; this work, being led by the ELD, is currently in the planning phase with implementation to begin in 2023.

IECMHC services must also be tailored to meet the cultural, linguistic, and developmental needs of children and families.

In other reports in which we asked families from diverse backgrounds about barriers to finding child care, they indicated that finding culturally and linguistically responsive care is extremely important to them but very difficult.³ Further, the behavior of children from traditionally minoritized groups is more likely to be perceived as extreme than the behaviors of children from traditional majority groups.⁴ Ensuring that all ECE services meet the needs of families from a range of backgrounds and recognize the effects of structural discrimination is critical for equity and positive outcomes.

3 Burton, M., Green, B.L., Houser, C., Joseph, R., Lau, S., Ordonez-Rojas, D., Reyes, N., Richardson, A., Rodriguez, L., Salazar-Robles, S., (2022, July). Hearing From Families About: (1) Early Childhood Suspension and Expulsion; (2) Accessing Child Care for Oregon's Infants and Toddlers; and (3) Supporting Inclusive Care for LGBTQIA+ Families. Report submitted to the Oregon Early Learning Division.

4 Gilliam, W. S., Maupin, A. N., Reyes, C. R., Accavitti, M., & Shic, F. (2016). Do early educators' implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions. *Yale University Child Study Center*, 9(28), 1-16.

4. Coaching appears to be an acceptable and desired method of receiving PD across providers and settings. While currently less than 30% of providers are receiving coaching, the vast majority noted that they would participate in coaching if the opportunity were available. Both provider and coach reports indicate that they are engaging in a range of positive, supportive coaching activities that suggest partnerships. Further, the fact that providers who said they would participate in coaching had higher distress levels suggests that coaching is viewed as a potential positive support by providers. For coaching (of which IECMHC is one type) to be maximally effective, we recommend the following:

Implement structural changes to allow more time and opportunities for coaching.

Most providers saw their coaches only once a month for less than an hour and most coaches reported that they were able to devote less than 25% of their work time to coaching. Changes could include **hiring more substitutes** so that regular classroom providers can engage with their coaches, **providing paid time out of classroom hours** for coaches and providers to meet, and **embedding more opportunities** for coaches to work with providers in their classrooms.

Culturally and linguistically specific and appropriate coaching must be made available across providers and types of care.

Although lead teachers were most likely to receive coaching, other members of classroom teaching teams, such as assistants and aides, were less likely than other providers to do so. To be maximally effective, all members of the teaching staff should be engaging in the same practices and behaviors. Similarly, providers in some types of facilities, such as

family- and home-based care and preschools co-located in K-12 schools, were less likely to receive coaching. To ensure equitable access to resources, **all** providers should be able to receive coaching.

Coaching must be offered in providers' primary languages and be culturally relevant and appropriate.

Speakers of languages other than English were less likely than the average to receive materials in their primary language. This situation has to be corrected. When we asked providers if they wanted to be a coach, those who replied affirmatively represented a range of linguistic and cultural backgrounds. This demonstrates that there is a willing pool of candidates to fill the need for a diverse coaching workforce.

To increase the availability of coaching, increase the number of coaches across all programs.

One-quarter of the providers who were not currently serving as coaches wanted to become coaches, suggesting that there is a pool of potential coaches. Importantly, these providers indicated that **they would need training as well as supports such as time off from work and child care to be able to engage in that training.** Further, in addition to training in building coaching relationships, **PD opportunities for coaches need to include greater emphases on implementation of coaching and principles of adult learning.**

Opportunities to become a coach must be equitably distributed across providers with a range of racial and ethnic and linguistic backgrounds.

This will increase access to coaching in a range of languages and with relevance to different cultures, as recommended above.

5. Increased state funding may be needed to ensure the widest and most equitable access to the supports for ECE providers that are recommended above.

The ELD is currently making investments in a number of systems, such as increased access to IECMHC and mentor coaching, for ECE programs that receive state funding (such as OPK and Preschool Promise). Further, findings demonstrated that providers in programs that traditionally receive at least some federal or state funding were often more likely to have access to a variety of supports. For example, providers in Head Start programs were most likely to receive coaching and those in Head Start, EI/ESCE, and Relief Nursery programs were most likely to have access to MHCs. While these federal- and state-funded programs are designed to serve vulnerable children and families (e.g., those with low incomes, children with developmental disabilities or chronic medical needs, children whose parents may be at risk for becoming abusive), there are not enough spaces within these programs to serve all of these children and families. Thus, expansion of some of the state-provided resources beyond those programs currently funded by the state would further increase the reach of resources.

Oregon's early learning system continues to face a number of unprecedented challenges since 2020, with the advent of a pandemic and the associated effects on the ECE workforce and programming. These new challenges add to and exacerbate long-standing issues that have faced the ECE field, such as historically low wages and benefits for employees and rising rates of suspension and expulsion of children. In the face of these challenges, Oregon leaders have continued to prioritize early childhood education in legislation and funding priorities and have made some solid preliminary progress in addressing these issues. The findings presented here suggest the need for expanded and ongoing systems change to adequately and appropriately support the workforce that is so vital in the positive growth and development of our children.

Appendices

Appendix A. Survey Instruments

PDG ECE Provider Survey 2022 Directors/Owners

1. In which Oregon county do you live? (choose from drop down list)
2. What is your zip code?

We are interested in hearing from people who are currently actively working in early childcare and education OR who have worked in early childcare and education in the recent past (within the past 3 years).

3. What is/was your primary position at your current/most recent program?
 - a. Lead/Head teacher (but not owner/director of a home/family-based program)
 - b. Assistant teacher
 - c. Director
 - d. Owner (may also be director and/or teacher of a home/family-based program)
 - e. Assistant/Aide
 - f. Early Intervention/Early Childhood Special Education (EI/ECSE) provider
 - g. Other (please specify)

Thinking about the childcare program at which you are currently working or were most recently employed, please tell us:

4. Facility Name
5. Facility Address
6. Which of the following best describes your workplace? (choose one)
 - a. Head Start Program
 - b. Other Community Based (not Head Start) Child Care Center
 - c. Child Care Center co-located at a K-12 school (elementary, middle or high school)
 - d. Family/Home Based Child Care
 - e. Early Intervention/Early Childhood Special Education Center or Classroom
 - f. Family Relief Nursery
 - g. Other (please specify)
7. How long have you been/were you working at this site in your current/most recent position—number of years, and/or number of months (please specify)?
8. As of today, is your program currently open? (yes or no)
 - a. [If yes]: Are there plans to close your program? (yes, no, or don't know)
 - b. [If no]: Are there plans to open your program? (yes, no, or don't know)

9. Since March 2021, have you lost staff (other than yourself) or needed to reduce staff hours?

Yes (if yes, GO TO #9a)

No (if no, GO TO #9b)

No staff other than myself at this program (if no staff, GO TO #6)

- a.** [If yes] How many staff...(enter zero if none in a category)
- i.** Were laid off
 - ii.** Were furloughed
 - iii.** Quit or chose not to return to position/renew a contract
 - iv.** Had hours reduced
 - v.** Other (describe)

{If 9a-iii above is greater than "0", respondent will see this follow-up:}

Of the staff who quit, how many left for the following reasons: (choose none, some, or many for each)

- i.** Health and safety concerns due to COVID-19
 - ii.** Did not like changes in job duties either due to COVID-19 or other reasons
 - iii.** Not interested in providing virtual instruction
 - iv.** Had hours reduced
 - v.** Changes to their family circumstances
 - vi.** Could not find child care for their own children
 - vii.** Another reason(s) (please describe)
- b.** Ideally, how many regular (e.g., not substitutes or temporary) staff do you need to run your program at full capacity?
- c.** How many regular (e.g., not substitutes or temporary) staff are currently working at your program?
- d.** Have you had staff shortages since March 2021? (yes or no) (if no, GO TO #10)
- e.** When you have had staff shortages since March 2021, how often did you use the following strategies to handle the shortage? (Please list the number of times you used each strategy. If you didn't use a strategy, please enter "0". Make your best guess.)
- i.** I closed the whole program
 - ii.** I closed some classrooms
 - iii.** I reduced enrollment for infant/toddlers (Leave blank if you do not serve infant/toddlers)
 - iv.** I reduced enrollment for 3-5 year olds (Leave blank if you do not serve 3-5 year olds)
 - v.** I moved staff around to different classrooms than they usually work in
 - vi.** I worked in the classrooms
 - vii.** I hired a sub from the substitute pool at TRI
 - viii.** I hired substitute/temporary staff from somewhere other than substitute pool at TRI
 - ix.** Other (please describe)

10. If your program has closed at any time since March 2021, which of the following describes the closure(s)?

- a.** My program has stayed open continuously since March 2021 (yes or no) (if yes, GO TO #11)
- b.** Temporary closure due to COVID-19 pandemic related conditions (yes or no)
- c.** Temporary closure due to wildfires (yes or no)
- d.** Temporary closure for any other reason not related to COVID-19 or wildfires (yes or no)
- e.** Permanent closure of the program due to COVID-19 pandemic related conditions (yes or no) (if yes, GO TO #14)
- f.** Permanent closure due to wildfires (yes or no) (if yes, GO TO #14)
- g.** Permanent closure of the program for another reason not related to the COVID-19 pandemic or wildfires (yes or no) (if yes, GO TO #14)
- h.** How many times have you had to close since March 2021?

11. What is the current desired capacity for your program? (If none in an age range, please enter zero.)

- a.** Birth to 12 months
- b.** 13 months – 24 months
- c.** 25 months – 36 months
- d.** 3 – 4 years
- e.** 4 – 5 years

12. Since March 2021, were/are any children in your current or former program funded by dollars from the following sources? (yes, no, or don't know)

- a.** Private/Parent pay
- b.** Oregon PreKindergarten (OPK)
- c.** Preschool Promise
- d.** Baby Promise
- e.** Early Childhood Equity Fund
- f.** Early Head Start or Head Start-Region 10 (federal funds NOT OPK)
- g.** Native American/Alaskan Indian-Region 11
- h.** Migrant and seasonal EHS-Region 12
- i.** Early Learning Hub funds
- j.** Local government (e.g., pre-k funding from a city or county government)
- k.** Childcare subsidy programs such as CCDF, TANF or ERDC
- l.** Title I
- m.** Early intervention/early childhood special education
- n.** Relief Nursery
- o.** Other types of government-funded programs

- 13. Since March 2021, has/did your current or former program received any of the following:** (yes, no, or don't know)
- a.** A Stabilization grant from the state's Oregon Early Learning Division
 - b.** A Reopening grant from the state's Oregon Early Learning Division
 - c.** Another type of Emergency Child Care (ECC) grant from the state's Oregon Early Learning Division (other than a Stabilization or Reopening grant)
 - d.** Other COVID-19 pandemic related government funding, such as the Paycheck Protection Program (PPP)
 - e.** Personal Protective Equipment (PPE) through the state's Oregon Early Learning Division
- 14. Since March 2021, has/did your program offered the following to any family in your program:** (yes or no)
- a.** Extended hours
 - b.** Flexibility to drop off early or pick up late as needed
 - c.** Flexibility in amount or timing of payment
 - d.** Dropping off or having families pick up meals or food
 - e.** Dropping off or having families pick up supplies (such as diapers, wipes, toilet paper, sanitizer)
 - f.** Offering information or printed materials about caring for children
 - g.** Zoom, Facebook, or other online classes where a teacher/you are/is live
 - h.** Offering videos that a teacher/you recorded online
 - i.** Dropping off or providing activities and/or worksheets for families to pick up
 - j.** Suggesting special apps with activities/videos/information
- 15. As of today, are you doing any of the following in your program? (These are not necessarily currently required. Please check the local guidelines.)** (yes or no)
- a.** Adults are wearing face masks indoors
 - b.** Children are wearing face masks indoors
 - c.** Practicing social distancing (individuals stay 3–6 feet apart)
 - d.** Regular testing of staff for COVID-19
 - e.** Regular testing of children for COVID-19
 - f.** Enhanced cleaning protocols related to COVID-19 prevention
 - g.** Class sizes are smaller than usual
 - h.** Stable cohorts/classes of children

16. A. From the following list, please pick the top three things that would help you the most to keep your program open or re-open your program:

- a. Being able to offer better wages or benefits
- b. Childcare for your own/your staff's children
- c. Continuing or increasing COVID-19 safety measures (e.g., social distancing, face masks, cleaning protocols)
- d. Decreasing COVID-19 safety measures
- e. COVID-19 infections decreasing in the community
- f. Better finances/financial stability
- g. Having more staff
- h. Having more families sign up for spaces in your program
- i. A greater variety of teaching options (e.g., ability to work from home, deliver services via Zoom)
- j. More or different work resources (e.g., learning materials, teaching tools, facilities)
- k. More funding for programs (e.g., funding from federal, state or local governments)
- l. Education or training (e.g., professional development opportunities, courses, online training)
- m. Something else:

17. If your program is currently closed, please pick the top three barriers preventing you from re-opening your program from the following list:

- a. Not being able to offer better wages or benefits
- b. Needing childcare for your own/your staff's children
- c. Need for COVID-19 safety measures (e.g., social distancing, face masks, cleaning protocols)
- d. Too many COVID-19 safety measures
- e. COVID-19 infections in the community
- f. Financial instability
- g. Not enough staff
- h. Not enough families signing up for spaces in your program
- i. Not enough teaching options (e.g., ability to work from home, offer lessons via Zoom)
- j. Not enough work resources (e.g., learning materials, teaching tools, facilities)
- k. Not enough funding for programs (e.g., funding from federal, state or local governments)
- l. Need more education or training (e.g., professional development opportunities, courses, online training)
- m. Something else:

18. Over the last 2 weeks, how often have you been bothered by the following problems? (not at all, several days, more than half the days, or nearly every day)

- a. Feeling nervous, anxious or on edge
- b. Not being able to stop or control worrying
- c. Little interest or pleasure in doing things
- d. Feeling down, hopeless, or depressed

SECTION B

Next there are some questions about you.

1. Which of the following best describes your current gender identity?

- a. Female/Woman (GO TO #1g)
- b. Male/Man (GO TO #1g)
- c. Nonbinary, Genderfluid, Genderqueer (GO TO #2)
- d. Questioning or unsure (GO TO #2)
- e. An identity not listed (please describe) (GO TO #2)
- f. Prefer not to respond (GO TO #2)
- g. Do you identify as transgender? (yes or no)

2. How old are you?

- a. 18-24
- b. 25-39
- c. 40-54
- d. 55 and older
- e. Prefer not to answer

3. Which of the following racial or ethnic groups describes your background? (Select all that apply.)

- a. African American or Black (yes or no); If yes, are you:
 - i. African American
 - ii. African
 - iii. Caribbean
 - iv. Other African American or Black
- b. Asian (yes or no); If yes, are you:
 - i. Asian Indian
 - ii. Chinese
 - iii. Filipino/a
 - iv. Hmong
 - v. Japanese
 - vi. Korean
 - vii. Laotian
 - viii. South Asian
 - ix. Vietnamese
 - x. Other Asian
- c. Hispanic or Latino (yes or no); if yes, are you:
 - i. Central American
 - ii. Mexican
 - iii. South American
 - iv. Caribbean
 - v. Other Hispanic/Latino

- d.** Middle Eastern or North African (yes or no); If yes, are you:
 - i.** Northern African
 - ii.** Middle Eastern

- e.** Native American or Alaska Native (yes or no); If yes, are you:
 - i.** Native American (if yes got to #j below)
 - ii.** Alaska Native
 - iii.** Canadian Inuit, Metis, or First Nation
 - iv.** Indigenous Mexican, Central American, or South American
 - v.** Indigenous Caribbean
 - vi.** Other

- f.** Native Hawaiian or Pacific Islander (yes or no); If yes, are you:
 - i.** Guamanian
 - ii.** Micronesian
 - iii.** Native Hawaiian
 - iv.** Samoan
 - v.** Tongan
 - vi.** Other Pacific Islander

- g.** White (yes or no); If yes, are you:
 - i.** Eastern European
 - ii.** Slavic
 - iii.** Western European
 - iv.** White/Caucasian
 - v.** Other White
 - vi.**

- h.** Another identity (yes or no; please describe)
- i.** Don't know/prefer not to answer
- j.** Are you a member or descendent of a federally recognized tribe? (yes or no) (if yes, GO TO j-i; if no, GO BACK TO f above)
 - i.** What is your tribal affiliation: (check all that apply) (then BACK TO f above)
 - ii.** Burns Paiute of Harney County
 - iii.** Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
 - iv.** Confederated Tribes of Grand Ronde
 - v.** Confederated Tribes of Siletz
 - vi.** Confederated Tribes of Umatilla Reservation
 - vii.** Confederated Tribes of Warm Springs
 - viii.** Cow Creek Band of Umpqua Indians
 - ix.** Coquille Indian Tribe
 - x.** Klamath Tribes
 - xi.** An affiliation not listed:

- k.** Are there children in your classroom(s) who match or partially match your race/ethnicity? (yes or no)

- 4. Are you fluent in the following languages? (yes or no)**
- a.** Chinese
 - b.** English
 - c.** Russian
 - d.** Spanish
 - e.** Ukrainian
 - f.** Vietnamese
 - g.** Other (please specify)
- 5. What is the highest level of education that you have completed? (Circle one please.)**
- a.** 8th grade or less
 - b.** 9-12th grade, no diploma
 - c.** GED or high school equivalency
 - d.** High school graduate
 - e.** Some college credit but no degree
 - f.** Community college certificate
 - g.** Associate degree (AA, AS, etc.)
 - h.** Bachelor's degree (BA, BS, etc.)
 - i.** Graduate degree
- 6. How long have you been an early childhood care and education provider? (years and months)**
- 7. Would you say your total household income in 2021 before taxes or deductions was...**
- a.** less than \$15,000
 - b.** \$15,001 to \$25,000
 - c.** \$25,001 to \$35,000
 - d.** \$35,001 to \$40,000
 - e.** \$40,001 to \$50,000
 - f.** \$50,001 to \$65,000
 - g.** \$65,001 to \$80,000
 - h.** \$80,00 or more
- 8. Approximately how many people (adults and children) are supported by your household income?**
- 9. Approximately how much of your household income in 2021 came from your work taking care of children?**
- a.** All
 - b.** Almost all
 - c.** More than half
 - d.** About half
 - e.** Less than half
 - f.** Very little
 - g.** None

For the following questions, please think about your current position at this program (or the most recent program where you worked, if you are no longer employed there).

10. About how many hours do/did you typically work per week at this facility?

11. Were any of the following benefits offered to you as terms of your employment when you were hired in your current/most recent job? (Please answer "yes" if they were offered, even if you chose not to participate in a particular benefit plan.)

- a. Health insurance (yes or no)
- b. Dental insurance (yes or no)
- c. Vision insurance (yes or no)
- d. Paid sick days (yes or no)
- e. Paid vacation days (yes or no)
- f. Tuition reimbursement for your education (yes or no)
- g. Paid professional development (yes or no)
- h. Paid family leave (e.g., maternity) (yes or no)
- i. Reduced rate childcare for your own children (yes or no)

12. Thinking about the next 6 months, how worried are you, if at all, that:

(very worried, somewhat worried, not too worried, not worried at all, or don't know)

- a. You or someone in your immediate family or household will get sick from COVID-19?
- b. You will lose income due to a workplace closure or reduced hours because of the COVID-19 pandemic?

13. Have you lost income due to a workplace closure or reduced hours because of COVID-19? (yes or no)

SECTION C

Now we would like to ask you some questions about your current program/group of children or the program/group of children where you most recently worked. If your program is currently open, please answer these questions as of today. If your program is currently temporarily closed, please answer these questions for the last time that the program was open. If you work/worked at more than one program, please answer these questions about the program at which you work/worked the most hours.

1. As of today, how many children of each age are currently/were enrolled in your program/group? (If none in an age group, please enter "0".)

- a. number of 0–2 year olds
- b. number of 3 year olds
- c. number of 4–5 year olds
- d. number over 5

- 2. As of today, how many children in each ethnic category below are currently/were enrolled in your program?** (If none, please enter "0"; if unsure/unknown enter in "Other".)
- a.** African American or Black
 - b.** American Indian/Alaska Native
 - c.** Asian
 - d.** Latino or Hispanic
 - e.** Middle Eastern/North African
 - f.** Pacific Islander/Native Hawaiian
 - g.** White
 - h.** Mixed race/Multiracial:
 - i.** Other:
 - j.** Other:
- 3. Do any children in your program speak any of the following languages?**
- a.** Chinese (yes or no) (if no, GO TO 3b)
 - i.** If yes: Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? (yes or no)
 - b.** English (yes or no) (if no, GO TO 3c)
 - i.** If yes: Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? (yes or no)
 - c.** Russian (yes or no) (if no, GO TO 3d)
 - i.** If yes: Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? (yes or no)
 - d.** Spanish (yes or no) (if no, GO TO 3e)
 - i.** If yes: Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? (yes or no)
 - e.** Ukrainian (yes or no) (if no, GO TO 3f)
 - i.** If yes: Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? (yes or no)
 - f.** Vietnamese (yes or no) (if no, GO TO 3g)
 - i.** If yes: Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? (yes or no)
 - g.** Other (please specify)
 - i.** If yes: Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? (yes or no)
- 4. How many children are currently on your waitlist for each of the age categories below?** (If none, please enter "0".)
- a.** Birth to 2 years
 - b.** 3–5 years

SECTION D

- 1. For all of the following practices, please indicate how much additional training you may need to be able to do these systematically in your program:** (no additional support needed, some additional support needed, a lot of additional support needed)
- 2. Leading regular, data-informed processes with your staff (e.g., meetings to review child assessments, class observations, etc.) meant to help improve the quality of teaching and learning**
 - a. Creating and implementing effective strategies for supporting family engagement
 - b. Including teachers and families in decision making about children's needs and goals
 - c. Addressing and ensuring equity and eliminating conscious and unconscious bias (e.g., racial, gender, socioeconomic, cultural)
- 3. In the past 12 months, if you have received training, mentoring, or professional development in any of the following topics, how useful was that training?** (did not receive training in this topic, not at all useful, somewhat useful, moderately useful, extremely useful)
 - a. Managing children with challenging behaviors in a classroom
 - b. Training in better supporting children's diverse cultural and linguistic needs
 - c. Training in understanding how my implicit bias might influence my practice
 - d. Skills and activities for teaching early literacy and numeracy
 - e. Using or understanding observation assessment scores
 - f. Practice-based coaching
 - g. Trauma-informed practices
 - h. Using data to create program goals
 - i. Managing my child care business and its finances
- 4. How frequently would you say that Professional Development opportunities in general:** (never, rarely, sometimes, often, or almost always)
 - a. Are affordable for me
 - b. Are accessible for me (e.g., online, within your community, language diversity, etc.)
 - c. Are relevant to my job (e.g., help me solving issues in the classroom/facility)
 - d. Help to reduce stress on my job
 - e. Help me to feel more successful at my job
 - f. Covers information that will help me to get ahead/progress in my job (e.g., take on a new role, get a promotion)
- 5. Since March 2021, have you:**
 - a. had access to an early childhood mental health consultant? (An Early Childhood Mental Health Consultant provides training and coaching to early care and education providers to help manage children's challenging behavior and promote and support children's healthy social-emotional development.) (yes, no, or not sure)
 - b. worked with/been supported by an early childhood mental health consultant? (yes, no, or not sure)

- 6. How often do you feel overwhelmed/burdened, like you don't have the skills you need to effectively support or manage children's behavior?** (never, rarely, sometimes, often, or almost always)
- 7. Have any of the following been barriers you have experienced when addressing the needs of children with challenging behavior?**
- a.** I have not tried to get support for addressing the needs of children with challenging behavior. (yes or no) (if yes, GO TO #7)
 - b.** Not enough mental health/behavioral specialists or long wait time to see a specialist (yes or no)
 - c.** Lengthy process to get early intervention or preschool special education evaluation/support (yes or no)
 - d.** Families had difficulty acknowledging child's challenging behavior (yes or no)
 - e.** Families had difficulty addressing problems at home (e.g., parent mental health, substance abuse, severe financial problems) (yes or no)
 - f.** Other (please specify)
- 8. Since March 2021, have you had the role of coach or mentor in your program?** (yes or no) (if no, GO TO #15)

*A coach/mentor is someone who provides ongoing support to other providers by doing some or all of the following: demonstrating or modeling classroom/instructional skills; doing formal (e.g., CLASS, ECERS, etc.) or informal **observations of classroom/children and providing feedback to provider; working to set goals** geared to developing knowledge and skills related to their instructional practice.*

We would like to ask you some questions about your work as a coach.

- 9. About how many staff you coach?**
- a.** How many of those staff do you coach within a one-one partnership?
- 10. How many years have you been a coach, providing professional support to early care and education teachers/providers? If this is your first year as a coach, please report 1 year.**
- 11. About what percent of your work hours are dedicated to coaching?**
- a.** less than 25
 - b.** 25-49
 - c.** 50-74
 - d.** 75-99
 - e.** 100
- 12. Are you a formal supervisor of any of the early educators that you coach?** (yes or no)

13. Now, we have some questions about your professional development as a coach. In the past year (since March 2021), have you received training/professional development in any of the following topics to support coaching?

- a. Coaching structure and implementation (for example, how frequently to meet with staff, what to do on each visit, routines for coaching) (yes or no)
- b. Communication, constructive discussions, effective feedback, and/or reflective methods with coaches (yes or no)
- c. Practice-based coaching (yes or no)
- d. Building relationships and/or collaborative partnerships with early educators (yes or no)
- e. Adult learning theory as a tool for coaching delivery (yes or no)
- f. Equity and inclusion practices as they relate to coaching (yes or no)
- g. Other Topics (please describe) (yes or no)

14. Now we would like to learn more about the types of things you do in coaching meetings. When coaching an early educator, how often do you do the following: (never, rarely, sometimes, often, or almost always)

- a. Assess early educator needs
- b. Reflect on an observation of early educators teaching practice
- c. Set goals and assess progress toward goals
- d. Provide strength-based feedback to early educator
- e. Model behaviors or practices for early educator
- f. Provide emotional support
- g. Help with preparation of materials, lesson plans, scheduling
- h. Use coaching companion (e.g., view exemplar videos, coaching action steps)

15. Finally, to what extent are the following factors challenging to you as a coach? (please select one for each response option) (never or hardly ever challenging; sometimes challenging; often challenging; always challenging; N/A or I have never encountered these challenges)

- a. level of support from center or program director
- b. directors or supervisors who interfere with the coaching process
- c. Early educator turnover
- d. Staff/coach ratio (too many early educators and too few coaches)
- e. Lack of coach time for coach-early educator meetings
- f. Lack of early educator release time for coach-early educator meetings
- g. Early educator personal crises, stress, or mental health issues
- h. Lack of training or professional development for coaching

16. Since March 2021 have you received any coaching? (yes or no) (If yes, GO TO #17)

A coach/mentor is an individual with specialized and adult learning, knowledge and skills, who takes a strength- and relationship-based approach to focus on supporting the development of a professional through collaborative goal setting to support teaching practices.

17. If coaching/mentoring were available to you, would you be interested in participating? (If yes, GO TO #26; if no, GO TO #26)

The following questions pertain to the coaching you received since March 2021. (If you have more than one coach, please consider the one whom you collaborate with most frequently.)

18. Which of the following best describes your coach's position?

- a. Someone who supervises you (like your director/grant coordinator, manager, etc.)
- b. A coach/mentor who is not your supervisor but works for your program
- c. A coach/mentor from outside your program
- d. A peer group/community
- e. A person not listed (Please describe the person's position not listed)

19. Thinking about the coaching that you received since March 2021, about how often did the coach typically meet with you one-on-one (in person or virtually)?

- a. Two or three times a week or more
- b. About once a week
- c. Two to three times a month
- d. About once a month
- e. Less than once a month
- f. Rarely or never

20. On average, how much time does your coach spend with you in a typical in-person (or virtual) coaching meeting? Please enter minutes per coaching meeting.

21. On average, how many times do you communicate with your coach between coaching meetings? If you do not communicate between coaching meetings, please enter "0".

Now we have some questions about what you do when you meet with your coach.

22. Who helps decide what you and your coach do together during coaching meetings?

- a. Me
- b. The coach
- c. Both the coach and me
- d. Other teachers on my teaching team
- e. My program director or supervisor
- f. Other, specify

- 23. Thinking about the meetings you have with your coach, how often does your coach use the following strategies:** (never, rarely, sometimes, often, or almost always)
- Have "sit-down," kid-free meetings with you?
 - Have a structured coaching meeting (for example, follow a routine or organized plan, or use a goal sheet/template)?
 - Provide positive feedback to you, tell you what to do more of and what you do well?
 - Reflect on progress toward goals from a previous meeting?
 - Discuss your personal background or life?
 - Observe you interacting with children in your care, in person, or by video
 - Seek to understand your cultural perspective and values, and provide supports consistent with those
 - Work without a plan or clear goal
- 24. Did your coach offer materials in your primary language?** (yes or no)
- 25. Did your coach speak your primary language?** (yes or no)
- 26. Have you ever wanted to become a coach/mentor to other early educators?** (yes or no) (If no, GO TO #28)
- 27. What would support you in becoming a coach?**
- 28. Please indicate how often you do the following things in your program:** (never, rarely, sometimes, often, or almost always)
- For children who speak languages or dialects other than English, I use key words in their language so that I am better able to communicate with them.
 - I ensure that toys and other materials are representative of the various cultural and ethnic groups within the local community and the society in general.
 - I seek information from family members or other key community informants that helps me to respond to the needs and preferences of culturally and ethnically diverse children and families.
 - I have designed the learning environment and activities at my program to reflect multiple languages, cultures, and abilities.

CHILD ASSESSMENT

- 29. Does your program have formal processes for collecting child level data on developmental progress/milestones/skills? (e.g., through T.S. GOLD or a similar assessment)** (yes; no (GO TO #30); don't know (GO TO #30); other, please explain: (GO TO #30))
- If yes, what are you using?

CONTINUOUS QUALITY IMPROVEMENT

- 30. Does your program regularly/systematically use data to inform continuous program improvement?** (yes; no (GO TO #32); don't know (GO TO #32))

- 31. For continuous program improvement, how much support would you need for your program to regularly use the following:** (No additional support needed; Some additional support needed; A lot of additional support needed)
- a. Student/child level data (e.g., enrollment, attendance, assessments)
 - b. Student/child level data analyzed by subgroup (e.g., children reflecting different cultural backgrounds, identified special needs, etc.)
 - c. Classroom observations
 - d. Teacher professional development data
 - e. Parent/caregiver feedback
 - f. Teacher/provider assessment of goals for quality improvement
 - g. Participate in SPARK
- 32. Since March 2021, have you used Child Care Resource & Referral networks as a resource?** (yes or no) (If no, GO TO SECTION E)
- a. If yes, have you used:
 - i. Training or workshops
 - ii. Technical assistance
 - iii. Individual coaching

SECTION E

- 33. In the past year, have you had students in your current or former program who you asked to leave your care or take a break because you could not meet their needs?** (yes or no) (If no, GO TO SECTION F)
- 34. In the past year, have you asked a student to leave care or take a break for the following reasons:**
- a. Not able to meet the child's need for behavioral support
 - b. Not able to meet the child's physical needs
 - c. Not able to meet the child's medical needs
 - d. Child was placed in a special education classroom
 - e. Family was no longer able to pay for care
 - f. Program hours did not match the family's needs
 - g. Child could not adjust to the classroom environment
 - h. Child's behavior was potentially dangerous to other children.
 - i. Other, please specify:
- 35. How many students did you ask to leave/take a break from care in the past year?**

36. How many children in each ethnic category below were asked to leave your program in the past year? (If none, please enter "0". If unsure about children's ethnicities, please list them in the "Not sure" category.)

- a.** African American or Black
- b.** American Indian/Alaska Native
- c.** Asian
- d.** Latino or Hispanic
- e.** Middle Eastern/North African
- f.** Pacific Islander/Native Hawaiian
- g.** White
- h.** Mixed race/Multiracial:
- i.** A group not listed:
- j.** A group not listed:
- k.** Not sure

SECTION F

- 1. Approximately how many hours per week do you spend managing your business? (Any time working on administrative tasks rather than working directly with children.)**
 - a.** 0 hours
 - b.** 1-10 hours
 - c.** 11-25 hours
 - d.** 26-40 hours
 - e.** 41-60 hours
 - f.** Over 60 hours
- 2. Please rate your agreement with this statement: I understand the overall health of my child care business.** (Strongly disagree, Disagree, Neutral, Agree, Strongly agree)
- 3. Approximately how many of your private tuition payments from parents are late each payment cycle?**
 - a.** 0%, or everyone pays on time
 - b.** 1-10%, or one or two families pay late on average
 - c.** 11-50%, or some families consistently pay late
 - d.** 51% or more, or a majority of families consistently pay late
 - e.** I don't know

4. What are your approximate total monthly expenses? Please include all programmatic expenses such as payroll, food, cleaning supplies, materials, etc.

- a. \$0
- b. \$1-\$499
- c. \$500-\$999
- d. \$1000-2,499
- e. \$2,500-4,999
- f. \$5,000-7,499
- g. \$7500-9,999
- h. \$10,000-19,999
- i. \$20,000-39,999
- j. \$40,000 or more
- k. I don't know

5. What is your program's current monthly revenue? (including all revenue streams such as private pay tuition, subsidies, food program, etc.)

- a. \$0
- b. \$1-\$499
- c. \$500-\$999
- d. \$1000-2,499
- e. \$2,500-4,999
- f. \$5,000-7,499
- g. \$7500-9,999
- h. \$10,000-19,999
- i. \$20,000-39,999
- j. \$40,000 or more
- k. I don't know

6. Do your monthly revenues typically cover program costs? (Yes, always or almost always, Sometimes, No, not currently or not usually, I don't know)

7. How would you rate the overall financial health of your child care business?

- a. Excellent; revenue covers costs and I make enough profit to compensate myself/staff well
- b. Good; revenue covers costs most of the time and my business is sustainable or becoming more sustainable
- c. Ok; revenue sometimes covers costs but things are stabilizing
- d. Poor; revenue rarely covers costs and I'm worried about staying in business
- e. I don't know

8. How would you rate your compensation/profit?

- a.** Excellent; I'm earning as much as I want or need
- b.** Good; I'm earning enough to feel comfortable
- c.** Ok; I'm earning just enough to get by
- d.** Poor; I'm not able to earn what I need
- e.** I don't know

9. What tools do you currently use to manage your business finances, such as invoicing or tracking revenue and expenses?

- a.** None, I don't use any specific tools for this (yes or no) (if yes, GO TO END)
- b.** I don't know (yes or no) (if yes, GO TO END)
- c.** Paper files
- d.** Electronic systems I created (like Excel spreadsheets or Google docs)
- e.** QuickBooks or similar software (not child care specific)
- f.** Childcare management software (such as Brightwheel or Wonderschool)
- g.** Other (please describe)

END

PDG ECE Provider Survey 2022 Teachers

1. In which Oregon county do you live? (choose from drop down list)

2. What is your zip code?

We are interested in hearing from people who are currently actively working in early childcare and education OR who have worked in early childcare and education in the recent past (within the past 3 years).

3. What is/was your primary position at your current/most recent program?

- a.** Lead/Head teacher (but not owner/director of home/family-based program)
- b.** Assistant teacher
- c.** Director
- d.** Owner (may also be director and/or teacher of a home/family-based program)
- e.** Assistant/Aide
- f.** Early Intervention/Early Childhood Special Education (EI/ECSE) provider
- g.** Other (please specify)

4. Are you currently employed in early childcare and education?

- a.** Yes, and actively working (answer #5a-g and then skip to #6)
- b.** Yes, but not actively working right now
- c.** No

5. Since March 2021, for your job in early childcare and education, have/ did you ever experienced any of the following:

- a.** Laid off as a result of COVID-19 conditions
- b.** Laid off or fired due to circumstances not related to COVID-19
- c.** Quit or choose not to return to a position/renew a contract
- d.** Temporarily furloughed
- e.** Fired
- f.** Had your hours reduced
- g.** Other (please describe)

{If "yes, actively working" to #4, GO TO #6}

h. Do you want to or intend to return to work in early childcare and education?

- i.** Yes
- ii.** No (GO TO #6)
- iii.** Not Sure

6. Thinking about the childcare program at which you are currently working or were most recently employed: (If you work/worked at more than one program, please answer these questions about the program at which you work/worked the most hours.)

- a.** What is the facility/program name?
- b.** What is the facility/program address?
- c.** Which of the following best describes this workplace? (choose one)
 - i.** Head Start Program
 - ii.** Other Community Based (not Head Start) Child Care Center
 - iii.** Child Care Center co-located at a K-12 school (elementary, middle, or high school)
 - iv.** Family/Home Based Child Care
 - v.** Early Intervention/Early Childhood Special Education Center or Classroom
 - vi.** Family Relief Nursery
 - vii.** Other (please specify)
- d.** How long have you been/were you working at this site in your current/most recent position? (number of years and/or months)

SECTION A

Next there are some questions about you.

1. Which of the following best describes your current gender identity?

- a.** Female/Woman (GO TO #1g)
- b.** Male/Man (GO TO #1g)
- c.** Nonbinary, Genderfluid, Genderqueer
- d.** Questioning or unsure
- e.** An identity not listed (please describe)
- f.** Prefer not to respond
- g.** Do you identify as transgender? (yes or no)

2. How old are you?

- a.** 18-24
- b.** 25-39
- c.** 40-54
- d.** 55 and older
- e.** Prefer not to answer

3. Which of the following racial or ethnic groups describes your background?

- a.** African American or Black (yes or no) If yes, are you:
 - i.** African American
 - ii.** African
 - iii.** Caribbean
 - iv.** Other African American or Black

- b.** Asian (yes or no) If yes, are you:
 - i.** Asian Indian
 - ii.** Chinese
 - iii.** Filipino/a
 - iv.** Hmong
 - v.** Japanese
 - vi.** Korean
 - vii.** Laotian
 - viii.** South Asian
 - ix.** Vietnamese
 - x.** Other Asian:

- c.** Hispanic or Latino (yes or no) If yes, are you:
 - i.** Central American
 - ii.** Mexican
 - iii.** South American
 - iv.** Caribbean
 - v.** Other Hispanic/Latino

- d.** Middle Eastern or North African (yes or no) If yes, are you:
 - i.** Northern African
 - ii.** Middle Eastern

- e.** Native American or Alaska Native (yes or no) If yes, are you:
 - i.** American Indian (if yes go to #j below)
 - ii.** Alaska Native
 - iii.** Canadian Inuit, Metis, or First Nation
 - iv.** Indigenous Mexican, Central American, or South American
 - v.** Indigenous Caribbean
 - vi.** Other:

- f.** Native Hawaiian or Pacific Islander (yes or no) If yes, are you:
 - i.** Guamanian
 - ii.** Micronesian
 - iii.** Native Hawaiian
 - iv.** Samoan
 - v.** Tongan
 - vi.** Other Pacific Islander

- g.** White (yes or no) If yes, are you:
 - i.** Eastern European
 - ii.** Slavic
 - iii.** Western European
 - iv.** White/Caucasian
 - v.** Other White

- h.** Another identity (please describe)
 - i.** Don't know/prefer not to answer

- j.** Are you a member or descendent of a federally recognized tribe?
 - i.** Yes (GO TO 1 below)
 - ii.** No (GO BACK TO f above)
- 1.** What is your tribal affiliation: (check all that apply) (THEN BACK TO f above)
 - i.** Burns Paiute of Harney County
 - ii.** Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians
 - iii.** Confederated Tribes of Grand Ronde
 - iv.** Confederated Tribes of Siletz
 - v.** Confederated Tribes of Umatilla Reservation
 - vi.** Confederated Tribes of Warm Springs
 - vii.** Cow Creek Band of Umpqua Indians
 - viii.** Coquille Indian Tribe
 - ix.** Klamath Tribes
 - x.** Another affiliation:
- b.** Are there children in your classroom(s) who match or partially match your race/ethnicity?

4. Are you fluent in the following languages?

- a.** Chinese (yes or no) (If no, GO TO 3b) If yes: Are their children in your classroom(s) who speak this language? (yes or no)
- b.** English (yes or no) (If no, GO TO 3c) If yes: Are their children in your classroom(s) who speak this language? (yes or no)
- c.** Russian (yes or no) (If no, GO TO 3d) If yes: Are their children in your classroom(s) who speak this language? (yes or no)
- d.** Spanish (yes or no) (If no, GO TO 3e) If yes: Are their children in your classroom(s) who speak this language? (yes or no)
- e.** Ukrainian (yes or no) (If no, GO TO 3f) If yes: Are their children in your classroom(s) who speak this language? (yes or no)
- f.** Vietnamese (yes or no) (If no, GO TO 3g) If yes: Are their children in your classroom(s) who speak this language? (yes or no)
- g.** Other (please specify) If yes: Are their children in your classroom(s) who speak this language? (yes or no)

5. What is the highest level of education that you have completed? (Circle one please.)

- a.** 8th grade or less
- b.** 9-12th grade, no diploma
- c.** GED or high school equivalency
- d.** High school graduate
- e.** Some college credit but no degree
- f.** Community college certificate
- g.** Associate degree (AA, AS, etc.)
- h.** Bachelor's degree (BA, BS, etc.)
- i.** Graduate degree

- 6. How long have you been an early childhood care and education provider?**
- 7. Would you say your total household income in 2020 before taxes or deductions was...**
- a.** less than \$15,000
 - b.** \$15,001 to \$25,000
 - c.** \$25,001 to \$35,000
 - d.** \$35,001 to \$40,000
 - e.** \$40,001 to \$50,000
 - f.** \$50,001 to \$65,000
 - g.** \$65,001 to \$80,000
 - h.** \$80,00 or more
- 8. Approximately how many people (adults and children) are supported by your household income?**
- 9. Approximately how much of your household income in 2020 came from your work taking care of children?** (all, almost all, more than half, about half, less than half, very little, none)

For the following questions, please think about your current position at this program (or the most recent program where you worked, if you are no longer employed there).

- 10. About how many hours do/did you typically work per week at this facility?**
- 11. Were any of the following benefits offered to you as terms of your employment when you were hired in your current/most recent job?** (Yes or No. Please answer yes if they were offered, even if you chose not to participate in a particular benefit plan.)
- a.** Health insurance
 - b.** Dental insurance
 - c.** Vision insurance
 - d.** Paid sick days
 - e.** Paid vacation days
 - f.** Tuition reimbursement for your education
 - g.** Paid professional development
 - h.** Paid family leave (e.g., maternity)
 - i.** Reduced rate childcare for your own children
- 12. Thinking about the next 6 months, how worried are you, if at all, that:**
(very worried, somewhat worried, not too worried, not worried at all, don't know)
- a.** You or someone in your immediate family or household will get sick from COVID-19?
 - b.** You will lose income due to a workplace closure or reduced hours because of the COVID-19 pandemic?
- 13. Since March 2021, have you lost income due to a workplace closure or reduced hours because of COVID-19?** (yes or no)

- 14. Since March 2021 have you provided the following to any family in your program:** (yes or no)
- a.** Zoom, Facebook, or other online classes where a teacher/you are/is live
 - b.** Offering videos that a teacher/you recorded online
 - c.** Dropping off or providing activities and/or worksheets for families to pick up
 - d.** Suggesting special apps with activities/videos/information
- 15. As of today, are you doing any of the following in your program? (These are not necessarily currently required. Please check the local guidelines.)** (yes or no)
- a.** Adults are wearing face masks indoors
 - b.** Children are wearing face masks indoors
 - c.** Practicing social distancing (individuals stay 3–6 feet apart)
 - d.** Regular testing of staff for COVID-19
 - e.** Regular testing of children for COVID-19
 - f.** Enhanced cleaning protocols related to COVID-19 prevention
 - g.** Class sizes are smaller than usual
 - h.** Stable cohorts/classes of children
- 16. From the following list, please pick the top three things that would help you the most to stay employed or return to work in early childhood care and education?**
- a.** Better wages or benefits
 - b.** Childcare for your own children
 - c.** Continuing or increasing COVID-19 safety measures (e.g., social distancing, face masks, cleaning protocols)
 - d.** Decreasing or removing COVID-19 safety measures
 - e.** COVID-19 infections decreasing in the community
 - f.** Receiving more recognition and inclusion by other staff members, management, or parents
 - g.** Having more staff
 - h.** Having more families sign up for spaces in your program
 - i.** A greater variety of teaching options (e.g., ability to work from home)
 - j.** More or different work resources (e.g., learning materials, teaching tools, facilities)
 - k.** More funding for your program (e.g., funding from federal, state, or local governments)
 - l.** Having the program where you work re-open
 - m.** Financial stability for the program where you work
 - n.** Transportation to work
 - o.** Education or training (e.g., professional development opportunities, courses, online training)
 - p.** Having more work hours
 - q.** Something else:

- 17. If you are not currently actively working and employed in early childhood care and education, please pick the top three barriers preventing you the most from being actively employed from the following list:**
- a. Need better wages or benefits
 - b. Need childcare for your own children
 - c. Need for COVID-19 safety measures (e.g., social distancing, face masks, cleaning protocols)
 - d. Too many COVID-19 safety measures
 - e. COVID-19 infections in the community
 - f. Not enough recognition and inclusion by other staff members, management, or parents
 - g. Not enough staff
 - h. Not enough families signing up for spaces in your program
 - i. Not enough teaching options (e.g., ability to work from home)
 - j. Not enough work resources (e.g., learning materials, teaching tools, facilities)
 - k. Not enough funding for programs (e.g., funding from federal, state, or local governments)
 - l. The program where you work(ed) is closed
 - m. Don't have transportation to work
 - n. Need more education or training (e.g., professional development opportunities, courses, online training)
 - o. Something else:
- 18. Over the last 2 weeks, how often have you been bothered by the following problems?** (not at all, several days, more than half the days, nearly every day)
- a. Feeling nervous, anxious or on edge
 - b. Not being able to stop or control worrying
 - c. Little interest or pleasure in doing things
 - d. Feeling down, hopeless, or depressed

SECTION B

Now we would like to ask you some questions about your current program/group of children or the class/group of children where you most recently worked. If your program is currently open, please answer these questions as of today. If your program is currently closed, please answer these questions for the last time that the program was open. If you work/worked at more than one program, please answer these questions about the program at which you work/worked the most hours.

{If respondent is HEAD TEACHER, will answer Qs 1-2 otherwise SKIP to #3}

- 1. How many children of each age are currently enrolled in your class/group? (If none in an age group, please enter "0".)**
 - a. number of 0–2 year olds
 - b. number of 3 year olds
 - c. number of 4–5 year olds
 - d. number over 5

- 2. How many children in each ethnic category below are currently enrolled in your class/group? (If none, please enter "0". If unsure/unknown enter in "Other".)**
- a. African American or Black
 - b. American Indian/Alaska Native
 - c. Asian
 - d. Latino or Hispanic
 - e. Middle Eastern/North African
 - f. Pacific Islander/Native Hawaiian
 - g. White
 - h. Mixed Race/Multiracial
 - i. Other:
 - j. Other:
- 3. In the past 12 months, if you have received training, mentoring, or professional development in any of the following topics, how useful was that training? (did not receive training in this topic, not at all useful, somewhat useful, moderately useful, extremely useful)**
- a. Managing children with challenging behaviors in a classroom
 - b. Training in better supporting children's diverse cultural and linguistic needs
 - c. Training in understanding how my implicit bias might influence my practice
 - d. Skills and activities for teaching early literacy and numeracy
 - e. Using or understanding CLASS observation assessment scores
 - f. Practice-based coaching
 - g. Trauma-informed practices
- 4. How frequently would you say that Professional Development opportunities in general: (never, rarely, sometimes, often, almost always)**
- a. are affordable for me
 - b. are accessible for me (e.g., online, within your community, language diversity, etc.)
 - c. are relevant to my job (e.g., help me solving issues in the classroom/facility)
 - d. help to reduce stress on my job
 - e. help me to feel more successful at my job
 - f. Covers information that will help me to get ahead/progress in my job (e.g., take on a new role, get a promotion)
- 5. Since summer 2021, about how much time have you spent engaging in the following types of professional learning: (none this year; 1-10 hours; 11-20 hours; 21-40 hours; or more than 40 hours)**
- a. Formal professional development opportunities (e.g., workshops, webinars, conferences, or classes)
 - b. Collaborative activities with a group of other teachers (e.g., PLCs, grade-level teams, childcare network meetings)

- 6. Since March 2020, have you:** (yes, no, or not sure)
- had access to an early childhood mental health consultant? (An Early Childhood Mental Health Consultant provides training and coaching to early care and education providers to help manage children's challenging behavior and promote and support children's healthy social-emotional development.)
 - been supported by/worked with an early childhood mental health consultant?
- 7. How often do you feel overwhelmed/burdened, like you don't have the skills you need to effectively support or manage children's behavior?** (never, rarely, sometimes, often, or almost always)
- 8. Have any of the following been barriers you have experienced when trying to get support for addressing the needs of children with challenging behavior** (yes or no)
- I have not tried to get support for addressing the needs of children with challenging behavior. (If yes GO TO #9)
 - Not enough mental health/behavioral specialists or long wait time to see a specialist
 - Lengthy process to get early intervention or preschool special education evaluation/support (EI/ECSE)
 - Families had difficulty acknowledging the child's challenging behavior
 - Families were challenged by additional issues at home (e.g., parent mental health, substance abuse, severe financial problems)
 - Other, please specify:
- 9. Since March 2021, have you had the role of coach or mentor in your program?** (yes or no) (If yes GO TO #17)

*A coach/mentor is someone who provides ongoing support to other providers by doing some or all of the following: demonstrating or modeling classroom/instructional skills; doing formal (e.g., CLASS, ECERS, etc.) or informal **observations of classroom/children and providing feedback to provider; working to set goals** geared to developing knowledge and skills related to their instructional practice.*

We would like to ask you some questions about your work as a coach.

- 10. About how many staff do you coach?**
- How many of those staff do you coach within a one-one partnership?
- 11. How many years have you been a coach, providing professional support to early care and education teachers/providers? If this is your first year as a coach, please report 1 year.**
- 12. About what percent of your work hours are dedicated to coaching?**
- less than 25
 - 25-49
 - 50-74
 - 75-99
 - 100
- 13. Are you a formal supervisor of any of the early educators that you coach?** (Yes or No)

14. Now, we have some questions about your professional development as a coach. In the past year (since March 2021), have you received training/professional development in any of the following topics to support coaching? (yes or no)

- a. Coaching structure and implementation (for example, how frequently to meet with staff, what to do on each visit, routines for coaching)
- b. Communication, constructive discussions, effective feedback, and/or reflective methods with coaches
- c. Practice-based coaching
- d. Building relationships and/or collaborative partnerships with early educators
- e. Adult learning theory as a tool for coaching delivery
- f. Equity and inclusion practices as they relate to coaching
- g. Other topics (please describe)

15. Now we would like to learn more about the types of things you do in coaching meetings. When coaching an early educator, how often do you do the following: (never, rarely, sometimes, often, almost always)

- a. Assess early educator needs
- b. Reflect on an observation of early educators teaching practice
- c. Set goals and assess progress toward goals
- d. Provide strength-based feedback to early educator
- e. Model behaviors or practices for early educator
- f. Provide emotional support
- g. Help with preparation of materials, lesson plans, scheduling
- h. Use coaching companion (e.g., view exemplar videos, coaching action steps)

16. Finally, to what extent are the following factors challenging to you as a coach? (Please select one for each response option.)

How challenging is: (never or hardly ever challenging, sometimes challenging, often challenging, always challenging, N/A, or I have never encountered these challenges)

- a. Level of support from center or program director
- b. Directors or supervisors who interfere with the coaching process
- c. Early educator turnover
- d. Staff/coach ratio (too many early educators and too few coaches)
- e. Lack of coach time for coach-early educator meetings
- f. Lack of early educator release time for coach-early educator meetings
- g. Early educator personal crises, stress, or mental health issues
- h. Lack of training or professional development for coaching

17. Since March 2021 have you received any coaching? (yes or no) (If yes, GO TO #19)

A coach/mentor is an individual with specialized and adult learning, knowledge, and skills, who takes a strength- and relationship-based approach to focus on supporting the development of a professional through collaborative goal setting to support teaching practices.

18. If coaching/mentoring were available to you, would you be interested in participating? (yes or no) (If yes, GO TO #25) (If no, GO TO #25)

The following questions pertain to the coaching you received since March 2021. (If you have more than one coach, please consider the one whom you collaborate with most frequently.)

19. Which of the following best describes your coach's position?

- a. Someone who supervises you (like your director/grant coordinator, manager, etc.)
- b. A coach/mentor who is not your supervisor but works for your program
- c. A coach/mentor from outside your program
- d. A peer group/community
- e. A person not listed (Please describe the person's position not listed)

20. Thinking about the coaching that you received since March 2021 year, about how often did the coach typically meet with you one-on-one (in person or virtually)? (Two or three times a week or more; About once a week; Two to three times a month; About once a month; Less than once a month; or Rarely or never)

21. On average, how much time does your coach spend with you in a typical in-person (or virtual) coaching meeting? Please enter minutes per coaching meeting.

22. On average, how many times do you communicate with your coach between coaching meetings? If you do not communicate between coaching meetings, please enter "0".

Now we have some questions about what you do when you meet with your coach.

23. Who helps decide what you and your coach do together during coaching meetings?

- a. Me
- b. The coach
- c. Both the coach and me
- d. Other teachers on my teaching team
- e. My program director or supervisor
- f. Other, specify

24. Thinking about the meetings you have with your coach, how often does your coach use the following strategies: (never, rarely, sometimes, often, almost always)

- a. Have "sit-down," kid-free meetings with you?
- b. Have a structured coaching meeting (for example, follow a routine or organized plan, or use a goal sheet/template)?
- c. Provide positive feedback to you, tell you what to do more of and what you do well?
- d. Reflect on progress toward goals from a previous meeting?
- e. Discuss your personal background or life?
- f. Observe you interacting with children in your care, in person or by video
- g. Seek to understand your cultural perspective and values, and provide supports consistent with those
- h. Work without a plan or clear goal

25. Did your coach offer materials in your primary language? (yes or no)

- 26. Did your coach speak your primary language?** (yes or no)
- 27. Have you ever wanted to become a coach/mentor to other early educators?** (yes or no) (if no, GO TO #26)
- What would support you in becoming a coach? (open-ended)
- 28. Please indicate how often you do the following things in your classroom:** (never, rarely, sometimes, or frequently)
- For children who speak languages or dialects other than English, I use key words in their language so that I am better able to communicate with them.
 - I ensure that toys and other materials are representative of the various cultural and ethnic groups within the local community and the society in general.
 - I seek information from family members or other key community informants that helps me respond to the needs and preferences of culturally and ethnically diverse children and families.
 - I have designed the learning environment and activities at my program to reflect multiple languages, cultures, and abilities.

SECTION C

- In the past year, have you had students in your current or former classroom who were asked to leave the program or take a break because the program could not meet their needs?** (yes or no) (if no, GO TO END)
- In the past year, has any student in your current or former classroom been asked to leave care or take a break for the following reasons:** (yes or no)
 - Not able to meet the child's need for behavioral support
 - Not able to meet the child's physical needs
 - Not able to meet the child's medical needs
 - Child was placed in a special education classroom
 - Family was no longer able to pay for care
 - Program hours did not match the family's needs
 - Child could not adjust to the classroom environment
 - Child's behavior was potentially dangerous to other children
 - Other (please specify)
- How many students from your classroom were asked to leave/ take a break from care in the past year?**

4. How many children in your classroom from each ethnic category below were asked to leave care in the past year? (If none, please enter "0". If unsure about children's ethnicities please list them in the "Not sure" category.)

- a.** African American or Black
- b.** American Indian/Alaska Native
- c.** Asian
- d.** Latino or Hispanic
- e.** Middle Eastern/North African
- f.** Pacific Islander/Native Hawaiian
- g.** White
- h.** Mixed Race/Multiracial
- i.** A group not listed:
- j.** A group not listed:
- k.** Not sure

END

Appendix B. Challenges for the ECE Field

Appx Table-1. Provider Reporting Levels of Anxiety and Depression Indicating Possible Clinical Diagnosis

Respondents	Anxiety	Depression
All	26.2%	15.9%

Role	Anxiety	Depression
Lead teacher	27.0%	16.7%
Assistant teacher	29.5%	23.6%
Director	33.6%	17.7%
Owner	14.7%	6.7%
Aide	27.3%	15.3%
EI/ECSE specialist	48.6%	22.9%
Other	20.5%	10.3%
Manager/coordinator/coach	24.3%	10.8%
Family advocate/home visitor	27.6%	15.5%

Facility Type	Anxiety	Depression
Head Start Program	30.0%	18.0%
Other community-based child care center (not HS)	27.1%	17.5%
Child care co-located in K-12 school	28.8%	16.4%
Family/home-based child care	16.5%	9.5%
EI/ECSE	38.0%	22.5%
Relief Nursery	35.6%	17.8%

Rurality	Anxiety	Depression
Frontier	21.1%	7.9%
Rural	24.3%	13.6%
Urban	26.9%	16.8%

Race/Ethnicity	Anxiety	Depression
African American or Black	23.8%	13.8%
Asian	22.0%	16.9%
Hispanic or Latina/o/x	24.1%	17.6%
Middle Eastern or North African	19.2%	23.1%
Native American or Native Alaskan	35.3%	28.2%
Native Hawaiian or Pacific Islander	21.4%	21.4%
White	27.7%	16.1%
Another identity	27.9%	11.5%

Language	Anxiety	Depression
Chinese	20.9%	16.3%
English	26.8%	16.1%
Russian	22.2%	11.1%
Spanish	24.0%	16.3%
Ukrainian	30.0%	10.0%
Vietnamese	25.0%	18.8%
Another language	23.6%	18.2%

Program has state-funded pre-k slots	Anxiety	Depression
OPK	29.6%	17.1%
PSP	30.4%	17.4%
No state-funded pre-k slots	24.7%	15.3%

*n is less than 10

Appx Table-2. Provider Reporting Feeling Overwhelmed or Burdened Sometimes or More Often

Respondents	Percent
All	52.4%

Role	Percent
Lead teacher	58.3%
Assistant teacher	62.1%
Director	52.2%
Owner	30.7%
Aide	50.8%
EI/ECSE specialist	68.6%
Other (nanny)	46.2%
Manager/coordinator/coach	47.3%
Family advocate/home visitor	55.2%

Facility Type	Percent
Head Start Program	65.0%
Other community-based child care center (not HS)	53.1%
Child care co-located in K-12 school	51.6%
Family/home-based child care	37.2%
EI/ECSE	66.2%
Relief Nursery	46.7%

Rurality	Percent
Frontier	55.3%
Rural	52.2%
Urban	52.5%

Race/Ethnicity	Percent
African American or Black	42.5%
Asian	59.3%
Hispanic or Latina/o/x	56.1%
Middle Eastern or North African	57.7%
Native American or Native Alaskan	52.9%
Native Hawaiian or Pacific Islander	50.0%
White	53.0%
Another identity	44.3%

Language	Percent
Chinese	65.1%
English	53.5%
Russian	51.9%
Spanish	54.6%
Ukrainian	60.0%
Vietnamese	50.0%
Another language	57.4%

Program has state-funded pre-k slots	Percent
OPK	65.8%
PSP	52.7%
No state-funded pre-k slots	48.8%

*n is less than 10

Appx Table-3. Barriers to Getting Support for the Needs of Children With Perceived Challenging Behaviors

In this series of tables, respondents provided information about the following barriers:

- A. Provider believes that families have difficulty acknowledging child's challenging behavior
- B. Provider believes that families had difficulty addressing problems at home (e.g., parent mental health, substance abuse, severe financial problems)
- C. Lengthy process to get early intervention or preschool special education evaluation/support
- D. Not enough mental health/behavioral specialists or long wait time to see a specialist
- E. Other

Respondents	A	B	C	D	E
All	67.6%	57.9%	52.3%	51.0%	6.4%

Role	A	B	C	D	E
Lead teacher	69.3%	56.4%	55.8%	52.6%	7.0%
Assistant teacher	66.8%	51.3%	51.3%	48.1%	5.3%
Director	78.9%	74.8%	61.0%	67.5%	5.7%
Owner	58.4%	51.6%	42.6%	39.5%	6.8%
Aide	54.7%	40.0%	41.1%	32.6%	1.1%
EI/ECSE specialist	78.9%	100.0%	57.9%	84.2%	15.8%
Other (nanny)	75.0%	60.0%	50.0%	45.0%	5.0%
Manager/coordinator/coach	77.1%	83.3%	62.5%	66.7%	10.4%
Family advocate/home visitor	74.1%	81.5%	51.9%	66.7%	11.1%

Facility Type	A	B	C	D	E
Head Start Program	71.1%	71.5%	60.7%	56.4%	6.9%
Other community-based child care center (not HS)	71.2%	52.9%	55.0%	55.7%	8.6%
Child care co-located in K-12 school	68.0%	50.4%	54.4%	53.6%	3.2%
Family/home-based child care	56.5%	47.3%	37.1%	34.6%	3.8%
EI/ECSE	61.1%	75.0%	44.4%	47.2%	8.3%
Relief Nursery	74.1%	85.2%	51.9%	55.6%	3.7%

Rurality	A	B	C	D	E
Frontier	42.9%	66.7%	47.6%	47.6%	0.0%
Rural	70.0%	67.2%	55.4%	53.7%	4.5%
Urban	67.3%	54.3%	51.4%	50.2%	7.1%

*n is less than 10

Appx Table-3. Barriers to Getting Support for the Needs of Children With Perceived Challenging Behaviors *continued*

Race/Ethnicity	A	B	C	D	E
African American or Black	40.5%	35.7%	16.7%	33.3%	2.4%
Asian	62.5%	51.8%	48.2%	44.6%	5.4%
Hispanic or Latina/o/x	59.6%	48.9%	48.9%	47.9%	4.3%
Middle Eastern or North African	72.7%	63.6%	54.5%	45.5%	0.0%
Native American or Native Alaskan	68.9%	66.7%	60.0%	48.9%	13.3%
Native Hawaiian or Pacific Islander	83.3%	50.0%	66.7%	66.7%	16.7%
White	71.3%	60.6%	55.5%	53.7%	6.7%
Another identity	62.1%	55.2%	44.8%	48.3%	13.8%

Language	A	B	C	D	E
Chinese	63.6%	45.5%	40.9%	36.4%	9.1%
English	68.8%	58.9%	52.8%	51.6%	6.4%
Russian	46.2%	38.5%	38.5%	30.8%	7.7%
Spanish	62.2%	52.3%	51.4%	46.4%	6.3%
Ukrainian	80.0%	60.0%	60.0%	60.0%	0.0%
Vietnamese	58.3%	50.0%	41.7%	50.0%	8.3%
Another language	63.4%	54.9%	46.3%	48.8%	4.9%

Program has state-funded pre-k slots	A	B	C	D	E
OPK	73.5%	75.1%	62.5%	60.5%	7.5%
PSP	72.4%	76.4%	69.1%	63.4%	8.9%
No state-funded pre-k slots	64.9%	49.4%	46.4%	45.9%	5.7%

*n is less than 10

Appx Table-4. Providers Who Have Asked a Child to Leave Care in the Past Year

Respondents	Percentage of providers who have asked a child to leave care in the past year	Number of children asked to leave care in the past year		
		M	SD	Range
All	19.3%	2.00	1.98	1-20

Facility Type	Percentage of providers who have asked a child to leave care in the past year	Number of children asked to leave care in the past year		
		M	SD	Range
Head Start Program	15.6%	2.35	2.40	1-15
Other community-based child care center (not HS)	25.6%	1.98	1.03	1-20
Child care co-located in K-12 school	25.1%	1.65	1.02	1-5
Family/home-based child care	10.1%	1.63	0.82	1-3
EI/ECSE	15.5%	2.22	1.20	1-5
Relief Nursery	*	*	*	*

Rurality	Percentage of providers who have asked a child to leave care in the past year	Number of children asked to leave care in the past year		
		M	SD	Range
Frontier	*	*	*	*
Rural	14.0%	1.86	1.98	1-15
Urban	21.2%	2.02	1.99	1-20

Program has state-funded pre-k	Percentage of providers who have asked a child to leave care in the past year	Number of children asked to leave care in the past year		
		M	SD	Range
OPK	15.2%	2.24	2.37	1-15
PSP	14.7%	1.83	1.10	1-5
No state-funded pre-k slots	21.1%	1.98	1.99	1-20

*n is less than 10

Appx Table-5. Reasons Children Were Asked to Leave Care in the Past Year

In this series of tables, respondents provided information about the following reasons:

- A. Not able to meet child’s need for behavioral support
- B. Child’s behavior was potentially dangerous to other children
- C. Child could not adjust to classroom environment
- D. Program hours did not match family’s needs
- E. Family was no longer able to pay for care
- F. Child was placed in special education classroom
- G. Not able to meet child’s physical needs
- H. Not able to meet child’s medical needs
- I. Other

Respondents	A	B	C	D	E	F	G	H	I
All n=433	84.0%	73.7%	58.9%	31.0%	23.9%	18.9%	18.4%	8.8%	10.0%

Facility Type	A	B	C	D	E	F	G	H	I
Head Start Program	71.8%	61.5%	50.0%	50.0%	9.0%	38.5%	23.1%	12.8%	16.7%
Other community-based child care center (not HS)	91.7%	81.9%	61.6%	28.7%	30.1%	14.4%	19.4%	9.3%	6.0%
Child care co-located in K-12 school	83.6%	69.1%	63.6%	18.2%	20.0%	20.0%	14.5%	3.6%	7.3%
Family/home-based child care	79.6%	71.2%	55.1%	20.4%	28.6%	8.2%	10.2%	8.2%	22.4%
EI/ECSE	81.8%	63.6%	54.5%	36.4%	18.2%	9.1%	18.2%	9.1%	0.0%
Relief Nursery	*	*	*	*	*	*	*	*	*

Rurality	A	B	C	D	E	F	G	H	I
Frontier	*	*	*	*	*	*	*	*	*
Rural	76.1%	70.4%	56.3%	26.8%	19.7%	14.1%	11.3%	5.6%	12.7%
Urban	86.3%	74.9%	59.8%	31.8%	24.5%	20.1%	19.8%	9.0%	9.3%

Program has state-funded pre-k	A	B	C	D	E	F	G	H	I
OPK	72.6%	67.7%	46.8%	48.4%	4.8%	38.7%	21.0%	11.3%	16.1%
PSP	72.7%	60.6%	48.5%	27.3%	12.1%	24.2%	3.0%	3.0%	12.1%
No state-funded pre-k slots	87.3%	76.2%	62.3%	28.1%	28.7%	14.5%	19.4%	9.0%	8.6%

*n is less than 10

Appendix C. Who is Coaching ECE Providers?

Appx Table-6. Number of Years as Coach

Respondents	Median
All	4.00

Role	Median
Lead teacher	2.00
Assistant teacher	1.50
Director	7.00
Owner	8.00
Aide	*
EI/ECSE specialist	*
Other	*
Manager/coordinator/coach	3.00
Family advocate/home visitor	*

Facility Type	Median
Head Start Program	3.00
Other community-based child care center (not HS)	3.50
Child care co-located in K-12 school	4.50
Family/home-based child care	6.00
EI/ECSE	*
Relief Nursery	*

Rurality	Median
Frontier	*
Rural	5.00
Urban	3.00

Race/Ethnicity	Median
African American or Black	5.00
Asian	2.75
Hispanic or Latina/o/x	1.00
Middle Eastern or North African	*
Native American or Native Alaskan	5.00
Native Hawaiian or Pacific Islander	*
White	4.00
Another identity	*

Language	Median
Chinese	*
English	3.50
Russian	*
Spanish	2.25
Ukrainian	*
Vietnamese	*
Another language	4.00

Program has state-funded pre-k slots	Median
OPK	3.00
PSP	2.00
No state-funded pre-k slots	4.00

*n is less than 10

Appx Table-7. Percentage of Work Hours Dedicated to Coaching

Respondents	0-24%	25-49%	50-100%
All	71.7%	15.6%	10.6%

Role	0-24%	25-49%	50-100%
Lead teacher	78.7%	9.0%	12.3%
Assistant teacher	81.3%	18.8%	0.0%
Director	66.3%	21.3%	9.0%
Owner	70.0%	11.7%	11.7%
Aide	*	*	*
EI/ECSE specialist	*	*	*
Other	*	*	*
Manager/coordinator/coach	55.3%	27.7%	14.9%
Family advocate/home visitor	*	*	*

Facility Type	0-24%	25-49%	50-100%
Head Start Program	70.9%	18.6%	10.5%
Other community-based child care center (not HS)	69.9%	14.4%	13.0%
Child care co-located in K-12 school	73.3%	15.6%	11.1%
Family/home-based child care	75.8%	11.3%	6.5%
EI/ECSE	*	*	*
Relief Nursery	*	*	*

Rurality	0-24%	25-49%	50-100%
Frontier	*	*	*
Rural	63.7%	23.1%	13.2%
Urban	73.6%	13.2%	10.1%

Race/Ethnicity	0-24%	25-49%	50-100%
African American or Black	46.2%	23.1%	30.8%
Asian	66.7%	6.7%	20.0%
Hispanic or Latina/o/x	78.0%	10.0%	8.0%
Middle Eastern or North African	*	*	*
Native American or Native Alaskan	88.2%	11.8%	0.0%
Native Hawaiian or Pacific Islander	*	*	*
White	71.2%	16.8%	11.0%
Another identity	*	*	*

*n is less than 10

Language	0-24%	25-49%	50-100%
Chinese	*	*	*
English	72.1%	15.5%	10.2%
Russian	*	*	*
Spanish	80.9%	10.3%	7.5%
Ukrainian	*	*	*
Vietnamese	*	*	*
Another language	70.0%	15.0%	10.0%

Program has state-funded pre-k slots	0-24%	25-49%	50-100%
OPK	68.9%	17.6%	13.5%
PSP	52.4%	33.3%	11.9%
No state-funded pre-k slots	75.8%	11.9%	9.4%

Appx Table-8. Coaches' Training

In this series of tables, coaches provided information about whether they had received information on the following topics:

- A. Coaching structure and implementation
- B. Communication, constructive discussion, effective feedback, and/or reflective methods with coaches
- C. Practice-based coaching
- D. Building relationships and/or collaborative relationships with early educators
- E. Adult learning as a tool for coaching delivery
- F. Equity and inclusion as they relate to coaching
- G. Other topics

Respondents	A	B	C	D	E	F	G
All	37.5%	56.1%	42.2%	53.3%	29.2%	41.1%	6.1%

Role	A	B	C	D	E	F	G
Lead teacher	30.3%	48.4%	38.5%	47.5%	26.2%	37.7%	4.9%
Assistant teacher	6.3%	50.0%	37.5%	62.5%	31.3%	37.5%	6.3%
Director	44.9%	62.9%	41.6%	61.8%	24.7%	43.8%	7.9%
Owner	23.3%	38.3%	31.7%	38.3%	35.0%	30.0%	5.0%
Aide	*	*	*	*	*	*	*
EI/ECSE specialist	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*
Manager/coordinator/coach	70.2%	80.9%	70.2%	61.7%	42.6%	53.2%	8.5%
Family advocate/home visitor	*	*	*	*	*	*	*

*n is less than 10

Facility Type	A	B	C	D	E	F	G
Head Start Program	57.0%	76.7%	62.8%	67.4%	47.7%	58.1%	4.7%
Other community-based child care center (not HS)	30.1%	48.6%	32.9%	47.9%	21.2%	32.9%	6.2%
Child care co-located in K-12 school	37.8%	48.9%	40.0%	53.3%	22.2%	31.1%	4.4%
Family/home-based child care	24.2%	41.9%	37.1%	43.5%	29.0%	38.7%	8.1%
EI/ECSE	*	*	*	*	*	*	*
Relief Nursery	*	*	*	*	*	*	*

Rurality	A	B	C	D	E	F	G
Frontier	*	*	*	*	*	*	*
Rural	47.3%	68.1%	58.2%	59.3%	37.4%	47.3%	8.8%
Urban	34.1%	51.6%	36.8%	51.2%	26.4%	38.4%	5.0%

Race/Ethnicity	A	B	C	D	E	F	G
African American or Black	46.2%	69.2%	53.8%	46.2%	38.5%	53.8%	7.7%
Asian	40.0%	53.3%	40.0%	46.7%	26.7%	33.3%	6.7%
Hispanic or Latina/o/x	40.0%	64.0%	48.0%	62.0%	42.0%	48.0%	4.0%
Middle Eastern or North African	*	*	*	*	*	*	*
Native American or Native Alaskan	47.1%	64.7%	58.8%	64.7%	35.3%	58.8%	29.4%
Native Hawaiian or Pacific Islander	*	*	*	*	*	*	*
White	35.6%	54.5%	40.4%	51.7%	25.7%	39.0%	5.5%
Another identity	*	*	*	*	*	*	*

Language	A	B	C	D	E	F	G
Chinese	*	*	*	*	*	*	*
English	37.8%	55.7%	42.7%	52.9%	2.8%	39.6%	6.2%
Russian	*	*	*	*	*	*	*
Spanish	42.6%	63.2%	51.5%	64.7%	45.6%	54.4%	5.9%
Ukrainian	*	*	*	*	*	*	*
Vietnamese	*	*	*	*	*	*	*
Another language	50.0%	65.0%	50.0%	55.0%	50.0%	40.0%	15.0%

Program has state-funded pre-k slots	A	B	C	D	E	F	G
OPK	28.7%	48.8%	34.0%	46.7%	21.3%	32.8%	5.7%
PSP	62.2%	79.7%	63.5%	73.0%	50.0%	60.8%	5.4%
No state-funded pre-k slots	45.2%	57.1%	52.4%	57.1%	38.1%	54.8%	9.5%

*n is less than 10

Appx Table-9. Number of Staff to be Coached

Respondents	Coached Overall				Coached in 1-1 Partnerships			
	Median	M	SD	Range	Median	M	SD	Range
All	4.00	8.91	18.28	0-228	2.00	5.09	12.90	0-121

Role	Median	M	SD	Range	Median	M	SD	Range
Lead teacher	3.00	5.71	20.74	1-228	2.00	3.68	11.52	0-121
Assistant teacher	2.00	3.06	4.80	0-20	1.00	1.79	2.01	0-7
Director	8.50	13.34	19.03	0-120	4.00	8.29	14.72	0-120
Owner	2.00	5.21	10.81	0-75	2.00	4.42	10.69	0-75
Aide	*	*	*	*	*	*	*	*
EI/ECSE specialist	*	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*	*
Manager/coordinator/coach	11.00	18.04	20.54	1 to 100	6.00	11.65	17.12	0-100
Family advocate/home visitor	*	*	*	*	*	*	*	*

Facility Type	Median	M	SD	Range	Median	M	SD	Range
Head Start Program	5.00	9.65	13.44	0-100	3.00	6.35	12.98	0-100
Other community-based child care center (not HS)	5.00	11.15	23.50	0-228	3.00	6.07	12.35	0-121
Child care co-located in K-12 school	4.00	10.11	20.45	1-120	4.00	8.73	20.59	0-120
Family/home-based child care	2.00	2.75	3.62	0-25	2.00	2.80	3.78	0-25
EI/ECSE	*	*	*	*	*	*	*	*
Relief Nursery	*	*	*	*	*	*	*	*

Rurality	Median	M	SD	Range	Median	M	SD	Range
Frontier	*	*	*	*	*	*	*	*
Rural	4.00	9.37	17.43	0-120	3.00	7.39	17.71	0-120
Urban	4.00	8.98	18.95	0-228	2.00	5.51	10.97	0-121

Race/Ethnicity	Median	M	SD	Range	Median	M	SD	Range
African American or Black	5.50	12.08	12.36	2 to 36	3.50	6.17	6.28	1 to 22
Asian	2.00	19.93	60.12	0-228	1.50	12.17	34.43	0-121
Hispanic or Latina/o/x	2.00	6.16	14.51	0-100	2.00	4.16	8.19	0-50
Middle Eastern or North African	*	*	*	*	*	*	*	*
Native American or Native Alaskan	4.00	5.88	5.19	1 to 20	2.00	3.69	5.02	0-20
Native Hawaiian or Pacific Islander	*	*	*	*	*	*	*	*
White	4.00	9.58	19.77	0-228	3.00	6.33	13.90	0-121
Another identity	*	*	*	*	*	*	*	*

*n is less than 10

Language	Median	M	SD	Range	Median	M	SD	Range
Chinese	*	*	*	*	*	*	*	*
English	4.00	8.90	18.88	0-228	2.00	5.96	13.40	0-121
Russian	*	*	*		*	*	*	
Spanish	2.50	6.24	12.70	0-100	2.00	4.90	12.88	0-100
Ukrainian	*	*	*	*	*	*	*	*
Vietnamese	*	*	*	*	*	*	*	*
Another language	3.00	5.63	8.59	1 to 36	2.00	3.37	3.17	0-12

Program has state-funded pre-k slots	Median	M	SD	Range	Median	M	SD	Range
OPK	5.00	9.25	9.46	1 to 50	3.00	5.39	7.90	0-50
PSP	4.50	11.19	21.25	0-100	4.00	8.71	17.72	0-100
No state-funded pre-k slots	4.00	8.40	19.72	0-228	2.00	5.58	13.92	0-121

Appx Table-10. Percentage of Coaches Who Are Formal Supervisors of Coachees

Respondents	Percent
All	51.1%

Role	Percent
Lead teacher	36.9%
Assistant teacher	6.3%
Director	79.8%
Owner	56.7%
Aide	*
EI/ECSE specialist	*
Other	*
Manager/coordinator/coach	63.8%
Family advocate/home visitor	*

Facility Type	Percent
Head Start Program	46.5%
Other community-based child care center (not HS)	56.2%
Child care co-located in K-12 school	55.6%
Family/home-based child care	48.3%
EI/ECSE	*
Relief Nursery	*

Rurality	Percent
Frontier	*
Rural	56.0%
Urban	49.2%

Race/Ethnicity	Percent
African American or Black	53.8%
Asian	21.4%
Hispanic or Latina/o/x	36.0%
Middle Eastern or North African	*
Native American or Native Alaskan	41.2%
Native Hawaiian or Pacific Islander	*
White	54.1%
Another identity	*

Language	Percent
Chinese	*
English	50.8%
Russian	*
Spanish	41.2%
Ukrainian	*
Vietnamese	*
Another language	51.2%

Program has state-funded pre-k slots	Percent
OPK	48.6%
PSP	57.1%
No state-funded pre-k slots	50.8%

*n is less than 10

Appx Table-11. Frequency of Coaching Activities

In this series of tables, coaches provided information about how consistently (often or always) they do the following activities when coaching an early educator:

- A. Assess early educator needs
- B. Reflect on an observation of early educator's teaching practice
- C. Set goals and assess progress towards goals
- D. Provide strength-based feedback to early educator
- E. Model behaviors or practices for early educator
- F. Provide emotional support
- G. Help with preparation of materials, lesson plans, scheduling
- H. Use Coaching Companion (e.g., view exemplar videos, coaching action steps)

Respondents	A	B	C	D	E	F	G	H
All	55.3%	55.8%	48.6%	62.8%	71.4%	74.2%	48.1%	18.9%

Role	A	B	C	D	E	F	G	H
Lead teacher	48.4%	53.5%	45.1%	63.1%	71.3%	69.7%	55.7%	21.3%
Assistant teacher	43.8%	43.8%	37.5%	62.5%	75.0%	68.8%	50.0%	31.3%
Director	66.3%	59.6%	51.7%	60.7%	67.4%	82.0%	42.7%	15.7%
Owner	50.0%	51.7%	43.3%	53.3%	68.3%	66.7%	50.0%	21.7%
Aide	*	*	*	*	*	*	*	*
EI/ECSE specialist	*	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*	*
Manager/coordinator/coach	66.0%	68.1%	61.7%	78.7%	76.6%	83.0%	38.3%	14.9%
Family advocate/home visitor	*	*	*	*	*	*	*	*

Facility Type	A	B	C	D	E	F	G	H
Head Start Program	58.1%	59.3%	54.7%	74.4%	72.1%	79.1%	47.7%	20.9%
Other community-based child care center (not HS)	52.1%	43.8%	43.8%	58.9%	72.6%	71.9%	46.6%	14.4%
Child care co-located in K-12 school	62.2%	55.6%	53.3%	60.0%	66.7%	84.4%	44.4%	13.3%
Family/home-based child care	51.6%	58.1%	46.8%	53.2%	71.0%	61.3%	59.7%	29.0%
EI/ECSE	*	*	*	*	*	*	*	*
Relief Nursery	*	*	*	*	*	*	*	*

Rurality	A	B	C	D	E	F	G	H
Frontier	*	*	*	*	*	*	*	*
Rural	64.8%	59.3%	56.0%	71.4%	75.8%	81.3%	49.5%	19.8%
Urban	51.6%	54.7%	44.6%	58.9%	69.4%	71.7%	47.3%	17.8%

*n is less than 10

Race/Ethnicity	A	B	C	D	E	F	G	H
African American or Black	69.2%	53.8%	53.8%	61.5%	69.2%	69.2%	61.5%	38.5%
Asian	46.7%	53.3%	40.0%	60.0%	66.7%	60.0%	26.7%	20.0%
Hispanic or Latina/o/x	50.0%	58.0%	56.0%	62.0%	68.0%	70.0%	56.0%	38.0%
Middle Eastern or North African	*	*	*	*	*	*	*	*
Native American or Native Alaskan	58.8%	64.7%	58.8%	64.7%	76.5%	82.4%	70.6%	41.2%
Native Hawaiian or Pacific Islander	*	*	*	*	*	*	*	*
White	56.8%	56.8%	48.3%	64.4%	72.9%	77.4%	47.3%	15.4%
Another identity	*	*	*	*	*	*	*	*

Language	A	B	C	D	E	F	G	H
Chinese	*	*	*	*	*	*	*	*
English	55.1%	55.4%	47.7%	61.3%	70.9%	74.0%	47.7%	18.6%
Russian	*	*	*	*	*	*	*	*
Spanish	48.5%	55.9%	50.0%	55.9%	70.6%	63.2%	48.5%	26.5%
Ukrainian	*	*	*	*	*	*	*	*
Vietnamese	*	*	*	*	*	*	*	*
Another language	50.0%	50.0%	45.0%	65.0%	60.0%	60.0%	50.0%	35.0%

Program has state-funded pre-k slots	A	B	C	D	E	F	G	H
OPK	59.5%	58.1%	55.4%	78.4%	75.7%	79.7%	50.0%	21.6%
PSP	61.9%	54.8%	47.6%	66.7%	59.5%	61.9%	35.7%	26.2%
No state-funded pre-k slots	52.9%	55.3%	46.7%	57.4%	72.1%	74.6%	49.6%	16.8%

Appx Table-12. Challenges to Coaching

This series of tables presents the percentages of coaches who indicated that they had experienced the following challenges:

- A.** Level of support from center or program director
- B.** Directors or supervisors who interfere with the coaching process
- C.** Early educator turnover
- D.** Staff-coach ratios (e.g., too few coaches for too many staff)
- E.** Lack of coach time for coach-educator meetings
- F.** Lack of educator release time for coach-educator meetings
- G.** Educator personal crises, stresses or mental health
- H.** Lack of training or professional development for coaching

Respondents	A	B	C	D	E	F	G	H
All	40.6%	31.9%	67.2%	45.3%	65.0%	56.7%	63.1%	53.6%

*n is less than 10

Role	A	B	C	D	E	F	G	H
Lead teacher	55.7%	40.2%	64.8%	45.1%	65.6%	61.5%	63.1%	60.7%
Assistant teacher	68.8%	56.3%	68.8%	50.0%	50.0%	62.5%	68.8%	75.0%
Director	27.0%	22.5%	75.3%	52.8%	74.2%	60.7%	62.9%	55.1%
Owner	11.7%	11.7%	41.7%	21.7%	43.3%	35.0%	41.7%	33.3%
Aide	*	*	*	*	*	*	*	*
EI/ECSE specialist	*	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*	*
Manager/coordinator/coach	40.4%	31.9%	87.2%	53.2%	78.7%	68.1%	83.0%	44.7%
Family advocate/home visitor	*	*	*	*	*	*	*	*

Facility Type	A	B	C	D	E	F	G	H
Head Start Program	57.0%	39.5%	74.4%	55.8%	75.6%	67.4%	74.4%	50.0%
Other community-based child care center (not HS)	41.1%	34.9%	74.7%	49.3%	68.5%	60.3%	65.1%	61.6%
Child care co-located in K-12 school	33.3%	28.9%	73.3%	51.1%	66.7%	55.6%	66.7%	60.0%
Family/home-based child care	14.5%	9.7%	35.5%	17.7%	37.1%	32.3%	35.5%	33.9%
EI/ECSE	*	*	*	*	*	*	*	*
Relief Nursery	*	*	*	*	*	*	*	*

Rurality	A	B	C	D	E	F	G	H
Frontier	*	*	*	*	*	*	*	*
Rural	38.5%	34.1%	63.7%	40.7%	65.9%	59.3%	59.3%	46.2%
Urban	41.5%	31.0%	68.6%	46.9%	65.1%	55.8%	65.1%	56.6%

Race/Ethnicity	A	B	C	D	E	F	G	H
African American or Black	53.8%	30.8%	53.8%	46.2%	46.2%	38.5%	46.2%	23.1%
Asian	53.3%	40.0%	53.3%	33.3%	46.7%	53.3%	40.0%	60.0%
Hispanic or Latina/o/x	50.0%	44.0%	54.0%	50.0%	54.0%	58.0%	52.0%	46.0%
Middle Eastern or North African	*	*	*	*	*	*	*	*
Native American or Native Alaskan	52.9%	52.9%	94.1%	52.9%	82.4%	76.5%	76.5%	58.8%
Native Hawaiian or Pacific Islander	*	*	*	*	*	*	*	*
White	41.8%	32.5%	72.3%	45.9%	69.2%	58.9%	67.5%	56.2%
Another identity	*	*	*	*	*	*	*	*

Languages	A	B	C	D	E	F	G	H
Chinese	*	*	*	*	*	*	*	*
English	41.5%	31.6%	67.8%	46.7%	65.9%	57.3%	64.4%	56.0%
Russian	*	*	*	*	*	*	*	*
Spanish	47.1%	41.2%	52.9%	51.5%	57.4%	57.4%	55.9%	51.5%
Ukrainian	*	*	*	*	*	*	*	*
Vietnamese	*	*	*	*	*	*	*	*
Another language	55.0%	45.0%	75.0%	25.0%	60.0%	55.0%	55.0%	40.0%

Program has state-funded pre-k slots	A	B	C	D	E	F	G	H
OPK	55.4%	36.5%	75.7%	55.4%	77.0%	67.6%	71.6%	47.3%
PSP	35.7%	28.6%	69.0%	50.0%	69.0%	61.9%	69.0%	52.4%
No state-funded pre-k slots	36.9%	31.1%	64.3%	41.4%	60.7%	52.5%	59.4%	55.7%

*n is less than 10

Appendix D. Who Receives Coaching?

Appx Table-13. Frequency of meeting with coach one-on-one (in person or virtually)?

In this series of tables, the percentages of coachees meeting with their coaches at each of the following frequencies are presented:

- A. Twice or more per week
- B. Once per week
- C. 2 or 3 times per month
- D. About once per month
- E. Less than once per month
- F. Rarely or never

Respondents	A	B	C	D	E	F	Median
All (n=605)	7.1%	17.0%	14.7%	31.2%	17.5%	10.7%	about 1x/month

Role	A	B	C	D	E	F	Median
Lead teacher	5.6%	18.6%	16.0%	30.0%	19.9%	9.1%	about 1x/month
Assistant teacher	11.2%	23.4%	10.3%	20.6%	17.8%	15.0%	about 1x/month
Director	5.9%	3.9%	17.6%	37.3%	19.6%	11.8%	about 1x/month
Owner	0.0%	9.6%	16.4%	54.8%	12.3%	2.7%	about 1x/month
Aide	17.7%	16.1%	9.7%	16.1%	17.7%	19.4%	about 1x/month
EI/ECSE specialist	7.1%	21.4%	42.9%	7.1%	7.1%	14.3%	2 to 3x/month
Other	*	*	*	*	*	*	*
Manager/coordinator/coach	6.7%	1.7%	20.0%	30.0%	20.0%	6.7%	about 1x/month
Family advocate/home visitor	0.0%	24.1%	6.9%	48.3%	6.9%	13.8%	about 1x/month

Facility Type	A	B	C	D	E	F	Median
Head Start Program	4.2%	17.4%	13.6%	28.8%	21.1%	13.6%	about 1x/month
Other community-based child care center (not HS)	10.7%	18.9%	17.2%	27.2%	16.0%	9.5%	about 1x/month
Child care co-located in K-12 school	15.7%	13.7%	7.8%	35.3%	17.6%	9.8%	about 1x/month
Family/home-based child care	4.0%	10.9%	13.9%	43.6%	14.9%	6.9%	about 1x/month
EI/ECSE	10.7%	25.0%	17.9%	14.3%	17.9%	14.3%	2 to 3x/month
Relief Nursery	0.0%	25.0%	25.0%	45.0%	0.0%	5.0%	2 to 3x/month

Rurality	A	B	C	D	E	F	Median
Frontier	5.6%	11.1%	11.1%	38.9%	33.3%	0.0%	about 1x/month
Rural	6.0%	13.7%	14.9%	39.3%	12.5%	12.5%	about 1x/month
Urban	7.5%	18.8%	14.9%	27.6%	18.8%	10.6%	about 1x/month

*n is less than 10

Race/Ethnicity	A	B	C	D	E	F	Median
African American or Black	3.6%	14.3%	21.4%	7.9%	17.9%	10.7%	about 1x/month
Asian	14.8%	14.8%	11.1%	25.9%	11.1%	18.5%	about 1x/month
Hispanic or Latina/o/x	5.1%	20.9%	11.4%	29.1%	17.7%	13.9%	about 1x/month
Middle Eastern or North African	*	*	*	*	*	*	*
Native American or Native Alaskan	12.0%	4.0%	12.0%	52.0%	12.0%	4.0%	about 1x/month
Native Hawaiian or Pacific Islander	*	*	*	*	*	*	*
White	6.8%	17.4%	15.1%	32.5%	19.1%	8.5%	about 1x/month
Another identity	*	*	*	*	*	*	*

Language	A	B	C	D	E	F	Median
Chinese	9.1%	9.1%	9.1%	27.3%	9.1%	27.3%	about 1x/month
English	7.3%	17.1%	15.8%	30.8%	17.8%	9.9%	about 1x/month
Russian	*	*	*	*	*	*	*
Spanish	5.6%	19.6%	14.5%	27.9%	15.1%	15.1%	about 1x/month
Ukrainian	*	*	*	*	*	*	*
Vietnamese	*	*	*	*	*	*	*
Another language	9.8%*	7.3%*	19.5%	26.8%	19.5%	14.6%	about 1x/month

Program has state-funded pre-k slots	A	B	C	D	E	F	Median
OPK	3.0%	16.3%	13.4%	29.2%	22.3%	14.4%	about 1x/month
PSP	3.4%	19.1%	13.5%	39.3%	13.5%	11.2%	about 1x/month
No state-funded pre-k slots	10.8%	16.9%	15.9%	30.3%	15.6%	8.3%	about 1x/month

*n is less than 10

Appx Table-14. Duration of typical meeting with coach in minutes (in person or virtually)?

Respondents	M	SD	Range
All (n=605)	44.75	34.13	0-244

Role	M	SD	Range
Lead teacher	41.66	32.58	0-244
Assistant teacher	42.51	42.89	0-244
Director	49.51	32.21	0-180
Owner	54.72	32.73	0-180
Aide	39.46	30.51	0-120
EI/ECSE specialist	46.79	29	0-90
Other	*	*	*
Manager/coordinator/coach	47.57	41.83	0-120
Family advocate/home visitor	49.08	31.85	0-120

Facility Type	M	SD	Range
Head Start Program	45.59	36.17	0-244
Other community-based child care center (not HS)	38.08	29.14	0-180
Child care co-located in K-12 school	46.63	33.1	0-120
Family/home-based child care	56.28	36.84	0-180
EI/ECSE	34.62	28.52	0-120
Relief Nursery	51.11	30.9	0-120

Rurality	M	SD	Range
Frontier	40	29.85	0-120
Rural	50.33	34.25	0-244
Urban	42.78	34.2	0-244

Race/Ethnicity	M	SD	Range
African American or Black	38.5	35.36	0-160
Asian	40.41	37.8	0-180
Hispanic or Latina/o/x	50.73	42.72	0-244
Middle Eastern or North African	*	*	*
Native American or Native Alaskan	50.83	28.62	0-120
Native Hawaiian or Pacific Islander	*	*	*
White	43.76	31.04	0-244
Another identity	*	*	*

Language	M	SD	Range
Chinese	53.57	59.91	0-180
English	44.25	32.86	0-244
Russian	*	*	*
Spanish	49.91	41.72	0-244
Ukrainian	*	*	*
Vietnamese	*	*	*
Another language	38.61	26	0-120

Program has state-funded pre-k slots	M	SD	Range
OPK	44.79	36.34	0-244
PSP	56.38	39.11	0-180
No state-funded pre-k slots	41.39	30.93	0-180

*n is less than 10

Appx Table-15. Who helps decide what you and your coach do together during coaching meetings?

This series of tables presents the percentages of coachees who selected each of the following options:

- A. Provider and coach
- B. Coach
- C. Program director or supervisor
- D. Provider
- E. Other teachers on provider's team
- F. Other

Respondents	A	B	C	D	E	F
All (n=605)	59.0%	15.0%	11.2%	6.1%	2.8%	2.5%

Role	A	B	C	D	E	F
Lead teacher	61.0%	13.4%	13.9%	7.4%	0.9%	1.7%
Assistant teacher	54.2%	20.6%	11.2%	1.9%	5.6%	1.9%
Director	66.7%	3.9%	3.9%	7.8%	2.0%	9.8%
Owner	64.4%	15.1%	1.4%	9.6%	2.7%	1.4%
Aide	37.1%	24.2%	19.4%	6.5%	4.8%	3.2%
EI/ECSE specialist	28.6%	7.1%	21.4%	14.3%	21.4%	7.1%
Other	*	*	*	*	*	*
Manager/coordinator/coach	80.0%	13.3%	3.3%	3.3%	0.0%	0.0%
Family advocate/home visitor	72.4%	10.3%	17.2%	0.0%	0.0%	0.0%

Facility Type	A	B	C	D	E	F
Head Start Program	58.9%	19.9%	11.9%	3.0%	3.4%	1.7%
Other community-based child care center (not HS)	58.6%	10.1%	11.8%	9.5%	1.8%	4.7%
Child care co-located in K-12 school	70.6%	9.8%	9.8%	3.9%	2.0%	0.0%
Family/home-based child care	56.4%	15.8%	5.9%	8.9%	3.0%	2.0%
EI/ECSE	32.1%	21.4%	28.6%	7.1%	7.1%	0.0%
Relief Nursery	85.0%	0.0%	5.0%	5.0%	0.0%	5.0%

Rurality	A	B	C	D	E	F
Frontier	66.7%	16.7%	16.7%	0.0%	0.0%	0.0%
Rural	62.5%	16.7%	7.1%	5.4%	3.6%	1.8%
Urban	57.5%	14.4%	12.7%	6.5%	2.6%	2.6%

*n is less than 10

Race/Ethnicity	A	B	C	D	E	F
African American or Black	60.7%	3.6%	17.9%	0.0%	0.0%	0.0%
Asian	37.0%	14.8%	18.5%	7.4%	11.1%	7.4%
Hispanic or Latina/o/x	46.8%	19.6%	17.7%	4.4%	3.8%	4.4%
Middle Eastern or North African	*	*	*	*	*	*
Native American or Native Alaskan	72.0%	16.0%	4.0%	0.0%	0.0%	4.0%
Native Hawaiian or Pacific Islander	*	*	*	*	*	*
White	64.0%	14.8%	8.9%	5.9%	1.9%	1.6%
Another identity	*	*	*	*	*	*

Language	A	B	C	D	E	F
Chinese	54.5%	18.2%	0.0%	9.1%	18.2%	0.0%
English	59.5%	14.8%	11.4%	6.0%	3.0%	2.4%
Russian	*	*	*	*	*	*
Spanish	53.6%	16.8%	15.6%	4.5%	3.4%	3.4%
Ukrainian	*	*	*	*	*	*
Vietnamese	*	*	*	*	*	*
Another language	61.0%	7.3%	12.2%	2.4%	4.9%	7.3%

Program has state-funded pre-k slots	A	B	C	D	E	F
OPK	58.9%	19.3%	11.4%	3.0%	3.5%	1.5%
PSP	50.6%	23.6%	12.4%	7.9%	2.2%	1.1%
No state-funded pre-k slots	61.5%	9.9%	10.8%	7.6%	2.5%	3.5%

Appx Table-16. Frequency of coaching strategies used (n = 605)

Strategy	Never	Rarely	Sometimes	Often	Almost always
Have "sit-down", kid-free meetings with the provider	9.3%	8.8%	23.5%	21.8%	32.6%
Have a structured coaching meeting (for example, follow a routine or organized plan, or use a goal sheet/template)	14.4%	14.0%	26.9%	23.6%	16.5%
Provide positive feedback to the provider, tell them what to do more of and what they do well	3.8%	5.1%	24.1%	34.4%	28.3%
Reflect on progress toward goals from a previous meeting	6.4%	8.4%	24.1%	32.7%	23.0%
Discuss the provider's personal background or life	15.4%	20.2%	29.9%	18.3%	11.2%
Observe the provider interacting with children in their care, in person, or by video	14.0%	10.6%	29.4%	26.1%	14.7%
Seek to understand the provider's cultural perspective and values, and provide supports consistent with those	13.4%	13.7%	28.8%	20.7%	17.9%
Work without a plan or clear goal	33.2%	22.6%	19.2%	13.7%	5.8%

*n is less than 10

Appx Table-17. Frequency of coaching strategies used consistently

This series of tables presents the percentages of coachees who said that their coaches used the following strategies consistently (often or almost always):

- A. Have "sit-down", kid-free meetings with the provider
- B. Have a structured coaching meeting (e.g., follow a routine or organized plan, or use a goal sheet/template)
- C. Provide positive feedback to the provider, tell them what to do more of and what they do well
- D. Reflect on progress toward goals from a previous meeting
- E. Discuss the provider's personal background or life
- F. Observe the provider interacting with children in their care, in person, or by video
- G. Seek to understand the provider's cultural perspective and values, and provide supports consistent with those
- H. Work without a plan or clear goal

Respondents	A	B	C	D	E	F	G	H
All (n = 605)	54.4%	40.2%	62.6%	55.7%	29.6%	40.8%	38.5%	19.5%

Role	A	B	C	D	E	F	G	H
Lead teacher	58.0%	39.0%	64.1%	59.3%	27.7%	45.5%	36.4%	20.3%
Assistant teacher	43.0%	34.6%	56.1%	43.9%	31.8%	48.6%	38.3%	15.0%
Director	64.7%	39.2%	56.9%	60.8%	29.4%	29.4%	37.3%	29.4%
Owner	50.7%	53.4%	71.2%	69.9%	43.8%	26.0%	37.0%	21.9%
Aide	40.3%	37.1%	53.2%	41.9%	24.2%	51.6%	33.9%	19.4%
EI/ECSE specialist	64.3%	35.7%	64.3%	35.7%	0.0%	28.6%	42.9%	14.3%
Other	*	*	*	*	*	*	*	*
Manager/coordinator/coach	73.3%	43.3%	76.7%	66.7%	30.0%	30.0%	53.3%	10.0%
Family advocate/home visitor	69.0%	44.8%	72.4%	58.6%	31.0%	31.0%	58.6%	17.2%

Facility Type	A	B	C	D	E	F	G	H
Head Start Program	59.3%	45.3%	61.4%	57.2%	26.3%	39.4%	37.3%	18.6%
Other community-based child care center (not HS)	53.3%	32.5%	63.3%	49.7%	27.8%	42.6%	38.5%	20.7%
Child care co-located in K-12 school	52.9%	37.3%	60.8%	56.9%	37.3%	51.0%	35.3%	13.7%
Family/home-based child care	43.6%	46.5%	65.3%	62.4%	38.6%	31.7%	38.6%	22.8%
EI/ECSE	46.4%	28.6%	50.0%	42.9%	14.3%	50.0%	32.1%	14.3%
Relief Nursery	75.0%	35.0%	80.0%	70.0%	40.0%	50.0%	70.0%	25.0%

Rurality	A	B	C	D	E	F	G	H
Frontier	50.0%	27.8%	66.7%	66.7%	16.7%	38.9%	38.9%	5.6%
Rural	53.0%	50.0%	69.0%	63.1%	33.9%	44.6%	40.5%	19.6%
Urban	54.8%	36.3%	59.6%	51.9%	28.1%	39.2%	37.5%	20.0%

*n is less than 10

Race/Ethnicity	A	B	C	D	E	F	G	H
African American or Black	50.0%	21.4%	64.3%	57.1%	39.3%	50.0%	39.3%	17.9%
Asian	29.6%	40.7%	55.6%	48.1%	25.9%	44.4%	29.6%	14.8%
Hispanic or Latina/o/x	43.7%	50.0%	59.5%	51.3%	29.1%	36.1%	38.0%	18.4%
Middle Eastern or North African	*	*	*	*	*	*	*	*
Native American or Native Alaskan	52.0%	48.0%	60.0%	56.0%	20.0%	32.0%	48.0%	24.0%
Native Hawaiian or Pacific Islander	*	*	*	*	*	*	*	*
White	58.1%	38.8%	61.9%	55.8%	28.7%	40.7%	37.2%	20.7%
Another identity	*	*	*	*	*	*	*	*

Language	A	B	C	D	E	F	G	H
Chinese	27.3%	27.3%	45.5%	45.5%	9.1%	18.2%	27.3%	9.1%
English	55.5%	40.7%	63.4%	57.2%	30.2%	42.2%	38.6%	19.7%
Russian	*	*	*	*	*	*	*	*
Spanish	46.4%	45.3%	58.1%	50.8%	31.8%	35.8%	39.1%	21.2%
Ukrainian	*	*	*	*	*	*	*	*
Vietnamese	*	*	*	*	*	*	*	*
Another language	56.1%	29.3%	48.8%	43.9%	19.5%	41.5%	24.4%	24.4%

Program has state-funded pre-k slots	A	B	C	D	E	F	G	H
OPK	59.9%	44.1%	60.9%	57.4%	27.2%	42.1%	38.1%	20.3%
PSP	56.2%	44.9%	62.9%	59.6%	33.7%	39.3%	41.6%	21.3%
No state-funded pre-k slots	50.3%	36.3%	63.7%	53.5%	29.9%	40.4%	37.9%	18.5%

Appx Table-18. Coaching Available in Providers' Language

Role	Coach offered materials in provider's primary language	Coach spoke provider's primary language
All (n = 605)	92.1%	89.3%

Role	Coach offered materials in provider's primary language	Coach spoke provider's primary language
Lead teacher	94.8%	93.5%
Assistant teacher	87.9%	85.0%
Director	92.2%	90.2%
Owner	91.8%	91.8%
Aide	88.7%	82.3%
EI/ECSE specialist	92.9%	78.6%
Other	*	*
Manager/coordinator/coach	90.0%	90.0%
Family advocate/home visitor	93.1%	79.3%

*n is less than 10

Facility Type	Coach offered materials in provider's primary language	Coach spoke provider's primary language
Head Start Program	92.8%	87.7%
Other community-based child care center (not HS)	94.7%	94.7%
Child care co-located in K-12 school	88.2%	88.2%
Family/home-based child care	90.1%	87.1%
EI/ECSE	85.7%	85.7%
Relief Nursery	90.0%	80.0%

Rurality	Coach offered materials in provider's primary language	Coach spoke provider's primary language
Frontier	94.4%	88.9%
Rural	95.8%	90.5%
Urban	90.4%	88.7%

Race/Ethnicity	Coach offered materials in provider's primary language	Coach spoke provider's primary language
African American or Black	88.2%	82.4%
Asian	81.5%	88.9%
Hispanic or Latina/o/x	89.9%	75.9%
Middle Eastern or North African	*	*
Native American or Native Alaskan	88.0%	88.0%
Native Hawaiian or Pacific Islander	*	*
White	95.3%	95.5%
Another identity	*	*

Language	Coach offered materials in provider's primary language	Coach spoke provider's primary language
Chinese	81.8%	90.9%
English	92.3%	90.4%
Russian	*	*
Spanish	88.3%	75.4%
Ukrainian	*	*
Vietnamese	*	*
Another language	82.9%	78.0%

Program has state-funded pre-k slots	Coach offered materials in provider's primary language	Coach spoke provider's primary language
OPK	92.1%	87.6%
PSP	95.5%	88.8%
No state-funded pre-k slots	91.1%	90.4%

*n is less than 10

Appendix E. Professional Development

Appx Table-19. Training Received

The tables below provide information about the percentages of providers who received training in each of the following topics. Please note that trainings in topics lettered H and I were only available to providers who were program directors or owners.

- A. Managing children with perceived challenging behaviors in a classroom
- B. Training in better supporting children’s diverse cultural and linguistic needs
- C. Training in understanding how my implicit bias might influence my practice
- D. Skills and activities for teaching early literacy and numeracy
- E. Using or understanding CLASS observation assessment scores
- F. Practice-based coaching
- G. Trauma-informed practices
- H. Using data to set goals (n = 590)
- I. Managing finances (n = 590)

Respondents	A	B	C	D	E	F	G	H	I
All	69.2%	59.6%	59.4%	55.0%	49.3%	44.2%	57.8%	30.7%	40.2%

Role	A	B	C	D	E	F	G	H	I
Lead teacher	75.8%	64.3%	65.5%	57.3%	58.6%	49.9%	63.5%		
Assistant teacher	69.1%	65.5%	62.3%	65.5%	59.6%	52.9%	62.9%		
Director	78.5%	58.9%	62.8%	55.5%	37.4%	36.7%	63.1%	34.6%	32.6%
Owner	72.9%	59.6%	55.4%	62.0%	44.5%	34.0%	54.0%	36.7%	54.8%
Aide	71.7%	58.6%	57.1%	59.8%	48.3%	53.1%	59.8%		
EI/ESCE specialist	84.4%	84.4%	90.6%	61.3%	69.7%	64.5%	73.5%		
Other	71.1%	76.3%	62.2%	57.9%	50.0%	52.8%	72.2%		
Manager/coordinator/coach	75.0%	72.2%	79.2%	44.4%	54.9%	65.3%	70.8%		
Family advocate/home visitor	76.8%	87.5%	92.9%	67.9%	63.3%	67.9%	89.3%		

Facility Type	A	B	C	D	E	F	G	H	I
Head Start Program	83.8%	78.3%	80.4%	64.9%	72.5%	69.0%	84.2%	55.6%	22.2%
Other community-based child care center (not HS)	69.9%	57.7%	57.1%	56.7%	46.2%	39.8%	51.9%	26.5%	34.2%
Child care co-located in K-12 school	69.7%	60.8%	62.8%	58.0%	42.2%	40.9%	60.0%	36.8%	31.6%
Family/home-based child care	72.7%	59.2%	56.3%	59.7%	49.8%	40.1%	56.6%	38.7%	56.6%
EI/ECSE	77.3%	72.3%	61.2%	60.6%	61.2%	61.5%	66.2%	50.0%	50.0%
Relief Nursery	78.0%	82.9%	93.0%	51.2%	61.9%	66.7%	92.9%	57.1%	33.3%

*n is less than 10

Region	A	B	C	D	E	F	G	H	I
Frontier	77.1%	80.0%	76.5%	68.6%	65.7%	60.6%	73.5%	*	*
Rural	79.1%	65.9%	66.6%	62.7%	59.0%	53.3%	68.8%	40.7%	47.9%
Urban	72.7%	63.4%	62.8%	58.3%	51.7%	46.5%	60.8%	33.9%	46.7%

Race/Ethnicity	A	B	C	D	E	F	G	H	I
African American or Black	67.6%	68.5%	57.5%	63.9%	62.9%	54.3%	67.1%	35.7%	60.0%
Asian	71.3%	70.4%	62.6%	62.3%	57.4%	52.6%	61.1%	44.0%	44.0%
Hispanic or Latina/o/x	79.3%	72.5%	70.1%	69.7%	66.8%	64.4%	71.0%	56.5%	62.0%
Middle Eastern or North African	80.0%	88.0%	76.0%	68.0%	72.0%	70.8%	72.0%	25.0%	25.0%
Native American or Native Alaskan	69.9%	65.9%	66.3%	55.4%	56.1%	50.6%	59.8%	36.8%	47.4%
Native Hawaiian or Pacific Islander	69.2%	61.5%	61.5%	84.6%	69.2%	53.8%	69.2%	0.0%	100.0%
White	72.6%	60.7%	61.5%	55.5%	49.0%	43.1%	60.2%	31.4%	44.0%
Another identity	84.0%	79.2%	72.0%	70.8%	87.0%	75.0%	70.8%	66.7%	66.7%

Language	A	B	C	D	E	F	G	H	I
Chinese	70.7%	61.0%	65.9%	73.2%	68.3%	50.0%	60.0%	36.4%	54.5%
English	73.6%	63.4%	63.4%	59.3%	52.8%	47.6%	62.4%	34.2%	45.4%
Russian	75.0%	68.0%	64.0%	68.0%	65.2%	64.0%	64.0%	57.1%	57.1%
Spanish	78.3%	73.3%	70.4%	70.5%	67.7%	65.3%	74.3%	51.1%	58.9%
Ukrainian	90.0%	80.0%	80.0%	80.0%	90.0%	90.0%	80.0%	100.0%	100.0%
Vietnamese	85.7%	78.6%	84.6%	71.4%	69.2%	76.9%	83.3%	66.7%	100.0%
Another language	76.1%	71.3%	67.8%	69.4%	60.1%	53.1%	65.0%	38.2%	48.5%

Program has state-funded pre-k slots	A	B	C	D	E	F	G	H	I
OPK	80.9%	75.3%	79.2%	60.9%	68.2%	65.3%	82.6%	40.0%	26.7%
PSP	80.4%	71.9%	71.0%	57.6%	58.9%	56.7%	68.8%	43.1%	49.1%
No state-funded pre-k slots	64.4%	53.6%	52.4%	53.1%	42.9%	36.8%	49.6%	10.0%	13.5%

*n is less than 10

Appx Table-20. Utility of Training Topics

The tables below provide information about the percentages of providers rating training in the below topics as being useful or not.

- A. Managing children with perceived challenging behaviors in a classroom
- B. Training in better supporting children's diverse cultural and linguistic needs
- C. Training in understanding how my implicit bias might influence my practice
- D. Skills and activities for teaching early literacy and numeracy
- E. Using or understanding CLASS observation assessment scores
- F. Practice-based coaching
- G. Trauma-informed practices
- H. Using data to set goals (n = 590)
- I. Managing finances (n = 590)

Overall how providers rated each PD topic

	Not at useful	Somewhat useful	Moderately useful	Extremely useful
Managing children with perceived challenging behaviors in a classroom	4.6%	31.8%	35.0%	28.5%
Training in better supporting children's diverse cultural and linguistic needs	5.8%	33.9%	33.9%	26.3%
Training in understanding how my implicit bias might influence my practice	7.5%	30.2%	33.4%	28.8%
Skills and activities for teaching early literacy and numeracy	4.6%	32.0%	33.8%	29.5%
Using or understanding CLASS observation assessment scores	8.1%	32.9%	34.2%	24.8%
Practice-based coaching	9.4%	32.7%	34.3%	23.6%
Trauma-informed practices	5.8%	28.0%	34.1%	32.2%
Using data to set goals	9.9%	32.0%	34.3%	23.8%
Managing finances	6.3%	38.0%	26.6%	29.1%

Percentages of providers who rated each topic as moderately or extremely useful

Respondents	A	B	C	D	E	F	G	H	I
All	63.5%	60.2%	62.2%	63.3%	59.0%	57.9%	66.3%	58.1%	55.7%
Role	A	B	C	D	E	F	G	H	I
Lead teacher	63.1%	61.9%	61.4%	63.6%	62.8%	56.2%	67.5%	no value	no value
Assistant teacher	66.8%	62.9%	65.9%	68.0%	55.8%	62.2%	68.2%	no value	no value
Director	57.3%	54.3%	62.6%	53.2%	53.4%	51.4%	53.7%	no value	no value
Owner	59.5%	55.4%	54.7%	64.2%	52.4%	50.5%	60.0%	57.8%	50.0%
Aide	72.6%	57.8%	68.0%	64.4%	63.9%	66.7%	72.1%	58.1%	57.6%
EI/ESCE specialist	51.9%	51.9%	69.0%	47.4%	56.5%	60.0%	76.0%	no value	no value
Other	81.5%	65.5%	60.9%	77.3%	55.6%	52.6%	65.4%	no value	no value
Manager/coordinator/coach	66.7%	67.3%	63.2%	68.8%	61.5%	70.2%	74.5%	no value	no value
Family advocate/home Visitor	62.8%	63.3%	65.4%	50.0%	57.1%	52.6%	74.0%	no value	no value

*n is less than 10

Facility Type	A	B	C	D	E	F	G	H	I
Head Start Program	62.7%	55.5%	63.1%	62.3%	59.9%	59.3%	68.8%	80.0%	0.0%
Other community-based child care center (not HS)	61.2%	58.7%	59.9%	61.7%	56.4%	54.2%	61.1%	48.7%	44.0%
Child care co-located in K-12 school	64.8%	66.1%	66.9%	65.5%	64.0%	57.8%	69.1%	64.3%	83.3%
Family/home-based child care	64.6%	62.7%	59.3%	4.5%	57.8%	57.1%	63.3%	60.2%	59.5%
EI/ECSE	72.5%	63.8%	68.3%	72.5%	63.4%	72.5%	77.8%	0.0%	0.0%
Relief Nursery	84.4%	88.2%	77.5%	71.4%	69.2%	67.9%	89.7%	*	0.0%

Region	A	B	C	D	E	F	G	H	I
Frontier	74.1%	57.1%	80.8%	75.0%	73.9%	70.0%	68.0%	*	*
Rural	66.8%	60.3%	63.8%	62.5%	59.0%	60.5%	72.6%	61.0%	61.4%
Urban	62.2%	60.3%	61.2%	63.3%	58.5%	56.7%	64.1%	55.5%	53.7%

Race/Ethnicity	A	B	C	D	E	F	G	H	I
African American or Black	80.0%	70.0%	76.2%	71.7%	70.5%	81.6%	77.6%	80.0%	33.3%
Asian	70.7%	74.1%	72.2%	70.4%	62.1%	60.0%	62.3%	45.5%	45.5%
Hispanic or Latina/o/x	66.0%	69.3%	71.7%	68.3%	65.4%	63.4%	74.0%	76.9%	77.3%
Middle Eastern or North African	70.0%	63.6%	63.2%	64.7%	61.1%	70.6%	61.1%	0.0%	0.0%
Native American or Native Alaskan	58.6%	55.6%	56.4%	58.7%	41.3%	52.4%	61.2%	57.1%	55.6%
Native Hawaiian or Pacific Islander	77.8%	62.5%	62.5%	63.6%	44.4%	85.7%	55.6%	59.2%	100.0%
White	61.3%	56.6%	59.9%	61.7%	56.3%	54.7%	65.4%	55.2%	54.3%
Another identity	71.4%	57.9%	61.1%	64.7%	65.0%	61.1%	64.7%	50.0%	50.0%

Language	A	B	C	D	E	F	G	H	I
Chinese	62.1%	76.0%	66.7%	73.3%	53.6%	55.0%	70.8%	50.0%	50.0%
English	63.6%	60.4%	62.4%	63.3%	58.6%	57.7%	66.3%	57.3%	56.5%
Russian	44.4%	52.9%	68.8%	58.8%	60.0%	56.3%	62.5%	75.0%	75.0%
Spanish	69.7%	69.4%	73.7%	68.6%	65.4%	61.8%	74.8%	80.0%	73.6%
Ukrainian	44.4%	50.0%	37.5%	50.0%	44.4%	44.4%	50.0%	50.0%	50.0%
Vietnamese	58.3%	63.6%	72.7%	70.0%	77.8%	40.0%	60.0%	50.0%	33.3%
Another language	67.6%	63.7%	64.9%	68.0%	61.6%	61.8%	67.7%	46.2%	50.0%

Program has state-funded pre-k slots	A	B	C	D	E	F	G	H	I
OPK	62.2%	54.2%	62.7%	59.4%	58.4%	57.7%	67.5%	66.7%	*
PSP	63.9%	59.6%	61.6%	66.7%	58.3%	59.8%	69.5%	63.6%	57.7%
No state-funded pre-k slots	63.9%	62.7%	62.3%	64.0%	59.4%	57.6%	65.1%	56.9%	56.5%

*n is less than 10

Appx Table-21. Accessibility of Training Topics

Professional development opportunities...	Never	Rarely	Sometimes	Often	Almost always
Are affordable for me	3.8%	10.7%	34.3%	24.0%	20.9%
Are accessible for me	1.9%	6.3%	27.8%	32.2%	25.3%
Are relevant to my job	2.1%	7.1%	32.5%	31.8%	20.7%
Help to reduce stress on my job	9.9%	25.9%	34.2%	15.0%	8.9%
Help me to feel more successful at my job	5.4%	13.0%	36.1%	25.5%	13.7%
Covers information that will help me to get ahead/progress in my job	11.7%	19.2%	31.3%	19.0%	12.5%

This series of tables presents the percentages of providers who rated the following statements to be consistently (e.g., often or almost always) true of PD opportunities.

- A.** Are affordable for me
- B.** Are accessible for me
- C.** Are relevant to my job
- D.** Help to reduce stress on my job
- E.** Help me to feel more successful at my job
- F.** Covers information that will help me to get ahead/progress in my job

Respondents	A	B	C	D	E	F
All	44.9%	57.5%	52.5%	23.9%	39.2%	31.5%

Role	A	B	C	D	E	F
Lead teacher	43.6%	58.7%	55.8%	23.3%	40.3%	31.2%
Assistant teacher	38.8%	55.0%	51.8%	25.2%	40.7%	32.0%
Director	46.5%	54.9%	44.2%	19.9%	29.6%	24.8%
Owner	52.1%	56.7%	47.9%	23.8%	38.8%	32.4%
Aide	39.9%	52.5%	54.1%	30.6%	42.6%	38.3%
EI/ESCE specialist	42.9%	62.9%	48.6%	20.0%	37.1%	25.7%
Other	35.9%	69.2%	61.5%	25.6%	38.5%	25.6%
Manager/coordinator/coach	63.5%	74.3%	55.4%	16.2%	41.9%	31.1%
Family advocate/home visitor	48.3%	56.9%	58.6%	29.3%	39.7%	39.7%

Facility Type	A	B	C	D	E	F
Head Start Program	49.0%	58.0%	54.4%	23.6%	41.6%	33.4%
Other community-based child care center (not HS)	41.5%	57.6%	51.1%	22.6%	36.4%	28.3%
Child care co-located in K-12 school	50.7%	59.4%	53.4%	21.9%	37.9%	28.8%
Family/home-based child care	45.9%	56.6%	50.6%	26.2%	40.9%	34.3%
EI/ECSE	32.4%	43.7%	49.3%	25.4%	39.4%	33.8%
Relief Nursery	44.4%	73.3%	75.6%	33.3%	48.9%	51.1%

*n is less than 10

Region	A	B	C	D	E	F
Frontier	52.6%	57.9%	63.2%	26.3%	42.1%	47.4%
Rural	48.6%	57.7%	54.0%	23.5%	41.3%	33.6%
Urban	43.6%	57.5%	51.6%	24.0%	38.5%	30.5%

Race/Ethnicity	A	B	C	D	E	F
African American or Black	48.1%	54.3%	59.3%	40.7%	51.9%	48.1%
Asian	38.7%	46.2%	50.4%	37.8%	47.9%	36.1%
Hispanic or Latina/o/x	39.0%	51.5%	55.4%	30.2%	46.3%	40.5%
Middle Eastern or North African	57.7%	69.2%	69.2%	30.8%	53.8%	46.2%
Native American or Native Alaskan	40.0%	53.3%	53.3%	33.3%	46.7%	33.3%
Native Hawaiian or Pacific Islander	44.7%	51.8%	54.1%	21.2%	45.9%	29.4%
White	46.8%	60.3%	52.9%	20.9%	37.3%	29.1%
Another identity	53.8%	53.8%	57.7%	23.1%	50.0%	38.5%

Language	A	B	C	D	E	F
Chinese	44.2%	62.8%	55.8%	44.2%	51.2%	41.9%
English	45.9%	58.7%	53.0%	24.1%	39.3%	31.6%
Russian	48.1%	55.6%	44.4%	29.6%	40.7%	33.3%
Spanish	46.0%	55.0%	55.9%	32.3%	47.1%	40.9%
Ukrainian	*	*	*	*	*	*
Vietnamese	31.3%	43.8%	50.0%	25.0%	31.3%	18.8%
Another language	39.2%	53.4%	57.4%	28.4%	45.9%	37.2%

Program has state-funded pre-k slots	A	B	C	D	E	F
OPK	52.1%	59.9%	53.5%	20.8%	39.4%	30.6%
PSP	52.2%	61.2%	54.9%	20.1%	40.2%	33.5%
No state-funded pre-k slots	41.9%	56.4%	51.8%	25.2%	38.9%	31.4%

*n is less than 10