First Connections

Report of Evaluation
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First Connections: Infant and Toddler Development and Care
Training Series

Report of the Evaluation

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In 2011, the Oregon Center for Career Development in Childhood Care and Education (OCCD) developed a coaching component to be available for First Connections: Infant and Toddler Development and Care, Oregon’s training curriculum for teachers and providers of care and education for the State’s youngest citizens. The First Connections curriculum, which consists of 61 clock hours of Set One training in five core knowledge categories is directed toward fostering strong and positive relationships with infants and toddlers in respectful and responsive care and education environments. The coaching model of delivery is available for six of the First Connections sessions (18 hours) which have been designated as the “core,” meaning that these sessions offer the content that is most essential for infant and toddler caregivers. This report presents an overview of the curriculum and the coaching model, the evaluation plan, and findings of the evaluation of activities including the training of trainers and coaches, delivery of the core training to providers, and the processes and outcomes of the coaching component.

Overview of the Training Series

Curriculum

First Connections: Infant and Toddler Development and Care is based upon a widely-used training curriculum, Program for Infant/Toddler Care (PITC), developed by WestEd in California. PITC, which has been adopted by many states and training organizations, is based upon research and best practices with infants and toddlers in care and education settings.

The PITC training materials were adopted by Oregon in the 1990s for use in training infant and toddler providers in a format known then as First by Five. In 2004-2006, a state work group re-examined the PITC materials and explored other possibilities. The work group re-affirmed Oregon’s commitment to use the PITC materials and to reformat the training curriculum to the current First Connections. The table on the next page presents an overview of the 21 sessions that comprise the current First Connections curriculum.
Table 1. Overview of First Connections

<table>
<thead>
<tr>
<th>PITC Module 1</th>
<th>PITC Module 2</th>
<th>PITC Module 3</th>
<th>PITC Module 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social-Emotional Growth and Socialization</td>
<td>Group Care</td>
<td>Learning and Development</td>
<td>Culture, Family, and Providers</td>
</tr>
<tr>
<td>Session 1: Development of Social and Emotional Competence (3 hrs)</td>
<td>Session 7: Environment of Respectful Caregiving (3 hrs)</td>
<td>Session 11: Discoveries of Infancy (3 hrs)</td>
<td>Session 16: Partnerships with Families (3 hrs)</td>
</tr>
<tr>
<td>Session 2: Getting in Tune w/ Infants and Toddlers (3 hrs)</td>
<td>Session 8: Environment of Relationships (3 hrs)</td>
<td>Session 12: Supporting Early Learning (3 hrs)</td>
<td>Session 17: Protective Urges (3 hrs)</td>
</tr>
<tr>
<td>Session 3: Developing Emotional Strengths (3 hrs)</td>
<td>Session 9: Space to Grow (3 hrs)</td>
<td>Session 13: The Ages of Infancy (3 hrs)</td>
<td>Session 18: Cultural Sensitivity (3 hrs)</td>
</tr>
<tr>
<td>Session 4: Supporting Emotional Development (3 hrs)</td>
<td>Session 10: Routines and Relationships (3 hrs)</td>
<td>Session 14: Early Language and Communication (3 hrs)</td>
<td>Session 19: Culture, Learning, and Development (3 hrs)</td>
</tr>
<tr>
<td>Session 5: Guiding Social Behavior (3 hrs)</td>
<td>Session 15: Communication- Friendly Programs (3 hrs)</td>
<td>Session 20: Resolving Cultural Issues (3 hrs)</td>
<td></td>
</tr>
<tr>
<td>Session 6: First Moves—Introducing Children to a New Group (2 hrs)</td>
<td></td>
<td></td>
<td>Session 21: Respecting Staff Diversity (2 hrs)</td>
</tr>
<tr>
<td><strong>TOTAL: 17 hours</strong></td>
<td><strong>TOTAL: 12 hours</strong></td>
<td><strong>TOTAL: 15 hours</strong></td>
<td><strong>TOTAL: 17 hours</strong></td>
</tr>
</tbody>
</table>

The First Connections Core Curriculum was developed and offered to providers in 2011. Six of the First Connections sessions (18 hours) were determined by a work group, comprised of First Connections certified trainers and other professionals affiliated with Oregon’s childhood care system, as constituting the “core,” meaning that these sessions offer the content that is most essential for infant and toddler caregivers. The core sessions are shaded in the above table. The core sessions are delivered in sequence to a cohort of participants as follows:

- Session 1: Development of Social and Emotional Competence, 3 hrs.
- Session 2: Getting in Tune with Infants and Toddlers, 3 hrs.
- Session 7: Environment of Respectful Caregiving, 3 hrs.
- Session 10: Routines and Relationships, 3 hrs.
- Session 13: The Ages of Infancy, 3 hrs.
- Session 18: Cultural Sensitivity, 3 hrs.
Suggestions for scheduling the core include: one session per week for six weeks; two sessions per Saturday for three Saturdays; three sessions on Friday evenings and Saturdays for two weekends. The actual scheduling of the sequential sessions is flexible and may be left to the discretion of the training organization. The other sessions may be delivered as additional support at the discretion of the training organization.

Coaching Model

The First Connections coaching model was designed for use with the core sessions to enhance caregivers' learning and ability to transfer knowledge to practice. As described in the 2011 NAEYC and NACCRRA Early Childhood Education and Professional Development: Training and Technical Assistance Glossary (p. 11):

*Coaching is a relationship-based process led by an expert with specialized and adult-learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal-setting and achievement for an individual or group.*

The primary focus of First Connections coaching is to support the development of specific skills and practices that participants have gained in their training sessions, leading to observable implementation in their practice with infants and toddlers. The First Connections coaching model focuses on five measurable outcomes tied to concepts and skills taught in six core sessions of the curriculum. These outcomes are:

1. A confidential description of one “challenging child” in her/his early care and education setting.
2. A confidential plan for improving “goodness of fit” with this child.
3. A demonstration of skill in using the responsive process (“watch, ask, adapt”) with a child in her/his early care and education setting.
4. A plan for changing a caregiving routine (feeding, diapering or toileting, napping, arriving or departing, dressing) in her/his care setting to make the routine a social learning experience for the children.
5. A demonstration of skill in making a routine a social learning experience.

The essential elements of the First Connections coaching model designed to support the providers in accomplishing the outcomes include:

**Training:** Presenting the six First Connections core sessions in sequence to a cohort of participants.

**Follow-up contacts:** Following up the training with individual contacts with each participant in the cohort to establish relationships and discuss coaching activities.

**Coaching:** Providing the coaching component to the participants enrolled in the cohort.
This model is consistent with research findings on best practices in relationship-based professional development. Weber and Trauten summarize in their 2008 review of literature, “intensive, continuous, and individualized training appears more likely to change teacher/caregiver behavior than short-term workshops” (p. 21). In this same report, Weber and Trauten state, “relationship-based professional development strategies, when combined with training, has proven to be an effective tool in helping teachers/caregivers apply the knowledge and change behaviors in their work settings, thus improving program quality and child outcomes” (p. 3). According to Joyce and Showers (2002), when on-the-job coaching was added to training, 95% of teachers who participated used their new skills in the classroom. Of participants who attended training without coaching, only 5% used their new skills in the classroom.

Of key importance in coaching is the establishment of relationships between more skilled and less skilled members of the childhood care and education workforce (Weber & Trauten, 2008). Weber & Trauten’s review of various models of relationship-based professional development models found more positive outcomes with lower ratios of mentees to mentors. Bromer, Van Haitsma, Daley, and Modigliani (2008) found ratios of twelve participants per coordinator to be more effective than higher ratios. The First Connections coaching model specifies:

- The coach-to-participant ratio must be maintained at one coach to twelve or fewer participants (1:12 or fewer).
- The coach must:
  a. contact participants by phone, email, or a meeting in person to discuss outcomes 1, 2, & 4;
  b. observe the participant in her/his care setting while demonstrating skill in outcomes 3 and 5;
  c. provide photocopies of written observations to coaching participants, including feedback and agreed-upon plan of action;
  d. determine the status of completion of each outcome, offering more contacts and/or observations and/or resources to increase skill in accomplishing each outcome; and
  e. complete a coaching log for each coaching session to document the progress of each participant.

**Trainer and Coach Training**

The First Connections training curriculum and coaching activities can be offered in Oregon only by certified First Connections trainers. These trainers have attended a training of trainers (TOT) in order to explore the underlying research and concepts in the PITC philosophy and curriculum, the format and training delivery of the First Connections training sessions, and the First Connections coaching component. This three day TOT which included training on the coaching (TOC) component was delivered on June 8 through 10, 2011 in Salem, by OCCD. Twenty six applicants were selected to attend the training based on the following criteria: the applicant’s
connection to a local state-supported child care resource & referral program; their access to training audiences that would include participants from child care and education programs in Oregon; and their experience with infants and/or toddlers. Additional consideration was given to applicants who could deliver training in Spanish and to Oregon Registry Trainer Program certified Community and Master Trainers.

To maximize the number and availability of trainers qualified to offer the First Connections core curriculum with coaching, a second training of coaches (TOC) was offered in Wilsonville, Oregon on September 9, 2011. The one day training was directed toward existing certified First Connections trainers and focused on the skills and knowledge related to the coaching component of the training. Fifteen trainers completed the coaching only training at Wilsonville, bringing the total number of trainers/coaches certified to offer the First Connections core curriculum with coaching to forty-one. A complete list of certified First Connections trainers is available at the Oregon Center for Career Development in Childhood Care and Education website at www.pdx.edu/occd.

Delivery of Training and Coaching to Care and Education Providers

In the summer of 2011, the Oregon Office of Child Care invited directors of state-sponsored child care resource and referral (CCR&R) programs to request extra funding for First Connections training and coaching to be delivered to cohorts of child care and education providers. Ten CCR&R programs applied for and received funding to carry out First Connections Coaching Projects from September 2011 through June 2012:

- SDA #2: Multnomah County
- SDA #5: Linn and Benton Counties
- SDA #6: Lane and Douglas Counties
- SDA #8: Coos and Curry Counties
- SDA #9: Jackson, Josephine, Klamath, and Lake Counties
- SDA #10: Gilliam, Hood River, Sherman, Wasco, and Wheeler Counties
- SDA #12: Deschutes, Crook, and Jefferson Counties
- SDA #15: Clackamas County
- SDA #16: Columbia and Washington Counties
- SDA #17: Baker, Grant, Harney, Malheur, Union, and Wallowa Counties

Reports prepared for the Office of Child Care by the 10 participating CCR&Rs indicated that First Connections core sessions and coaching were delivered to 125 participants in 20 cohorts. The reports inform that 116 participants completed the coaching process. The training and coaching were delivered by certified trainers who had participated in either the June TOT/TOC or the September 2011 TOC. Subsequent to the original funded projects, certified trainers have continued to offer the First Connections core with coaching throughout the state using alternative funding.
Ongoing formative evaluation was integrated throughout the processes related to 1) the delivery of the TOT/TOC training and 2) the delivery of the training and coaching to participant care and education providers. The evaluation was designed to measure the effectiveness of the training and coaching and to provide continuous feedback for the improvement on all aspects of the First Connections Core Curriculum and Coaching Model. The following questions, which were formulated to guide the evaluation, serve as the focus for this evaluation report.

1. Are participants able to transfer the quality interaction skills learned in training into the worksite thus increasing opportunities for positive outcomes for infants and toddlers?

2. Were key outcomes met for each participant?

3. Do the results indicate need for changes to:
   - First Connections curriculum
   - Trainer/Coaches preparation and support
   - Coaching model

Data Sources

Data Sources for Evaluation of Training of Trainers/Training of Coaches (TOT/TOC) Training Sessions

Data for the Training of Trainer/Training of Coaches (TOT/TOC) training sessions were evaluated utilizing primarily post survey data. Surveys were available for all 41 participants (June 2011 TOT/TOC n = 26; September 2011 TOC n = 15).

Data Sources for the Evaluation of Training and Coaching offered to Care and Education Providers by TOT/TOC Trainers/Coaches

Training session surveys for all six core sessions were available for six cohorts representing more than 96 participants/providers who received trainings between September 8, 2011 and June 6, 2012. The total number of training session surveys available for analysis varied from session to session within each cohort as follows: Session 1: n = 88; Session 2: n = 84; Session 7: n = 83; Session 10: n = 69; Session 13: n = 69; Session 18: n = 59.

The surveys, administered anonymously, contained a mix of quantitative and qualitative data that was primarily responsive to the third evaluation question. On the first half of the evaluation surveys, participants were asked to rate the degree to which they believed the
established learning objectives for the session had been met; for example: *I gained an overview of children's individual differences and temperaments*. Participants indicated their degree of agreement on a Likert scale of one (“No, not at all”) to five (“Yes, definitely”). The second half of the evaluation contained statements about the trainer’s performance such as: *The trainer was organized and prepared to present the information*. Participants chose from the same Likert scaled values to indicate their agreement or disagreement with the statements. Participants were also given opportunities to write open-ended comments.

The second valuable source of data for the provider evaluation was the **narrative reports** submitted by each CCR&R that offered the First Connections Coaching model from September 2011 through June 2012. A total of 10 reports were available for inclusion in this evaluation. The reports detailed the number of sessions presented by the CCR&R, the number of cohorts and participants, the highlights and challenges they experienced in delivering the training and coaching activities, the important lessons learned, and their recommendation for implementing coaching.

The third body of data utilized in the provider evaluation was comprised of the **coaching logs and observation report** forms used by the coaches. Logs were made available for 81 coaching participants. Although some data is missing in 27 of the logs, all logs were considered in the analysis for this evaluation. Coaches utilized the logs to track each participant’s progress in meeting the five measurable outcomes. For each outcome the coach recorded dates and types of contacts (P = phone, I = in-person, E = email, V = Skype or video conference) made with the participant, notes on their progress, and the status of their work toward the outcome. The following figure provides an example of an entry made by one coach to document a participant’s progress in meeting the second outcome.

**Figure 1. Coaching Log Excerpt**

<table>
<thead>
<tr>
<th>The Responsive Process</th>
<th>Contact Types</th>
<th>Dates</th>
<th>Notes</th>
<th>Final Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTCOME 2: Caregiver has a plan for improving “goodness of fit” with this child</strong></td>
<td>P</td>
<td>1/16/12</td>
<td>- doesn’t want to play with toys</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- doesn’t like to have other children near him</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- doesn’t like to be laid down</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- falling asleep is difficult for him (Caregiver) is easily distracted, not very sensitive to noise and light. Her activity level is lower than the child’s. She pays attention to his cues to find out what his needs are.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- (Caregiver) plans to ask mom to provide a shirt or blanket that smells like her.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Plans to try to be his primary caregiver and be the one to put him down for naps, feed him and change his diaper.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Plans to try to reduce stimulation and make his routine as familiar and predictable as possible.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>1/20/12</td>
<td>- Makes a plan for adapting one’s own behavior to fit with this child’s temperament</td>
<td></td>
</tr>
</tbody>
</table>
Two of the outcomes required observations by the coach and were documented on accompanying forms to report the process. The observation form contained similar detail about the participant’s status regarding each criterion within the outcomes and recorded the final status as shown in figure 2 below.

Figure 2. Observation Form Excerpt: Responsive Process

<table>
<thead>
<tr>
<th>Summary of Ratings by Criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely Met</td>
</tr>
<tr>
<td>Watch</td>
</tr>
<tr>
<td>Ask</td>
</tr>
<tr>
<td>Adapt</td>
</tr>
</tbody>
</table>

(Participant) seems to be very relaxed and confident as she cares for children. She notices small differences in children’s facial expressions and seems to intuit what each child is feeling and what each might need from her. She pays close attention to children’s needs and preferences. As a result, the children in her care seem confident, relaxed and secure.

Caregiver’s Plan for Next Steps
(Participant) plans to involve children in food preparation even more. She may try making bread, and will look for ways to integrate food prep with science activities.

Method of Analysis

Analysis of the multiple bodies of data described above proceeded in two phases:

Phase 1: Each body of data was initially analyzed for findings structured by the format of the instruments used.

Phase 2: Quantitative data was entered into Excel spreadsheets for averaging while narrative data was analyzed following standard qualitative data coding and sorting techniques to identify themes and concepts.

Data analysis procedures and coding were organized and conducted as proposed by Miles, Huberman & Saldana, 2013. Details of these processes for each body of data (formative evaluation of the TOT/TOC and formative evaluation of the delivery of training/coaching to care and education providers) are described below.

Initial Analysis of Evaluations of Training of Trainers/Coaches and Training Sessions

Likert scaled responses for the TOT/TOC were represented by values of one to five. The ratings were entered into Excel spreadsheets and, using the spreadsheets, averages of the ratings were computed for each query. Averages were then grouped again into two categories: 1. the extent to which session objectives were met and 2. the effectiveness and performance of the TOT/TOC.
trainers. Excel display tables were produced to depict composite averages and to compare averages for each TOT/TOC training session (June 2011 & September 2011). Master transcripts were created for the narrative comments from all TOT/TOC evaluations. Responses were coded for recurrent ideas or themes that emerged as the data was examined recursively. Comments that supported quantitative findings were identified and finally, the coded responses were grouped into larger categories framed by their responsiveness to the original evaluation question.

**Initial Analysis of Narrative CCR&R Project Reports**

In order to effectively analyze the narrative reports filed by the 10 participating CCR&Rs, the text of each report was sorted into the following categories:

- Descriptive information
- Comments responsive to evaluation question number 1. *Are participants able to transfer the quality interaction skills learned in training into the worksite thus increasing opportunities for positive outcomes for infants and toddlers?*
- Comments responsive to evaluation question number 3. *Do the results indicate need for changes to: First Connections curriculum, Trainer/Coaches preparation and support, or coaching model?*

A data display was created using a Word document table to facilitate further coding and analysis of the qualitative data described on the session evaluations.

**Initial Analysis of Coaching Logs and Observation Reports**

The coaches’ ratings for the participants’ status with regard to each of the desired outcomes were assigned numerical values: “completely met” = 2; “partially met” = 1; “not met” = 0. The ratings were entered into a database and a data display table was created to show frequency of each rating for each outcome.

**Final Integrated Analysis**

In the final analysis, results of the initial analyses of each body of data were integrated and organized in response to the guiding evaluation questions with subcategories defined by the frequency of codes and themes as described above. The results of the initial analyses and a discussion of the findings from the final integrated analysis are presented in the following sections of this report.
RESULTS OF THE INITIAL ANALYSES

Evaluations of Training of Trainers and Coaches

At the end of the June TOT/TOC and the September TOC all of the participants completed surveys evaluating their experience. They were asked first to indicate, on a scale of one to five, the extent of their agreement with statements about five aspects of their trainers’ expertise, performance, and effectiveness. A rating of five indicates “yes definitely” they agreed, three indicates they “somewhat agreed,” and one indicates they “not at all” agreed. The statements were:

1. A. The trainers showed they were knowledgeable about the underlying philosophy of the First Connections curriculum, the topics of the training sessions, and research and resources on infant and toddler development and care.

1. B. The trainers showed that they were organized and prepared to present the information.

1. C. The trainers showed that they had experience as trainers in training adults and respecting different learning styles.

1. D. The trainers showed respect for differences in culture, personal backgrounds and the ideas of others.

1. E. The trainers responded to questions appropriately.

As shown in Figure 3 on the next page, all of the respondents (June n = 26; September n = 15) expressed a high level of agreement with all of the statements.
Participants in the September TOC unanimously rated the knowledge of the trainer delivering the TOT the highest possible ratings (5.0) for knowledge, organization, experience, respect, and responsiveness. From the June TOT/TOC participants, the ratings were only slightly lower ranging from 4.62 for preparedness and organization to 4.92 for experience. Participants’ positive assessment of their trainers’ effectiveness was echoed in many of the comments they shared on the evaluations. They frequently commented on the positive attributes of the trainers citing their experience, knowledge, preparedness, and camaraderie. The following comments illustrate this:

*The communication flow between the trainers is done well - can see the mutual respect & appreciation for each other.*

*All trainers are very professional, I loved all 3 sessions. I have learned so much, I can't wait to start training on PITC. Thank you so much.*

*Thank you for sharing yourselves in this training. Lots and lots of great experience, life experience, job-experience from all the teachers of this training.*

*Thank you very much for putting so much work and expertise info putting this training together. I learned what the heart of First Connections is.*
A few participants shared comments regarding shortcomings of the trainers with regard to presentation style or methods. One simply said, “Please learn how to operate the technology,” a reference to problems with the computer during the first day. Others added:

- **On the first day, I would have liked to have heard more specifics in the areas discussed, rather than just reading the Power point slides.**
- **Wed: Too much boring lecture. Need more enthusiasm and interactive materials.**
- **Do not read PPT [PowerPoint].**

Many commented on the value of the information they received and the materials and techniques used:

- **Day one was a bit long, but great material was provided to us. Very grateful for all the information and all the materials. Enjoyed it a lot. Thanks.**
- **Very organized notebook.**
- **Well organized. Q&A answered questions more than adequately.**
- **I like the pictures on the Power point very creative and relevant.**
- **I do enjoy the hands-on part.**

The value of hands-on opportunities was stressed by another participant who stated:

- **More of the activities should be the active ones not list-making practice sessions. To help keep us awake and understand how they look, i.e. in the A.M. we did temperament line and hand dance which was great.**

Two participants were left wanting more information about “brain research connections to PITC” and “how PITC fits with other best practices in I/T care.”

Two participants who commented on the length of the June workshop found that while it was long, it was time well spent:

- **We were a little short on time. I think there were some (a few) who controlled the discussions and led to other stories. But overall the days flowed well and this could have easily been a week rather than 3 days! Thanks for all you have done for everyone over this training.**
The importance of time spent networking and sharing with their fellow professionals was expressed by several of the participants:

*Enjoyed spending time w/ colleagues. Excited that this can be easily incorporated into CC programs as a short program, etc.*

*Loved seeing everyone again and building/renewing contacts & friendships. Thank you.*

*(Need) more time to meet with others, i.e. CCR&R or independent trainers to discuss ideas on implementing, organizing coaching schedule.*

The majority of the comments were positive about the core curriculum and coaching and expressed an abundance of gratitude for the training. Some representative comments are:

*Great training. Thank you for this great opportunity.*

*I think it will be a successful program for Family Child Care Providers.*

*Great stuff - feel strongly that it is a way to do application of theory.*

In terms of the logistics and settings, there were few comments. However, 3 participants mentioned the following as negatives:

*Food: Sandwiches - okay. Salad Bar - I hope you didn’t pay much for that!*  
*Taco Bar - Great, but no salsa.*  
*Taco Bar - no salsa? And ran out of guacamole.*

*(Need) larger garbage cans.*

On the second half of the survey, the participating Trainers/Coaches rated the extent to which the training and coaching objectives had been met. They were asked to indicate their level of agreement with statements reciting the accomplishment of each objective (one = “not at all” and five = “definitely agree”).

The June participants were asked to respond to the following seven statements:

2. A. I examined current research findings on the development of very young children.

2. B. I explored the research-based PITC philosophy of care and education of very young children and its application to the First Connections training curriculum.

2. C. I examined the structure, format, and content of the First Connections standardized curriculum for training and coaching infants and toddlers.

2. D. I practiced delivering selected training session activities to develop familiarity and expertise with the curriculum materials.
2. E. I examined research, concepts, strategies, and guidelines for relationship-based professional development, specifically coaching.

2. F. I explored and practiced effective feedback and communication techniques as applied to my work as a coach.

2. G. I practiced using coaching tools in preparation for my work as a First Connections coach.

The September participants, who received coach training only, were asked to respond only to the last three questions related to the coaching process. Figure 4 presents a summary of the average ratings participants gave for each of the statements.

**Figure 4. Average Ratings of Extent to which TOT/TOC and TOC Objectives Were Met**

Overall, the participants agreed that to a very large extent the objectives had been met. For the June 2011 TOT/TOC participants, the range of the ratings was from 4.29 on objective 2. A.: “I examined current research findings on the development of very young children” to 4.96 for the third objective: “I explored the research-based PITC philosophy of care and education of very young children and its application to the First Connections training curriculum.” For the September 2011 TOC participants the high range of ratings as to whether the coaching objectives had been met was similarly narrow: 4.67 for statement 2. E. “I examined research, concepts, strategies, and guidelines for relationship-based professional development, specifically coaching” to 5.0 for the statement 2. G. “I practiced using coaching tools in preparation for my work as a First Connections coach.”
Again, the comments support the participants’ positive assessment and many specifically focused on the importance and value of the coach training:

The information on coaching was newest and most interesting to me. Thank you.

The coaching component/plan is very exciting! I look forward to developing this in Eastern Oregon. Great content!

As usual, wonderful training! Thanks for the coaching! Will assist transition to college classes!

I am very excited about doing coaching. I enjoyed the training tremendously. I especially enjoyed the observation and giving feedback activities.

Thank you. This was enjoyable and informative. I also really appreciate the more (TIME TO DO) coaching models which will help assure implementation.

One of the participants also stressed that “more time” should be given to “practice coaching.”

Training Session Evaluations for Care and Education Providers

Training session surveys for the six core sessions delivered between September 2011 and June 2012 to six cohorts were analyzed. The number of participants who completed surveys varied from session to session within each cohort and represented more than 90 participant/providers. A tabulation of available surveys reveals that the maximum number of surveys completed by providers for each cohort was: Cohort 1: n = 21; Cohort 2: n = 27; Cohort 3: n = 13; Cohort 4: n = 13; Cohort 5: n = 14; Cohort 6: n = 5. The number of available surveys by session across all cohorts was: Session 1: n = 88; Session 2: n = 84; Session 7: n = 83; Session 10: n = 69; Session 13: n = 69; Session 18: n = 59.

Each of the six core sessions was designed to meet one or more stated objectives. As in all Oregon Registry approved standardized trainings, the objectives derive from the “Core Body of Knowledge for Oregon’s Childhood Care and Education Profession” and are specifically aligned with the knowledge standards for one or more of ten core knowledge categories. The categories for the First Connections six core sessions are as follows:

<table>
<thead>
<tr>
<th>Session</th>
<th>Core Knowledge Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Development of Social and Emotional Competence</td>
<td>Human Growth and Development</td>
</tr>
<tr>
<td>2: Getting in Tune with Infants and Toddlers</td>
<td>Human Growth and Development</td>
</tr>
<tr>
<td>7: Environment of Respectful Caregiving</td>
<td>Learning Environments and Curriculum</td>
</tr>
<tr>
<td>10: Routines and Relationships</td>
<td>Learning Environments and Curriculum</td>
</tr>
<tr>
<td>13: The Ages of Infancy</td>
<td>Human Growth and Development</td>
</tr>
<tr>
<td>18: Cultural Sensitivity</td>
<td>Diversity</td>
</tr>
</tbody>
</table>
Extent to Which Objectives Were Met

After each session participants were asked to evaluate how well they had met each of the session objectives related to knowledge in that category. For example, if a session objective was: “Participants will gain an overview of children’s individual differences and temperaments,” the corresponding evaluation item asks participants to indicate their level of agreement (five meaning “yes definitely,” three indicating “somewhat,” and one indicating “not at all”) with the following statement: “I gained an overview of children’s individual differences and temperaments.”

Figure 5 below depicts the average of the responses given by members of each of six cohorts for the six core training sessions.

Figure 5. Extent to Which Training Session Objectives Were Met

The graph illustrates a high level of agreement by all participants that the objectives were met in each of the sessions. For Session 1, the average ratings range from a high of 4.94 (cohort 2) to a low of 4.67 (cohorts 4 and 6). For Session 2 ratings ranged from 4.97 (cohort 2) to 4.73 (cohort 4). For Session 7 the range was from 5.00 (cohort 4) to 4.77 (cohort 3). For Session 10, average ratings ranged from 4.97 (cohort 1) to 4.67 (cohort 6). For Session 13, the range was 5.00 (cohort 4) to 4.69 (cohort 2) and for Session 18 the range was 4.94 (cohort 3) to 4.50 (cohort 6). Differences between the high and low average ratings were less than one half point for each session, ranging from .23 in Session 7 to .44 for Session 18.
A sample of participants’ comments on the evaluations supports their positive ratings of the achievement of the training objectives and clarifies the value they gave to the new information and learning:

* Kids are really amazing and interesting and this class brings that out about them. It was really an interesting topic – I felt like I learned a lot.

* Good reminder: full vs. ½ full.

* Looking closely at infancy across 0-3 helped me look at our programs – what is great, how to change for the better meeting needs – what we would like to add. I appreciate F.C.! This is a very interesting class.

* I appreciate the WAA [“Watch, Ask, Adapt“] approach. Focusing on the children’s needs and communication is vital to the happiness, safety, and success of the children.

* Great class! Lots of useful info I didn’t have before. Understanding temperament is huge for both caregiver and child. We need to know as much as possible.

* Again, great info –Ages of Infancy video had some good information for the different ages and what differences that occur with each.

* Really made me think about toys – at age levels and how to use them or let them.

* Loved idea of “full Attention” – so important! “Less busy and more attentive.” Another day of great information – Thanks!

* I really like the WAA! I also like the reminder to be aware of my “hot spots.”

* Madga Gerber techniques are wonderful.

* I’ve gained a better understanding how temperament impacts my group.

* Achieve goodness of fit with getting in tune rollover; learning to sit up, crawl, pull self-up, learning to walk, feed self; to be responsive: watch, act adapt; what we're trying to nurture in children is: self-esteem social competence; security. Thank you! These classes are not only informational, but encouraging.

* Brought new insight to me about cultural awareness.

Laudatory comments were received about the class and the core curriculum series and many participants looked forward to more. More than 40 comments simply state such accolades as: “great class,” I enjoyed/loved the class “thank you!,” “very valuable/useful,” “fun!” Others refer to their increased knowledge and understanding saying: “I always learn something new. It’s great”; “I learned some new stuff today”; “Amazing subject! I learned so much”; “I learned more new things!”; “Learned a ton!”
Participants often expressed their hope that the trainings would continue saying:

These classes are wonderful. I look forward to them every month.

Can’t wait for more classes like this.

This is a great series, I hope it is offered again.

Trainings’ great don’t get rid of it!

Some felt that the classes should be more widely available to all infant-toddler caregivers saying, “Many more staff that need this training” and “would like to see other co-workers also take this class! I think it is extremely beneficial information that will help cc providers to provide better care as well as develop a more nurtured relationship with children in their care due to better understanding.” Similar comments included:

Very enjoyable class, very informative. I have recommended it to many of my co-workers.

Great class! Everyone in CC should take these courses...a lot of useful information.

Collegiality and belonging to a community of practice were important to some of the providers:

I learn so much and feel like I am part of a great support group not just of people from my own center.

We spend so much time with these children and it is good to be able to share ideas and thoughts with other providers. You can always pick up new tips and suggestions. Thanks.

Great class, I love the interactive with all people.

Several of the providers claim that the classes prompted them to reflect on their own professional development:

Thought-provoking insight – impressed that its message was created in 1987!

Always information to make me think and improve.

Challenging but good [...] making me re-examine things Thank you. Great class!

I appreciate how these classes and videos refresh my thinking of child care. As a caregiver (like many others) get caught up in day-to-day happenings that I forget to let it flow or step back and reflect on true (ideal) caregiving.

Really loved this training, too. Helps me be more aware of my behaviors in the classroom lots of new ideas to think about and try.
This class has helped me to set goals to learn more along these lines of cultural sensitivity.

Very interesting and help me take a look at myself and how I work with children.

I was reminded of earlier training and found ideas to use in the future. Helps me know I can keep doing what I’m doing.

**Trainer Performance and Effectiveness in Working with Child Care and Education Providers**

Key to success in the learning process that takes place in training is the effectiveness of the trainer. On the post session evaluations the provider/participants were asked to rate their level of agreement with the following statements about their trainers. “The trainer:

- was knowledgeable about the topics.
- was organized and prepared to present the information.
- was experienced as a trainer and respected different learning styles.
- was respectful of differences in culture, personal backgrounds, and ideas of others.
- responded to questions appropriately.”

The participants indicated their level of agreement on a Likert scale of one to five with five being the highest level of agreement. Figure 6 below displays the range of the averages of Cohort 1 through 6 participants’ responses for all six core training sessions.

**Figure 6. Participant Evaluation of Trainer Performance**

![Bar chart showing average ratings for different sessions and cohorts](chart.png)
Participants consistently judged their trainers’ knowledge, organization, experience, respectfulness, and responsiveness to be very high. For Session 1, the average ratings ranged from a high of 5.00 (cohort 2 and 4) to a low of 4.88 (cohort 5). For Session 2 they ranged from 5.00 (cohorts 2 and 4) to 4.83 (cohort 3). For Session 7 the range was from 5.00 (cohorts 1, 5 and 6) to 4.81 (cohort 2). For Session 10, average ratings ranged from 5.00 (cohorts 4 and 6) to 4.83 (cohort 2); for Session 13, the range was 5.00 (cohort 4) to 4.77 (cohort 2) and for Session 18 the range was 5.00 (cohorts 1 and 4) to 4.75 (cohort 2). Differences between the high and low average ratings were one quarter of a point or less for each session, ranging from .12 in Session 1 to .25 for Session 18.

Comments from all the cohorts support their positive ratings of the trainers’ qualifications and performance. Many spoke of the trainers’ content knowledge:

You have such a wealth of knowledge and it’s useable. Thank you so much for all that you do.

The class was very good and she has so much knowledge and information. Thank you!

(Trainer) is always informed, organized, and ready to teach us - she is wonderful!

Knowledgeable and fun!

The trainers’ teaching style and presentation techniques were cited by many as being very important:

(Trainer) is always prepared and does a wonderful job delivering the information.

Good mixture of charts, videos, handouts, and discussion keeps the class moving and interesting. Great job! I love these classes!

I love all of the diff. learning styles & activities that you use it breaks up the day & is a lot of fun.

Several cited trainers’ communication skills and responsiveness as a plus:

Very good again at answering questions and making the class fun and interesting; really like the fact when we have questions everything goes on hold till the question is understood and answered fully.

Definitely explained things well and was well paced.

Trainer was great with giving feedback.

All of the cohorts were forthcoming with “thank you” and personal comments about their trainers. This is a sample of such comments:

Continue to teach us. We learn so much from you. Always learn so much.
Always a pleasure to have (the trainer) for my instructor! Thank you for teaching us today.

Thank you for the last 6 months!

I love (Trainer) and will miss her so much, the classes were awesome!

Looking forward to more classes like this with her as instructor again. Want to be like her someday.

While most of the comments were focused on positive aspects of the trainings and trainers, a few participants did offer suggestions or requests for improvements:

Maybe some more small groups/activities to break up the discussion perhaps more movement or something.

Not sure if you really need 3 hours to present this information. Seemed like it was drawn out a little too much.

Consider finding a way to make this training more exciting, engaging and interesting.

Three participants mentioned that the videos needed to be “updated” explaining that “updated videos would help (us) understand better” and that videos are “getting old, have seen many times.”

**CCR&R Project Reports**

The narrative reports submitted by the ten participating CCR&Rs to summarize their First Connections Coaching Projects carried out from September 2011 through June 2012 contain valuable information about the curriculum, the coaching model, and other details of delivery of the training and coaching. The narratives report that in total the projects delivered the core sessions training and coaching to 125 participants (116 completed the coaching process).

The reports generally speak positively about First Connections Core training curriculum. One report offered the following:

Participants found the training was valuable and gave them insight, understanding and skills to be more knowledgeable and responsive in their work with young children.

A feature of the curriculum that received significant attention in the reports is the cohort delivery model. The strength of the cohort model is discussed in seven of the ten reports and is credited with facilitating support, relationships, communication, and sharing among the providers. In one report, a trainer/coach explains:
Overall I loved the cohort idea. Folks shared ideas and built relationships that will be ongoing. The communication and sharing was a highlight of the cohort for me and I would enjoy seeing this model developed for other standardized trainings.

In one of the reports, it is noted that the interpersonal relationships experienced by the cohort members were valuable in “overcoming the feelings of isolation experienced by so many of the providers.” Another described the cohort model as empowering participants to take action to improve caregiving in their setting. “This training participant told me that she would not have felt brave enough to raise the issues without . . . the support she felt from other participants.”

Over and above the relationships that were nurtured among the care and education providers, partnerships were also formed with local community agencies. One of the reports refers to the relationship that was built between a local public school and a CCR&R as the Spanish language provider network (cohort) met in the school. Another spoke of having “linked up with the Early Head Start program” enabling them to give specific and guided training to staff.

The cohort model, as it was designed over the six core sessions, was not without its challenges. Six of the reports spoke to the difficulty of maintaining attendance of the cohort throughout the project. It was noted that consistent attendance across all sessions was impacted by illnesses and family emergencies. One CCR&R report indicated: “Most of the participants did not complete the training series because of illness or other conflicts.”

Challenges promoted innovation among the CCR&Rs around increasing participation and retention. One of the projects was situated within a community college and was able to articulate the First Connections Core Curriculum with Coaching to a community college course—ECE 162 Infant Toddler Practicum. This was a strong incentive for increasing attendance. In one of the reports, it was suggested that the cohort model should also include directors or head teachers for greater inclusiveness and more effective buy-in, which could also impact staff retention.

Narrative Report Comments Related to Question #3: First Connections Curriculum Adjustments

The content and delivery of the curriculum was discussed in six of the reports. Two of the comments were positive in tone, calling First Connections “a great curriculum” and sharing that participants were very positive about content. Another noted that the curriculum was “trainer friendly to present.” The latter view was countered in another report which stated that it required substantial trainer time to plan and prepare the lessons. The trainer noted that “preparing and practicing delivery took much longer than for other standardized curricula.”

Four of the reports pointed to deficiencies in the curriculum. One suggested that more “hands-on and take back and practice ideas” were needed for some of the sessions. One trainer
reported that they “found the curriculum very limited—sessions should be actually 2 hours.” This trainer added: “I supplemented with additional activities and materials to make it 3 hours.” To the contrary, another report expressed that there was “too much material for the allowed time.” One of the reports referred to this same issue saying that trainers reported some lessons were too short and repetitive while others were too long and had to be cut.

Scheduling of the training was addressed in three of the reports. One expressed that the length of the program (six months) “was good as it allowed time to put new practices in place, evaluate their effectiveness and share with other participants.” Two reports referred to the burden of adding professional development into the already long and busy days of the providers noting that “some participants found it difficult to arrive by 6:30 because of late parent pick-ups” and there was little or no time for a healthy dinner on training nights. One added that it was “difficult to keep their attention for 3 hours in evenings.”

Narrative Report Comments Related to Question #3: The Coaching Model

The reports were most informative about the coaching process—both successes and challenges. In one of the reports, a trainer/coach described the positive impact of coaching stating: “As they demonstrated their skills, they became more aware of their behaviors, more intentional. Behaviors changed for the better.” Another offered that coaching allowed for “engaging and in-depth conversations . . . with individual participants who questioned and pondered their practices.” In other reports, trainers/coaches related that coaching made learning more concrete and one suggested that “the support the coaching represented may have been as valuable for the participants as the content of the coaching model.”

Each of the ten reports noted there were challenges in carrying out the coaching activities; nine reports cited issues related to the site visits or observation process. The issues included discomfort or nervousness and scheduling difficulties.

One report explicitly stated that on-site visits elicited defensiveness and discomfort from some providers who felt they may have “done something wrong—a sense of being violated.” Another offered “I think that until a certain number of hours of training with coaching is required—the model will not be fully embraced. Those who are searching for skills to improve their practice are on it—others see it as having someone come in “checking up on them.” Other reports echo this problem noting that “having outsiders (i.e. coaches) in their program was hard” and several described that participants often felt “nervous.” One of the coaches also reported that they felt the observations were intrusive.

As described earlier, most participants and coaches found the coaching process to be very valuable, however one report indicated that a few wanted to forego the coaching exercises after completing the training sessions. One report explained that perceptions by some participants that their center policies were not always in agreement with First Connections
philosophy and methods made them less committed to the coaching process. Another mentioned that coaching hours are not counted for training hours and that this could be a deterrent.

Finding approaches that made the process more comfortable for those “sensitive to criticism” and learning to choose questions that would “lead to nonjudgmental discussion” were challenges cited by some of the coaches. With time and as relationships with coaches developed, feelings of discomfort diminished and as one report added, the participants did relax and “appreciated the one-on-one.”

Scheduling of observations was cited in five reports as a major challenge. For the provider, this meant that the child who was the focus of their demonstrated skill had to be in attendance and accommodations had to be in place to assure that other children’s needs were being met while the observation was in progress. For the coach, their daytime schedule had to be flexible enough to respond to the provider’s availability. Requiring that the coach/trainer be one and the same limited the number of trainers who could manage both roles—due to their daytime schedules. Two reports referred to the fact that a few participants didn’t work directly with infants/toddlers but held supervisory roles.

Given these challenges, observation plans often had to be changed, adapted, or rescheduled last minute. Coaches did report adapting approaches as needed to respond to the challenges. One noted: “We did one observation and then gave them (staff who were participating in the training/coaching) the tools to use among themselves, in whatever way they wanted. The second observation allowed us to have a more free-flowing conversation about what we saw and the changes they made.” Another streamlined the Outcomes form document as a Word doc, allowing them to make comments on-line and making it easier to give more immediate feedback to the participants. This individual also created a spreadsheet to keep track of communications.

Beyond the reported adoptions made in real-time, the CCR&Rs offered several suggestions to improve the future effectiveness and efficiency of the coaching process. These suggestions are:

- Start coaching after delivery of sessions 1 and 2 instead of waiting until after all sessions are completed.
- Observe responsive process after completion of outcomes 1 and 2, then have final classes, and after meeting outcome 4, observe routines. There was just too much to go over observing both together.
- Begin observations or at least make a visit earlier in the course of the workshops—toward the beginning.
- Video record observations.
- Include center directors in the training to assure inclusivity and support.
Communicate clearly:
  - Need to be clear about expectations up front—both with participants as well as site directors.
  - Need some kind of written agreement up front.
  - Need more time to describe coaching detail—written plan of action to help make coaching a natural part of the learning process.
  - Come up with alternative coaching exercises for those individuals who don’t work directly with infants/toddlers.

One of the reports focused on the outcomes based approach and questioned if it is the most effective:

This model was driven by five outcomes which did not always match the providers’ needs. Therefore buy-in and participation and follow-through may have been limited for some participants.

This statement was accompanied by a suggestion that someone should

Review how relationship based consultation, that takes the providers individual needs into consideration, can be incorporated into an outcomes driven model.

Another report offered this perspective on the approach:

I believe some providers passively listen to trainers without engaging themselves. Committing to a ‘professional action plan’ to apply the new information does not assure that it will happen. So having the coaching component and ‘outcomes’ as a follow-up is good.

Narrative Report Comments Related to Question #1: Transferability of Skills to Improve Practices with Infants and Toddlers

Some of the most affirming statements included in the reports speak to the participants’ transfer of skills learned in training to their worksite.

Providers were empowered, especially in center settings, to use tools themselves as a way to look at their interactions. They increased routines and changes in practice to create less chaos and clear communication.

Several providers showed me changes they made either to their environment or program because of First Connections—Shifts in their caregiving behaviors; changed the way babies are fed; switched away from plastics to natural materials to stimulate learning.
It was clear that skills learned in training were being put into practice before coaching visits. . . . There was clear evidence of self-evaluation in light of the new information they had received and self-initiated course correction when necessary.

Data Analysis of Coaching Logs/Observation Forms

When this evaluation commenced, coaching logs and observation forms were made available for 81 coaching participants from six trainers. Data for the provider outcomes is incomplete in 27 of the logs with 54 participants having completed logs. Information is summarized below for the total group of 81 which includes complete and incomplete logs.

Derived from the data for all 81 participants, Table 2 illustrates the number of participants who completed (C), partially completed (P) or did not complete (N) each of the outcomes as indicated by the training logs. A designation of “n/a” means the coach determined and indicated that a particular element of an outcome did not apply to the participant’s circumstances. The designation “blank” signifies that the coach did not rate this element or outcome.

Table 2. Achievement of Five Measureable Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Rating</th>
<th>C</th>
<th>P</th>
<th>N</th>
<th>n/a</th>
<th>blank</th>
<th>Total # Rated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Caregiver describes one “challenging child”</td>
<td></td>
<td>76</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>□ Includes at least 3 characteristics of this child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Identifies this child’s “temperament”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: Caregiver has a plan for improving “goodness of fit” with this child</td>
<td></td>
<td>74</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Identified situations that are particularly challenging with this child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Compared own temperament with that of this child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Made a plan for adapting one’s own behavior to fit with this child’s temperament</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a: Caregiver demonstrates skill in using the responsive process with a child: <strong>Watch</strong></td>
<td></td>
<td>56</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>62</td>
</tr>
<tr>
<td>3b: Caregiver demonstrates skill in using the responsive process with a child: <strong>Ask</strong></td>
<td></td>
<td>61</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>62</td>
</tr>
<tr>
<td>3c: Caregiver demonstrates skill in using the responsive process with a child: <strong>Adapt</strong></td>
<td></td>
<td>60</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>61</td>
</tr>
</tbody>
</table>
As shown in Table 2, ratings are missing for many of the outcomes. We can however compute the rate of completion for each of the outcome components based on the available data. For example, as shown in Table 3 below, of the 77 participants for whom a rating was indicated, 76 completed Outcome 1 for a 98.7% completion rate. When a criterion or component of one of the outcomes was given a rating of n/a, it was accepted as “C” (complete) for this calculation. It can be seen in Table 3 that the rates of completion of the outcomes or their components range from 98.7% for Outcome 1 to 83.3% for Outcome 5e.

**Table 3. Percent of Participants Completing Each Outcome Component**

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
</tr>
<tr>
<td>4: Caregiver has a plan for changing a routine (feeding, diapering or toileting, napping, greetings, departures, or dressing)</td>
<td>60</td>
</tr>
<tr>
<td>□ Identifies a routine s/he would like to change</td>
<td></td>
</tr>
<tr>
<td>□ Describes what s/he would like to change about the routine</td>
<td></td>
</tr>
<tr>
<td>□ Describes her/his plan for own behavior during the routine</td>
<td></td>
</tr>
<tr>
<td>□ Describes any changes to the environment</td>
<td></td>
</tr>
<tr>
<td>□ Describes how these changes will make the routine a social learning experience</td>
<td></td>
</tr>
<tr>
<td>5a: Caregiver demonstrates skill in making a routine a social learning experience</td>
<td></td>
</tr>
<tr>
<td>□ Informs child about the upcoming routine</td>
<td>59</td>
</tr>
<tr>
<td>5b: Caregiver demonstrates skill in making a routine a social learning experience</td>
<td></td>
</tr>
<tr>
<td>□ Assures child's physical comfort</td>
<td>56</td>
</tr>
<tr>
<td>5c: Caregiver demonstrates skill in making a routine a social learning experience</td>
<td></td>
</tr>
<tr>
<td>□ Assures convenience for the adult</td>
<td>48</td>
</tr>
<tr>
<td>5d: Caregiver demonstrates skill in making a routine a social learning experience</td>
<td></td>
</tr>
<tr>
<td>□ Uses appropriate health and safety procedures</td>
<td>53</td>
</tr>
<tr>
<td>5e: Caregiver demonstrates skill in making a routine a social learning experience</td>
<td></td>
</tr>
<tr>
<td>□ Partners with the child during the routine</td>
<td>50</td>
</tr>
<tr>
<td>5f: Caregiver demonstrates skill in making a routine a social learning experience</td>
<td></td>
</tr>
<tr>
<td>□ Focuses on the child with “full attention”</td>
<td>54</td>
</tr>
</tbody>
</table>
Figure 7 illustrates the extent of the accomplishments as recorded for all 81 participants, including those for whom records are incomplete.

Figure 7. Total Number of Outcomes Completed by Participants

Of the 81 participants, only three did not complete any of the outcomes. More than three-quarters (61) accomplished six or more of the components of the outcomes.
As stated in the Evaluation Design section of this report, the evaluation is guided by three questions:

1. Are participants able to transfer the quality interaction skills learned in training into the worksite thus increasing opportunities for positive outcomes for infants and toddlers?

2. Were key outcomes met for each participant?

3. Do the results indicate need for changes to:
   - First Connections curriculum
   - Trainer/Coaches preparation and support
   - Coaching model

The following narrative summarizes the findings from all of the bodies of data as they respond to these questions.

**Are participants able to transfer the quality interaction skills learned in training into the worksite thus increasing opportunities for positive outcomes for infants and toddlers?**

In the training session surveys, many of the care and education participant/providers spoke of the knowledge and ideas they gained as a result of their participation in the First Connections opportunity. They also spoke of setting goals to implement the new skills and knowledge in their daily work with the infants and toddlers in their care. In the CCR&R project reports, trainers communicated that, indeed, many of the providers had made changes to their routines, practices, behaviors, and environments to “create less chaos and (improve) clear communication.” One trainer explicitly claimed, “Skills learned in training were being put into practice before coaching visits.”

The clearest evidence in the answer to this question is contained in the observation reports and coaching logs. Most coaches supplied detailed observation notes documenting the providers’ activities as they put into practice outcome three, “The Responsive Process” and outcome five, “Making Routines a Social Learning Experience.” The observations also included narratives describing the “Caregivers Plan for Next Steps” indicating the caregivers’ intention to continue the transfer of these skills in their work settings. As illustrated in Table 3, coaches reported completion rates of 90.3% to 98.3% for the 3 components of outcome three. For outcome five, completion rates for the six components range from 83.3% to 98.3%. Unfortunately, no status was indicated for between 12% and 26% of the participants on the various components of the two observable outcomes. It is also important to note that the combined bodies of data
analyzed for this report give no evidence as to whether the transfer of skills learned in trainings and coaching activities has been sustained over time since the coaching activity was completed. However, it is hoped that the relationships established among providers through this training created a support for sustainability of the changes implemented and observed by coaches.

**Were key outcomes met for each participant?**

From the care and education participant/providers’ session evaluations, summarized in figure 5, we know that the level of achievement of the training objectives is very high. Attainment of the key behavioral outcomes was somewhat less as successful. Figure 7 shows 36 of the 54 participants for whom complete data was kept achieved all components of the five key outcomes for a rate of 67%. We also know from the same exercise that over three quarters of the 81 participants accomplished at least half of the components of the 5 outcomes. Because the coaching logs and observation reports were incomplete as to the final status of outcomes for a significant number of participants, it is difficult to definitively answer this evaluation question.

**Do the results indicate need for changes to First Connections curriculum?**

The narrative data from training session evaluation surveys and the CCR&R reports indicate that, from the perspectives of participant/providers as well as trainers/coaches, the First Connections Core curriculum was well received and is highly valued. Aspects of the content that received the highest praise were related to understanding a child’s “temperament,” and using the “Watch, Ask, and Adapt” approach. Comments from trainers in two of CCR&R reports suggest that some session content may need to be reassessed to assure that activities are suited to the time allotted for the session.

In terms of logistics and delivery, participants strongly supported the sequential, pre-set scheduling arrangement as well as the cohort model. Trainers and coaches concur that this scheduling and cohort model are desirable to maximize learning but acknowledge the challenges faced when carrying this out for all six sessions. Alternative scheduling was suggested by some trainers but most agreed that the key to attendance and retention of the cohort was early planning and notification and involvement of administration or directors of centers.

Based on the information above, it appears that the curriculum was well received, but that some minor adjustments could be made to address scheduling challenges. The recommendations section of this report offers suggestions for these adjustments.
Do the results indicate need for changes to Trainers/Coaches preparation and support?

A review of findings from the evaluations of the June TOT/TOC and the September TOC indicates that the trainers/coaches successfully met all of the objectives for the training and were eager to deliver the training and coaching to care and education providers. The session evaluations are definitive in their favorable assessment of the trainers’/coaches’ preparedness and skill. However, CCR&R reports and TOT/TOC evaluations suggest that some additions or changes to the preparation and support of trainers and coaches are needed for optimal results.

In terms of content delivery, CCR&R reports characterized the curriculum as alternately “trainer friendly” to “too much content for the time allowed” to “not enough content for the time allowed.” One trainer noted that preparation took much longer than for other standardized curricula.

Inconsistent practices in use of the observation form and coaching logs would also indicate that more time and practice may need to be devoted to the use of these materials. This would include increasing coaches’ understanding of the value of their ratings and comments to the ongoing formative evaluation of the coaching model.

Based on the information above, it appears that the trainers/coaches were well prepared, but that some adjustments to ongoing supports could be made to address their ability to deliver the training and follow up coaching component. The recommendations section of this report offers suggestions for these adjustments.

Do the results indicate need for changes to Coaching model?

Although comprehensive data is thin, the effectiveness of the coaching model is supported by the data achieved and indicates high levels of outcome implementation (83.3%-98.3%). In the June TOT/TOC and September TOC evaluations, participants spoke favorably about the potential strengths and value of the coaching activities and expressed eagerness to engage in the coaching activities with child care and education providers.

In their project reports CCR&R directors and trainers/coaches are generally positive in their assessment of the coaching model and stress the value for building relationships and the transfer of learning to practice. The reports also stress the effectiveness of the cohort model among providers who enjoyed networking and sharing ideas with their peers.

The CCR&Rs also expressed challenges in carrying out the coaching activities such as provider discomfort, retention issues, and scheduling conflicts. They offered suggestions around strategies to promote retention, schedule contacts and observations in a respectful manner.
and to assure greater comfort of the participants. Additional suggestions for changes that could be implemented in the training and coaching model are listed on page 24 of this report.

Although provider/participant coaching evaluations were not implemented, the rate of outcome achievement included in this report can be attributed to the success of the model. Additionally, one of the project reports included provider/participant statements that were unanimously favorable and characterize the coaching experience as “valuable” and “supportive.”

Based on the information above, it appears that the coaching model was effective and for the most part well received, however adjustments to the supports for the coaches could improve their ability to deliver the coaching model. The recommendations section of this report offers suggestions for these adjustments.
RECOMMENDATIONS FOR NEXT STEPS BASED ON ALL DATA

The results suggest that the First Connections Core Curriculum with Coaching model is effective in supporting participant/provider outcome implementation in the work setting. It appears to be an effective investment meriting continued support. This evaluation also speaks to several modifications likely to further enhance the model’s effectiveness:

1. Adjustments to the coaching model are indicated to facilitate ease of observations and to allow for more flexibility in the application of the skills learned in accomplishing the observable outcomes. Adjustments could include utilizing video or other electronic media for the observations and expanding the focus from one child to several in demonstration of the “responsive process” or “making routines a social learning experience.”

2. Ongoing support and increased communication between OCCD and the trainers/coaches should be built in throughout the coaching process. This would provide reassurance to coaches, stimulate the exchange of suggestions and solutions to issues that arise, and assure effective use of the coaching logs and observation forms to enhance accountability.

3. Retroactive evaluation of the coaching process is needed. To add strength and validity to future evaluation, the voices of providers who have received coaching to date should be added to the assessment of the coaching process. It is important to determine, from the perspective of each provider who has received coaching:
   - What was their expectation going into the coaching process?
   - What was the nature of their relationship with their coach?
   - What did they like most about the process?
   - What did they like least?
   - Did the coaching activities help them transfer interactive skills they learned in training to their practice?
   - Which skills or practices are they still using today?
   - Do they have any suggestions for improving the coaching experience?

4. An evaluation survey could be included to be completed by each participant at the end of their coaching experience. This would a) make the survey an integral part of the coaching experience (as is already done for training session evaluations), b) is in keeping with the formative nature of standardized training session evaluation, and c) is exceptionally important to the development of an effective coaching model.
5. Facilitate an occasion or system for dialogue among the trainers and coaches to weigh in on changes to improve both the coaching model and the delivery of the First Connections core curriculum.

As discussed earlier in this report, the CCR&R project reports contain many salient recommendations for improving the First Connections Core Curriculum and Coaching model. Those recommendations and the findings of the preliminary analyses in this report can be the basis for productive dialogue among the trainers/coaches to deliberate such issues as: proportionate volume of training session content, scheduling and logistics of the sequence of trainings, the need for participant commitment to the coaching process, the importance of the coaching documents and the practicality of their use, and the timing and the logistics of scheduling observation, to name a few. These are all issues on which the findings are not definitive, but which are mentioned with varying degrees of frequency in the bodies of data.

Dialogue to improve the training and particularly the coaching process can be achieved in a number of ways. The simplest strategy is to develop an electronic survey to elicit suggestions around the topics of concern and to encourage trainers/coaches to share experiences. The most dynamic approach involves bringing coaches and trainers together to dialogue in “real-time.” This definitely involves logistical challenges and may be cost prohibitive. It may be feasible, however, if combined with a prescheduled event such as an OAEYC Conference during which First Connections trainers and coaches would be invited to meet. With the invitation they would be sent the findings of this report and/or the CCR&R reports and an agenda to guide the meeting.

This evaluation has found that the First Connections Core Curriculum with Coaching model is highly valued and has been well received by the childhood care and education community of Oregon. The data supports the model’s effectiveness. Nonetheless, because it is relatively new and unique in its combination of the best practices of sequential training combined with one-on-one coaching, it is vital that assessment is diligent and continuous. The modifications this evaluation suggests are likely to intensify the model’s demonstrated effectiveness.
REFERENCES


Oregon Center for Career Development in Childhood Care and Education. (2008). Core Body of Knowledge for Oregon’s Childhood Care and Education Profession. Portland, OR: OCCD at Portland State University.


