

OMB No.: 0970-0515  
Expiration Date: XX/XX/20XX



**Study of Coaching Practices in Early Care and Education Settings 2021: Follow-up**

FCC Provider Survey  
Spring 2021

PROGRAMMER NOTES:

Preload from SMS

1. FCC
2. If the state or locality has a QRIS 1 = yes; 0 = no
3. If the question has a soft check for nonresponse and the respondent does not enter an answer, please code M.
4. If an item is left blank move to the next question unless the specs specifically route blank answers to a different question.

**[Include the following soft check for any nonresponse to a question:** Your responses are very important. Please provide an answer to the question or click "Next" to go to the next question.]

**Introduction.** Welcome to the 2021 FCC Provider Survey. This survey is part of the Study of Coaching Practices in Early Care and Education Settings 2021: Follow-up (SCOPE), a study being conducted for the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) by Mathematica.

You may remember completing a survey for this study in 2019. This is a follow-up survey that will ask you about your experience working with a coach and your thoughts and opinions about working in an early care and education (ECE) setting since COVID-19 began in early 2020. Even if you are no longer working with a coach, we would still like you to answer a few questions. When we refer to coaching or coaches in this survey, we mean individuals who work with you one-on-one or with your teaching team on a regular basis to provide feedback and guidance to help you improve your practices. The coaches may be working remotely, in-person or both. In addition, you may be teaching children remotely, in-person or both. You may use terms other than “coaches”, such as mentors, mentor-coaches, or consultants.

If you have any questions about the study or your participation, please email us at [CoachSCOPE@mathematica-mpr.com](mailto:CoachSCOPE@mathematica-mpr.com).

**We would like you to know that:**

- The survey takes about 20 minutes to complete. All eligible study participants who complete this survey will receive \$20 as a thank you.
- The information in this study will be used only for research purposes and in ways that will not reveal who you are. We will not provide information that identifies you to anyone outside the study team, except as required by law. You will not be identified in any publication from this study. Data from this study will be transmitted to the Child & Family Data Archive or a similar data archive at the end of the study so it can be used by other researchers. No personal information that could identify you will remain in the files that will be shared with the data archive.
- This survey is voluntary, but your response is critical for producing valid and reliable data. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can. If you have any questions about your rights as a research volunteer, contact Caroline Lauver toll free at 1-844-SCOPE18 (1-844-726-7318). If you would like a copy of this disclosure statement, please email us at [CoachSCOPE@mathematica-mpr.com](mailto:CoachSCOPE@mathematica-mpr.com) or call us toll free at 1-844-SCOPE18 (1-844-726-7318).

Thank you very much for your participation in this survey!

Paperwork Reduction Act Statement: The referenced collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0970-0515 which expires **XX/XX/XXXX**. The time required to complete this collection of information is estimated to average 20 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Emily Moiduddin.

### How to complete the survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.
- To answer a question, click on the box to choose your response
- To continue to the next webpage, press the “**Next**” button.
- To go back to the previous webpage, click the “**Back**” button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, please exit your browser. The data you provide is securely stored between each question and is available when you return to complete the survey.
- For security purposes, you will be timed out if you are idle for longer than **30 minutes**.
- When you decide to continue the survey, you will need to log in again using the link to the survey we sent you.

**Please click the button below to begin the survey**

**Begin your survey [BUTTON]**

**EXIT BUTTON**

**SC. Screener**

First, we would like to ask you some questions about changes at your FCC home that may have occurred since COVID-19 began in early 2020.

[ALL]

**SC1. At any time since COVID-19 began in early 2020, has your FCC home offered any virtual services to children or their families? Virtual services, which can also be called remote services, happen through phone (text or voice), via video (like Zoom or FaceTime), or using another online method. These services could include virtual instruction to children (one-on-one or in groups), virtual home visits or family meetings, or virtual family activities or events. Mark one only**

- <sup>1</sup>Yes
- <sup>0</sup>No

[ALL]

**SC1a. What is the current operating status of your FCC? Mark one only**

- <sup>1</sup>The FCC is providing in-person services only.
- <sup>2</sup>The FCC is providing both virtual and in-person services.
- <sup>3</sup>The FCC home is closed to children and providing virtual services only.
- <sup>4</sup>The FCC home is entirely closed and is not providing any in-person or virtual services.

[IF SC1a=4]

**SC2. Is your current closure a temporary closure or a permanent closure? Mark one only**

- <sup>1</sup>It is a temporary closure.
- <sup>2</sup>It is a permanent closure

[IF SC1a=4]

**SC2a. Why is your FCC currently closed and not providing any services? Mark yes or no for each item**

- A. Chose to close for COVID-19 health and safety precautions. <sup>1</sup>YES <sup>0</sup>NO
- B. Required to close due to state or local health and safety mandates. <sup>1</sup>YES <sup>0</sup>NO
- C. Financial problems related to COVID-19. <sup>1</sup>YES <sup>0</sup>NO
- D. Staff shortages related to COVID-19. <sup>1</sup>YES <sup>0</sup>NO
- E. Low family enrollment. <sup>1</sup>YES <sup>0</sup>NO
- F. Other reasons (*specify*): \_\_\_\_\_ <sup>1</sup>YES <sup>0</sup>NO

[IF SC1a=4]

**SC2b. When did your FCC close? Please provide the month and the year.**

\_\_\_\_\_ Month \_\_\_\_\_ Year → GO TO E1 IF SC2=2 AND SC2b>3 MONTHS  
(END OF SURVEY)

[IF SC1a=1, 2 OR 3 OR SC2=1 AND SC2b<3 MONTHS]

**SC3. Since COVID-19 began in early 2020, did your FCC ever... Mark all that apply**

- <sup>1</sup>Provide only virtual services
- <sup>2</sup>Provide a mix of virtual and in-person services
- <sup>3</sup>Close entirely and not offer virtual or in-person services (excluding vacations or holidays)

[IF SC3=3]

**SC4. What is the total amount of time your FCC was entirely closed (no in-person or virtual services) between when COVID-19 began and today? If your FCC closed more than once, please add up the total time across all closures. Mark one only**

- <sub>1</sub> Less than one month
- <sub>2</sub> One month to less than two months
- <sub>3</sub> Two months to less than three months
- <sub>4</sub> Three months to less than four months
- <sub>5</sub> Four months to less than five months
- <sub>6</sub> Five months to less than six months
- <sub>7</sub> Six months or more

[IF SC3=1 OR 3]

**SC4a. Thinking about all the times your FCC closed entirely and/or your FCC provided only virtual services, did this happen for any of the following reasons? Mark yes or no for each item**

- A. Chose to close due to COVID-19 health and safety precautions <sup>1</sup>YES <sup>0</sup>NO
- B. Required to close due to state or local health and safety mandates. <sup>1</sup>YES <sup>0</sup>NO
- C. Financial problems related to COVID-19. <sup>1</sup>YES <sup>0</sup>NO
- D. Staff shortages related to COVID-19. <sup>1</sup>YES <sup>0</sup>NO
- E. Low family enrollment. <sup>1</sup>YES <sup>0</sup>NO
- F. Other reasons (*specify*): \_\_\_\_\_ <sup>1</sup>YES <sup>0</sup>NO

[IF SC3=3]

**SC5. During the time(s) your FCC was entirely closed (no in-person or virtual services), did staff contact families in any of the following ways? Mark yes or no for each item**

- A. Checked in with the families to let them know we were thinking about them. <sup>1</sup>YES <sup>0</sup>NO
- B. Suggested resources families could use to support their children's learning and well-being. <sup>1</sup>YES <sup>0</sup>NO
- C. Sent materials to families to support their children's learning. <sup>1</sup>YES <sup>0</sup>NO
- D. Sent information to families about other services in the community. <sup>1</sup>YES <sup>0</sup>NO
- E. Communicated reopening plans. <sup>1</sup>YES <sup>0</sup>NO
- F. Distributed meals to children/families. <sup>1</sup>YES <sup>0</sup>NO
- G. Contacted them for other reasons (*specify*): \_\_\_\_\_ <sup>1</sup>YES <sup>0</sup>NO

[IF SC1a=1, 2 OR 3] OR [SC2=1 AND SC2b<3 MONTHS: USE PAST TENSE WORDING]

**SC6. Approximately how many children [do you currently serve/did you serve] between the ages of birth to five years? Please include children in AM, PM and full-day care. Count both full-time and part-time children, but count each child only once.**

\_\_\_\_\_ children

[IF SC1a=1, 2 OR 3 OR SC2=1 AND SC2b<3 MONTHS]

**SC7. What age groups does your FCC currently serve? Mark yes or no to each item**

- A. Infants (0 - 17 months old) <sup>1</sup>YES <sup>0</sup>NO
- B. Toddlers (18 - 35 months old) <sup>1</sup>YES <sup>0</sup>NO
- C. Preschool age (3 - 5 years old and not yet in kindergarten) <sup>1</sup>YES <sup>0</sup>NO

- D. School age (5 years and older (kindergarten and above)) <sup>1</sup>YES <sup>0</sup>NO

[IF SC1a=1, 2 OR 3 OR SC2=1 AND SC2b<3 MONTHS]

**SC7a. Compared to before COVID-19 began in early 2020, is your FCC currently serving more, fewer, or approximately the same number of preschoolers (3-5 years old and not yet in kindergarten)?** *Mark one only*

- <sup>1</sup>More preschoolers
- <sup>2</sup>Fewer preschoolers
- <sup>3</sup>Approximately the same number of preschoolers

[IF SC1a=1, 2 OR 3 OR SC2=1 AND SC2b<3 MONTHS]

**SC7b. Compared to before COVID-19 began in early 2020, is your FCC currently serving more, fewer, or approximately the same number of school age children (5 years and older (kindergarten and above))?** *Mark one only*

- <sup>1</sup>More school age children
- <sup>2</sup>Fewer school age children
- <sup>3</sup>Approximately the same number of school age children

[IF SC1a=1, 2 OR 3 OR SC2=1 AND SC2b<3 MONTHS]

**SC8. How many staff are usually in your family child care home, including you?**

\_\_\_ Number of staff

[IF SC1a=1, 2 OR 3 OR SC2=1 AND SC2b<3 MONTHS]

**SC9. As you may recall, when we reached out to you in 2019 we wanted to learn about the coaching that was taking place at your FCC. As a reminder, when we refer to coaches in this survey, we mean individuals who work with you one-on-one or with your teaching team on a regular basis to provide feedback and guidance to help you improve your practices. You may use other terms for coaches, such as mentors, mentor-coaches, mentor-teachers or consultants.**

**Do you currently receive coaching to support your work with children in your FCC?**

- <sup>1</sup>Yes
- <sup>0</sup>No

[IF SC9=0]

**SC10. When was the last time you worked with a coach/coaches?** *Please note the month and year.*

MONTH\_\_\_\_\_ YEAR\_\_\_\_\_

[IF SC9=0]

**SC11. What are the reason(s) why you stopped working with a coach?** *Mark yes or no for each item*

- A. I did not have time to participate in coaching. <sup>1</sup>YES <sup>0</sup>NO
- B. Insufficient funding to support coaching. <sup>1</sup>YES <sup>0</sup>NO
- C. Health and safety precautions or mandates. <sup>1</sup>YES <sup>0</sup>NO
- D. The organization that provided coaching no longer provides coaches to my FCC. <sup>1</sup>YES <sup>0</sup>NO <sup>99</sup>NOT
- APPLICABLE
- E. Unable to find/hire qualified coaches <sup>1</sup>YES <sup>0</sup>NO
- F. Other (*specify*):\_\_\_\_\_ <sup>1</sup>YES <sup>0</sup>NO

[IF SC9=1]

**SC12. How many coaches are you currently working with?**

RANGE 0-10

Soft Check if response=0. You indicated in an earlier question that you are currently working with a coach. Is 0 correct?

Soft Check if response > 3: **You entered [FILL SC12 RESPONSE]. Is that the correct number of coaches you are currently working with? If that number is correct, please select "Next" to go to the next question.**

Hard Check if nonresponse: **Your responses are very important to us. Please provide a response to this question.**

[IF SC1a=1, 2 OR 3 OR SC2=1 AND SC2b<3 MONTHS]

**SC13. Since COVID-19 began in early 2020, have any of the following been consistent challenges for your FCC? By consistent, we mean something that is encountered on an ongoing basis. Select all that apply**

- <sup>1</sup>A. Insufficient resources to support professional development
- <sup>2</sup>B. Staff leaving the FCC
- <sup>3</sup>C. Meeting health and safety requirements related to COVID-19
- <sup>4</sup>D. Stress (personal or professional)
- <sup>5</sup>E. Meeting the needs of children and/or their families
- <sup>6</sup>F. Enrolling families/Keeping families enrolled
- <sup>7</sup>G. Financial challenges
- <sup>8</sup>H. NA or my FCC has never or seldom encountered any of these challenges
- <sup>9</sup>I. Other (*specify*): \_\_\_\_\_



## A. Current Professional Development Activities

[IN THIS SECTION, IF SC8>1 USE PLURAL WORDING]

Next, we would like to learn more about the range of professional development activities that [you/you and your staff at the FCC] participate in.

[IF SC1a=1, 2 OR 3 OR SC2=1 AND SC2b<3 MONTHS]

**A1. Since the onset of COVID-19 in early 2020, have [you/you or your staff] at your FCC participated in any of the following types of professional development activities? These activities could take place virtually or in-person. Mark yes or no for each item**

- |  |                  |                 |
|--|------------------|-----------------|
| a. One-time workshops or trainings   | <sup>1</sup> YES | <sup>0</sup> NO |
| b. Workshops or trainings that are part of a larger series or have multiple sessions                                 | <sup>1</sup> YES | <sup>0</sup> NO |
| c. Mental health consultation  | <sup>1</sup> YES | <sup>0</sup> NO |
| d. Certificate, credential, or college coursework  | <sup>1</sup> YES | <sup>0</sup> NO |
| e. A community of learners (may also be called a peer learning group (PLG) or professional learning community (PLC)) | <sup>1</sup> YES | <sup>0</sup> NO |
| f. Membership in professional organizations  | <sup>1</sup> YES | <sup>0</sup> NO |
| g. FCC network meetings  | <sup>1</sup> YES | <sup>0</sup> NO |
| h. Conferences   | <sup>1</sup> YES | <sup>0</sup> NO |
| i. Other (specify) _____   | <sup>1</sup> YES | <sup>0</sup> NO |

Adapted from LA Advance Survey

[IF ANY A1\_A - A1\_i=1; ONLY SHOW THE FOLLOWING SELECTED OPTIONS FROM A1]

**A2. Since the onset of COVID-19 in early 2020, have you participated in this professional development virtually (that is, by phone calls, texting, online or through video conference), in-person, or both?**

Topic	Virtually	In-person	Both virtually and in-person
a. One-time workshops or trainings	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
b. Workshops or trainings that are part of a larger series or have multiple sessions	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
c. Mental health consultation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
d. Certificate, credential, or college coursework	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
e. A community of learners, (may also be called a peer learning group (PLG) or professional learning community (PLC))	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
f. FCC network meetings	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
g. Conferences	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
h. Other (specify) [FILL FROM A1_i]	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

[IF ANY A1\_A - A1\_i=1]

**A3. Since the onset of COVID-19 in early 2020, which of the following topics have been a focus of the coaching or professional development [you/you and your staff] participate in? Mark whether each topic has been a focus of coaching and/or PD or if it has not been covered by either**

[IF SC9=0 USE THIS LANGUAGE; ONLY SHOW COLUMNS FOR PD AND NA]: **Since the onset of COVID-19 in early 2020, which of the following topics have been a focus of the professional development**

[you/you and your staff] participate in? Mark whether each topic has been a focus of PD or if it has not been covered by PD

Topic	How topic is addressed		
	Focus of coaching	Focus of other PD (not coaching) [IF SC9=0] FOCUS OF PD	Not applicable - topic is not covered
a. Culture, diversity and equity	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
b. Behavior management/guidance	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
c. Provider-child interactions (individual or small group)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
d. Family engagement	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
e. Children's learning/academic development (literacy, math, etc.)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
f. Children's social-emotional development and well-being	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
g. Child trauma, stress, and coping	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
h. Emotional well-being of staff	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
i. Ways to address family stress and coping	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
j. Child health and safety	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
k. Staff health and safety	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
l. Remote learning	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
m. Ways to provide virtual services	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
n. Emergency preparation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
o. COVID-19 related procedures for FCCs	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
p. Other (specify): _____	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>

[IF SC1a=1, 2 OR 3 OR SC2=1 AND SC2b<3 MONTHS]

**A4. Do you or anyone who works at your FCC have a plan to participate in any type of professional development activity (e.g., workshops, trainings, coaching, conferences, etc.) within the next six months? Mark one only**

- <sup>1</sup>Yes
- <sup>0</sup>No
- <sup>99</sup>Don't know

[IF SC1a=1, 2 OR 3 OR SC2=1 AND SC2b<3 MONTHS]

**A5. On a scale of 1 to 5, how easy or difficult has it been for [you/you and your staff] to participate in professional development opportunities since COVID-19 began in early 2020?**

1
2
3
4
5

Very easy
Easy
Neutral
Difficult
Very difficult

**END SURVEY AND GO TO SECTION E IF SC9=0 AND SC10=STOPPED COACHING MORE THAN THREE MONTHS AGO**

## B. Communication and Interaction with Coach

[IN THIS SECTION, IF SC8>0 USE PLURAL WORDING]

Next, we'd like to ask you some questions to better understand the different ways in which you might communicate and interact with your coach. If you work with more than one coach, please answer these questions about the coach you think of as your primary or main coach.

When we refer to remote, we mean interactions that happen by phone calls, texting, online, or through video conference; sometimes these activities are referred to as "virtual."

When we refer to in-person, we mean interactions that happen in the same physical location.

[IF SC9=1 OR SC10<3 MONTHS]

**B1. On average, how often do [you/you and your staff] currently use the following approaches to communicate or interact with your coach? Mark one only for each item**

		Frequency of Approach					
		Never	Less than once per month	About once per month	About every other week	About once a week	About Daily
A	Regularly scheduled meetings (in-person)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
B	Regularly scheduled meetings (remote)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
C	Brief drop-in visits (in-person)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
D	Brief virtual conversations by video and/or phone	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
E	Text and/or email	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
F	Other (please specify)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>

PROGRAMMING NOTE: IF ANY B1\_A - B1\_H=1, ONLY SHOW FOLLOW-UP ANSWER OPTIONS "DECREASE" OR "NO CHANGE" FOR THOSE ITEMS

[IF B1\_A=2,3,4,5 OR 6]

**B2. On average, how much time does your coach currently spend with you in a typical, regularly scheduled in-person coaching meeting? Please enter hours or minutes per coaching meeting.**

\_\_\_ \_\_\_ HOURS OR \_\_\_ \_\_\_ MINUTES

HOURS RANGE 0-10 MINUTES RANGE 0-59

Adapted from LA Advance

[IF B1\_A=2,3,4,5 OR 6]

**B3. During regularly scheduled in-person coaching meetings, do you meet with your coach alone or with other staff too?**

SELECT ALL THAT APPLY

- <sup>1</sup>I meet with my coach alone (one-on-one)
- <sup>2</sup>I meet with my coach with other staff from my setting (as a group)
- <sup>3</sup>I meet with my coach with providers from other care settings (as a group)

PROGRAMMING: ONLY SHOW ANSWER OPTION B IF SC8 > 1.

[IF B1\_B=2,3,4,5 OR 6]

**B4. On average, how much time does your coach currently spend with you in a typical, regularly scheduled remote coaching meeting? Please enter hours or minutes per coaching meeting.**

\_\_\_ \_\_\_ HOURS OR \_\_\_ \_\_\_ MINUTES

HOURS RANGE 0-10 MINUTES RANGE 0-59  
*Adapted from LA Advance*

[IF B1\_B=2,3,4,5 OR 6]

**B5. During regularly scheduled *remote* coaching meetings, do you meet with your coach alone or with other teachers or staff too?**

SELECT ALL THAT APPLY

- <sub>1</sub>a. I meet with my coach alone (one-on-one)
- <sub>2</sub>b. I meet with my coach with other staff from my setting (as a group)
- <sub>3</sub>c. I meet with my coach with providers from other care settings (as a group)

**PROGRAMMING: ONLY SHOW ANSWER OPTION B IF SC8 > 1.**

[IF SC9=1 OR SC10<3 MONTHS]

**B6. How easy or difficult is it for you to reach your coach during the day if you have a question or if a problem comes up? *Mark one only***

- <sup>1</sup>Very difficult
- <sup>2</sup>Difficult
- <sup>3</sup>Easy
- <sup>4</sup>Very easy
- <sup>5</sup>Don't know
- <sup>6</sup>I don't ever reach out to my coach between scheduled meetings

## C. Coaching Activities

Now we would like to learn more about the types of activities you do when you work with your coach.

[IF SC9=1 OR SC10<3 MONTHS]

**C1. How useful is it to you when your coach does the following? Please mark “Not applicable” if your coach does not do this activity with you. Mark one for each item.**

SELECT ONE PER ROW		Not at all useful	Somewhat useful	Useful	Very useful	Not applicable
A	Problem solves on personal issues	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
B	Provides emotional support	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Adapted from ELMC Coach Survey

[IF SC9=1 OR SC10<3 MONTHS]

**C2. Please indicate how strongly you agree or disagree with the following statements. Mark one for each statement.**

		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly Agree
A	The focus of this coaching is the right focus for me	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
B	My coach has improved my skills working with children	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
C	The coaching I receive is useful to me	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
D	I feel supported by my coach	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

[IF B1\_B=2,3,4,5,6]

**C3. Overall, how easy or difficult has it been to have a constructive relationship with your coach when you are working with your coach remotely? Mark one only**

- <sup>1</sup>Very easy
- <sup>2</sup>Easy
- <sup>3</sup>Somewhat easy
- <sup>4</sup>Somewhat difficult
- <sup>5</sup>Difficult
- <sup>6</sup>Very difficult

[IF B1\_B=2,3,4,5,6]

**C4. When your coach provides support remotely, do you feel you are able to apply the guidance or lessons that they provide? Mark one only**

- <sup>0</sup>Not at all
- <sup>1</sup>Some of the time
- <sup>2</sup>Most of the time
- <sup>3</sup>All of the time

[IF SC9=1 OR SC10<3 MONTHS]

**C5. Have you developed any goals with your coach since COVID-19 began in early 2020?** (Hover text: By goal, we mean a clear statement or plan of what you are trying to learn as part of coaching). *Mark one only*

- <sup>1</sup>Yes
- <sup>0</sup>No

## D. Challenges with Coaching

[IN THIS SECTION, IF SC8>0 USE PLURAL WORDING]

Finally, the following are questions about challenges to participating in coaching, particularly after COVID-19 began in early 2020.

[IF SC9=1 OR SC10<3 MONTHS]

**D1. Sometimes there are challenges to participating in coaching. How challenging or not challenging are each of the following for [you/you and your staff] when receiving coaching? Please note how challenging each item is; please mark not applicable for any item that does not apply to you and your FCC.**

SELECT ONE PER ROW		Never challenging	Rarely challenging	Often challenging	Always challenging	Not Applicable
A	Coaching disrupts the care I provide	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
B	Lack of coach time to meet with me	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
C	Lack of my time to meet with coach	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
D	Communication challenges with coach (including language barriers - NOT technology issues)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
E	Observations are uncomfortable	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
F	Building a relationship with coach	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
G	Technology problems (such as internet access, availability of technology)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
H	Obtaining the emotional support I need	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
I	Me/my staff's personal crises, stress or mental health issues	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99
J	Other (specify)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 99

*Adapted from ELMC Coach Survey*

[IF SC9=1 OR SC10<3 MONTHS]

**D2. On a scale of 1 to 5, how easy or difficult has it been for [you/you and your staff] to participate in coaching since COVID-19 began in early 2020?**

**1**                      **2**                      **3**                      **4**                      **5**  
**Very easy**              **Easy**                      **Neutral**              **Difficult**              **Very difficult**

**END SURVEY → GO TO E1**

## **E. Conclusion**

[ALL]

**E1. Thank you for your participation in this survey. Please provide the mailing address to where we should send your \$20 thank-you gift card.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

a. I do not wish to receive an incentive.

**Please note that we may reach out to you to invite you to participate in a 45-minute telephone interview so we can learn more about your experiences. Participation in such an interview would be completely voluntary.**

**Thank you for completing the SCOPE FCC Provider Survey!**