2020

Stakeholders' Perspectives on Coaching and Family Child Care Provider Program Quality

Elizabeth S. Rodano
Walden University

Walden University

College of Education

This is to certify that the doctoral study by

Elizabeth Rodano

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Rebecca Curtis, Committee Chairperson, Education Faculty
Dr. Donna Brackin, Committee Member, Education Faculty
Dr. Karen Hunt, University Reviewer, Education Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

Stakeholders' Perspectives on Coaching and Family Child Care Provider Program

Quality

by

Elizabeth Rodano

MS, Walden University, 2015

BA, Niagara University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

August 2020

Abstract

Although evidence exists that coaching is an effective method of professional development, there is limited understanding of the collaborative dynamic between coaches and family child care providers during the coaching process. The purpose of this study was to explore family child care providers' and coaches' perspectives about how a shared understanding is reached during the coaching process, as well as to determine how both parties perceive this shared understanding to influence their perspectives of program quality. This study was grounded in Vygotsky's sociocultural theory, which posits that learning occurs through interactions after a shared understanding between two individuals is reached. A qualitative case study methodology was used for this study. Eleven coaches and 11 family child care providers participated in audio recorded semi structured interviews. Transcripts of the interviews were analyzed using open coding. The resulting analysis showed that a shared understanding can be reached by developing a relationship, working together to meet goals, using a strengths-based, collaborative approach, and being open-minded to each other's perspectives. The attainment of a shared understanding shifted the perspective of quality for both family child care providers and coaches. Implications for social change include improved training for coaches working with family child care providers, which may result in increased program quality and improved outcomes for the children attending, as high-quality programming is associated with long-term academic success.

Stakeholders' Perspectives on Coaching and Family Child Care Provider Program

Quality

by

Elizabeth Rodano

MS, Walden University, 2015

BA, Niagara University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

August 2020

Dedication

First and foremost, I dedicate this study to the family child care provider. The woman who cares for children 24 hours a day as if they are her own; cooks delicious and nutritious meals; offers positive interactions and experiences; stays up late cleaning, organizing, and planning for the next day; and does it all for very little in return. If the COVID-19 pandemic has taught us anything, let it be that YOU are the foundation of our society. When the centers closed, you stayed open. You offer a safe space for our youngest children that protects them from the trauma of the world and provides an environment where they are loved, valued, and empowered to reach their fullest potential.

To the coaches who recognize family child care as a quality and worthy form of early childhood education and go above and beyond to support providers so that they have what they need to best meet the needs of the children in their care.

To my parents, Robert and Suzanne, for supporting me in what has been over three decades of learning and growth.

To my husband Matthew, for being my rock, my editor, and my biggest supporter.

To my daughter Ariana, for pushing me to be a better mother, educator, and advocate every single day.

Acknowledgments

This journey could not have been completed without the love and support of my husband, Matthew, who spent countless hours proofreading my work, even after caring for our daughter for hours on end so that I could write. I also want to thank my daughter, Ariana, for being so patient in her early years, and accepting that Mommy was working toward an important goal. I also want to thank my parents, who knew I would end up a teacher and still let me take the long way around to figure it out for myself.

A special thank you to my committee, Dr. Rebecca Curtis and Dr. Donna Brackin, who both were always full of encouragement and gave of their time freely. Your support made this work possible!

Additionally, thank you to Idie Benjamin, who has helped me to grow personally and professionally in more ways than she will ever know; Jami Flynn, for being my personal cheerleader and always lending an ear when needed; Dr. Alison McNamara for not only holding my hand during the tough times but also serving as a well-spring of inspiration; the original Region 6 ITRN team, for being the best coaches in the entire world; and to the family child care providers and coaches who lent their voices to this study--Without you, this would not have been possible.

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Quality early childhood educational experiences have been linked to long-term advantages in academic, social, and emotional functioning (Campbell & Pungello, 2014; Magnuson & Duncan, 2016). Children who take part in high-quality early learning experiences are better equipped for formal schooling, in large part due to the development of social and emotional competencies (Campbell & Pungello, 2014; Magnuson & Duncan, 2016). Families have options when it comes to early childhood care and education, and many can choose between an early childhood center and home-based provider. Although center-based care is more prevalent in the research, especially during the preschool years, there were 3.7 million home-based providers nationwide in 2016 (National Survey of Early Care and Education, 2016). Of these 3.7 million home-based or family child care (FCC) programs, only 11% were licensed or registered with the corresponding authorities (National Survey of Early Care and Education, 2016). This means that approximately 3,293,000 FCC providers were not required to meet any minimum standard of quality, nor are they held accountable for remaining in compliance with standard health and safety protocols (National Survey of Early Care and Education, 2016).

A major challenge for stakeholders in accessing FCC providers is that they operate their business out of their home residence (Tonyan, Nuttall, Torres, & Bridgewater, 2017). Unlike child-care center operators, FCC providers are not obligated to open their front door to visitors. This barrier has made it difficult to assess or improve the overall quality of care in FCC programs (Tonyan et al., 2017). FCC providers who

have sought out registration or licensure are required to complete professional development (PD) each calendar year, the amount of which varies by state (Gomez, Kagan, & Fox, 2015). Many providers struggle, however, to attend workshops or trainings at specified locations, often due to the logistical complications of finding coverage in their absence (Daniel, 2017; Linder, Rembert, Simpson, & Ramey, 2016; Swartz, Wiley, Koziol, & Magerko, 2016). For this reason, on-site coaching has become a prevalent form of enhancing FCC providers' skills and thus positively influencing the overall quality of their programs (Abell, Arsiwalla, Putnam, & Miller, 2014; Aikens, Akers, & Atkins-Burnett, 2016).

Although numerous studies have highlighted the effectiveness of coaching, especially in skill development and quality improvement, there is a lack of research to support the use of coaching with FCC providers (Moreno, Green, & Koehn, 2014; Pianta et al., 2014; Tonyan et al., 2017). Additionally, Bromer and Weaver (2016) revealed that a high percentage of coaches working with FCC providers are not equipped to work with this group. As coaching requires collaboration between parties and collaboration requires the obtainment of a shared understanding, there is a need for coaches to better understand the dynamics of FCC as well as their role in supporting it (National Association for the Education of Young Children [NAEYC] and National Association of Child Care Resource and Referral Agencies [NACCRRA], 2011). To this end, I chose to explore family child care providers' and coaches' perspectives on how a shared understanding is reached during coaching, as well as how this shared understanding influences their perspectives of program quality. The resulting data may help to effect positive social

change by giving FCC providers a voice in identifying how they view the collaborative process. This study provides information that can be used by early childhood organizations to create training opportunities and mentorships for coaches who wish to support FCC providers. These may result in more effective coaches as well as help FCC providers to improve their practice.

In the next section of this chapter, I provide background on the problem, including how coaching has come to be a key component of PD structures in early childhood education. I then present clarification of both the problem and purpose of the study, followed by the research questions. Next, the conceptual framework, which drew from Vygotsky's (1962, 1978) sociocultural theory, is described and connected to the overall structure of the study. This overview is followed by information regarding the nature of the study as well as key terms and definitions used in the study. Next, the assumptions of the study, scope and delimitations, and limitations are discussed. Last, I present the significance of the study, including its influence on the broader field of early childhood education.

Background

The reauthorization of the Child Care Block Development Grant in 2014 established requirements at a state level to receive federal funding for child care (Matthews, Schulman, Vogtman, Johnson-Staub, & Blank, 2015). Among these requirements were the establishment of child care resource and referral (CCRR) agencies to support parents in locating child care, as well as the retention of quality specialists, or coaches, to support FCC and center-based programs in maintaining compliance and

improving their overall program quality (Matthews et al., 2015). Coaching, as defined by NAEYC and NACCRRA (2011), requires that interactions between coach and early childhood educator build trust and respect, with a focus on increasing the skills and competencies of the early childhood educator. Furthermore, NAEYC and NACCRA (2011) asserted that the coaching process begins with a collaborative agreement between both parties establishing guidelines, boundaries, and goals. The collaborative component is seen as essential in ensuring progress toward identified goals.

All Our Kin, a Connecticut-based agency that specializes in coaching FCC providers, has had measurable success with coaching this group of providers (Porter, Reiman, Nelson, Sager, & Wagner, 2016). This success has been defined using the Family Child Care Environmental Rating Scale (FCCERS; Harms, Cryer, & Clifford, 2007) and the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO; Roggman, Cook, Innocenti, Norman, & Christiansen, 2013), with an increase in scores seen as an increase in overall program quality. In a quasi-experimental study of 28 All Our Kin Providers and 20 non-All Our Kin providers, a statistically significant increase in quality was noted for those providers who received coaching support from the organization versus those providers who did not (Porter et al., 2016). However, the FCC providers who participated in the study noted that the tone, disposition, and perceived knowledge base of the coach affected their engagement and motivation in creating and working toward goals (Porter et al., 2016). Although this theme was not fully explored in the context of the study, it does point to the need for a

better understanding of if, and how, a shared understanding is reached between coach and FCC provider.

The National Survey of Early Care and Education Project Team (2016) reported that in 2016 only 34% of licensed or registered FCC providers, and 12% of unregistered FCC providers, had received support from a coach. Therefore, despite the targeted funding and noted successes, coaches have encountered difficulties in forming collaborative partnerships with FCC providers (Bromer & Weaver, 2016). The lack of support for FCC providers has also limited the ability of this funding to influence FCC quality. I further explore these challenges, as well as the history of coaching in the field of early childhood education, in Chapter 2.

With this study, I aimed to address the gap in research on practice by exploring FCC providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their perspectives of program quality. There is currently little understanding of the collaborative process. This lack of knowledge is affecting coaches' ability to effectively support FCC providers (Bromer & Weaver, 2016; Porter et al., 2016; Tonyan et al., 2017). Understanding the collaborative process in terms of how a shared understanding is reached between the coach and FCC provider may allow coaches to tailor their coaching strategies to meet the needs of FCC providers. Additionally, this study yielded data that may support coaches in connecting their role in the collaborative process to improvements in FCC program quality.

Problem Statement

Moreno et al. (2014) established that coaching in FCC programs can lead to an increase in quality of care for children. Additional research supports coaching as a viable form of PD for early childhood programs (Cox, Hollingsworth, & Buysse, 2015). The problem is that there is little understanding of the collaborative process between the family child care provider and coach and how it influences their perspectives of program quality (Artman-Meeker, Fettig, Barton, Penney, & Zeng, 2015). Moreno et al. (2014), Artman-Meeker et al. (2015), and Aikens et al. (2016) indicated that a deeper understanding of the collaborative process is needed in FCC. Thus, according to the current research, the problem of limited understanding of the collaborative process and how it influences perspectives of program quality is meaningful to the field of early childhood education.

The lack of understanding of the collaborative process represents a gap in knowledge about early childhood educational practice. Although there is a large body of research about preschool practices, especially in Head Start programs and kindergarten programs (Aikens et al., 2016), there is a lack of research regarding FCC providers, especially regarding the coaching process (Aikens et al., 2016; Moreno et al., 2014; Porter et al., 2016). This lack of research is despite the recent estimation that over one million children in the United States attend child care in home-based settings (Porter et al., 2016). Most FCC providers are not required to engage in work with a coach unless mandated to do so for lack of compliance with state regulations. However, there are FCC providers who voluntarily choose to engage in coaching to increase program quality, or

as part of a partnership with Early Head Start or other funding-based initiatives (Aikens et al., 2016; Porter et al., 2016). I addressed the gap in research on practice by exploring FCC providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well how this shared understanding is perceived to influence their own perspectives of program quality.

Purpose of the Study

The purpose of this study was to explore family child care providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality. According to Abell et al. (2014) and Gomez et al. (2015), PD, including training and coaching, is necessary for early childhood professionals to deliver high-quality early childhood programs. FCC providers are typically less likely to access PD than their center-based counterparts, due in large part to limitations surrounding staffing, as well as lack of knowledge about resources available to them (Aikens et al., 2016; Gray, 2015; Tonyan et al., 2017). The lack of participation by FCC providers in PD opportunities could influence overall program quality.

FCC providers have unique needs and are typically subject to a lower level of regulation and accountability (Aikens et al., 2016; Tonyan et al., 2017; Tonyan, Paulsell, & Shivers, 2017). For example, in New York State, FCC providers are required to possess a high school diploma or equivalent, as well as pass a 15-hour health and safety training (New York State Office of Children and Family Services [OCFS], n.d.). Their child-care center-based counterparts must hold a minimum of a child development

associate (OCFS, n.d.). Although the foundational health and safety regulations are similar, FCC providers are given allowances to have children within sight or sound range, rather than sight, sound, and proximity (OCFS, n.d.). They are also permitted to leave a group of children for a brief period to attend to personal needs, such as toileting (OCFS, n.d.). Whereas center-based programs are required to separate children based on age, FCC providers may have mixed age groups, up to a maximum of 12 in most states (Porter et al., 2016). These regulatory differences may influence program quality, as well as the motivation to participate in PD opportunities.

There is limited research exploring coaching as a form of PD with FCC providers. This may be since FCC providers are not required to engage in coaching with a professional unless compelled to do so for lack of compliance with state regulations (Aikens et al., 2016). Despite the lack of requirements for coaching, there are FCC providers who choose to engage in the coaching process to address issues in child behavior, programming, or overall program quality (Porter et al., 2016; Tonyan et al., 2017; Tonyan et al., 2017b). In small-scale quantitative studies, coaching has been effective in improving quality outcomes in FCC programs due to its reflective, responsive, and relational approach (Abell et al., 2014; Gray, 2015). However, the absence of an effective coaching model or knowledge of effective collaboration with FCC providers may also influence the quality of those FCC programs that have participated in the coaching process (Porter et al., 2016).

Vygotsky's sociocultural theory asserts that learning is a precursor to development, which occurs when a point of shared understanding is reached in the

collaborative process (Zaretsky, 2016). For collaboration to be effective, the coach must initially be free from intersubjectivity. The coach can use a formal assessment to collect baseline data and contemplate where opportunities exist to support the FCC provider (Desimone & Pak, 2017). However, the collaborative process hinges on the attainment of intersubjectivity, or a shared understanding, between the coach and FCC provider (Zaretsky, 2016). The goal of social interaction following the initial assessment is to reach intersubjectivity to create shared goals based on a shared understanding. Due to the lack of qualitative research, it is not clear if points of shared understanding are effectively reached between coaches and FCC providers (Tonyan et al., 2017). Furthermore, Mejia-Arauz, Rogoff, Dayton, and Henne-Ochoa (2018) argued that the path to shared understanding is shaped by cultural context and can utilize negotiation or collaboration. Therefore, I aimed to contribute to closing this gap in research on practice through an exploration of family child care providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality.

Research Questions

The research questions (RQs) for this study were as follows:

RQ1: What are the perspectives of family child care providers about how a shared understanding is reached during coaching?

RQ2: How do family child care providers perceive this shared understanding to influence their own perspectives of program quality?

RQ3: What are the perspectives of coaches about how a shared understanding is reached when working with a family child care provider?

RQ4: How do coaches perceive this shared understanding to influence their own perspectives of program quality?

Conceptual Framework

Vygotsky's (1978) sociocultural theory of learning provided the conceptual framework for this study. Sociocultural theory proposes that culture is deeply embedded in one's psyche and thus affects thought and language patterns (Vygotsky, 1978). Humans use language, as well as other physical and symbolic items, to mediate relationships between one another and the world. This theory asserts that while thought and language are not the same, they are connected, as spoken language is the completion of privately initiated thought (Vygotsky, 1978). Language, both verbal and nonverbal, is used during social interactions to form a shared understanding, which lays the foundation for any relationship (Vygotsky, 1978). Vygotsky further asserted that this relationship is necessary for learning to take place and serves as the first component of the collaborative process.

These theories have been applied to the collaborative process of teaching and learning with both children and adults (Nyikos & Hashimoto, 1997; Roth & Jornet, 2017; Zaretsky, 2016). In the context of my study, collaboration relies on intersubjectivity; wherein two individuals from different starting points arrive at a shared understanding through the course of communication (Nyikos & Hashimoto, 1997; Roth & Jornet, 2017; Vygotsky, 1978; Zaretsky, 2016). Rather than seeing the less competent peer, or FCC

provider, as an empty vessel, Gonzalez, Moll, and Amanti (2005) argued that everyone

brings skills and strengths tied to their own life experiences, which they call "funds of

knowledge" (p. 42-43). Therefore, in keeping with the ideals of sociocultural theory,

education is not a transmission of knowledge, but instead, a transaction from both sides,

which involves attaining a shared understanding and ultimately, a transformation in both

parties' cognitive processes (Nyikos & Hashimoto, 1997; Roth & Jornet, 2017;

Vygotsky, 1978).

I drew from Vygotsky's theory in a variety of ways in developing this study.

Coaching, a form of adult learning, requires the transmission and exchange of ideas,

language, culture, and learning activities (Moreno et al., 2014). Effective coaching also

requires that a working relationship exists between the coach and FCC provider

(Zaretsky, 2016). Furthermore, coaching relies on the collaborative process, which first

requires that a shared understanding between both parties is achieved (Vygotsky, 1978;

Zaretsky, 2016). Therefore, it can inherently be viewed and evaluated through these

lenses. I crafted the four RQs to create two sets of data: one pertaining to the FCC

providers' perspectives and one about the coaches' perspectives. This allowed for

triangulation of data as well as the ability to explore the collaborative process from both

sides. I designed the RQs to reflect these theories in probing for information regarding

how a shared understanding is reached, and perspectives about the subsequent learning

and perceived influence. I collected data in the form of semistructured interviews, which

allowed participants to express their thoughts and ideas through verbal language, as well

as symbols and artifacts if desired. Vygotsky's sociocultural theory provided the

foundation with which to understand and analyze the attainment of a shared

understanding and was used to organize the themes that emerge during data collection

and analysis. I depict further application of this theory to the present study in the

literature review portion of Chapter 2.

Nature of the Study

This study was an exploratory case study. Exploratory case studies are defined as

qualitative studies that examine a phenomenon in a real-life context (Stake, 2010). They

are used when the boundaries between the phenomenon and context are not clear, and the

researcher has little to no control over the course of events (Stake, 2010; Yin, 2017). An

exploratory case study was appropriate as these types of studies are typically used to

examine complex social phenomena (Yin, 2017), such as the attainment of a shared

understanding between an FCC provider and coach.

Exploratory case studies can encompass many data collection techniques (Stake,

2010; Yin, 2017). For this study, I conducted semistructured interviews with FCC

providers who have worked with a coach and coaches who have worked with FCC

providers. These interviews allowed data to be collected that captured multiple

perspectives of the coaching process. The data yielded from the semistructured

interviews were analyzed by coding interview transcripts to look for emergent themes.

Member checks by all participants allowed for further validation of draft findings related

to participants' own data (Stake, 2010). Group members were provided with a copy of

the draft findings to check for the accuracy of my interpretation of their data, as well as

for the viability of these findings within the setting of the research study. Member

checking served to increase the credibility of this study (Yin, 2017). Their agreement or disagreement with the summary of data provided an additional source of information to support or refute findings. In keeping with case study design, this triangulation of data resulted in increased construct validity (Yin, 2017). Additionally, I kept a reflective journal to capture notes regarding nonverbal communication, tone, and my own reactions to each participant to mitigate bias and enhance confirmability (Amankwaa, 2016).

Definitions

Child-care center: A nonresidential setting where care and education for a group of children is provided (NAEYC, 1997).

Coach: An individual with specialized knowledge and skills in a given subject matter, as well as in adult learning, who provides the opportunity for an individual or individuals to grow and develop their own competencies through the coaching relationship (NAEYC & NACCRA, 2011).

Coaching: A relationship-based process wherein an expert with specialized knowledge and skills in both the subject matter and adult learning leads an individual or individuals, who often serve(s) in a different professional role(s), to build professional skills, capacities and behaviors. Coaching focuses on goal-setting and achievement (NAEYC & NACCRA, 2011).

Collaboration: The process through which two or more individuals from different starting points arrive at a place of shared understanding through the course of communication (Roth & Jornet, 2017).

Collaborative process: The process through which the coach and early childhood professional establish the reason for their work together, develop a shared understanding, set goals, and work together to reach said goals (National Center on Quality Teaching and Learning, 2015).

Developmentally appropriate practice: An approach to teaching in early childhood settings that combines current research on child development and learning with knowledge of individual children to create effective opportunities for learning (NAEYC, 2009).

Early childhood education: The care and education of young children from birth through age eight (NAEYC, 2009).

Early childhood educator: An individual who provides care and education for a child or group of children in an early childhood setting. This term applies to those who work in both center-based and home-based child care (NAEYC, 2009).

Family child care: A small business where some individual cares for and educates a group of children in his or her own home (MacCrimmon & Lakind, 2017).

Family Child Care Environmental Rating Scale (FCCERS): An objective, scale-based assessment created by the Environmental Rating Scale Institute (ERSI) that uses a combination of research-based and practical knowledge of best practices in family child care to assess family and home-based child care quality (ERSI, n.d.).

Family child care provider: Some individual who cares for and educates a group of children in a family child care setting. Typically, the family child care provider is also

the owner of the family child care program (Gerstenblatt, Faulkner, Lee, Doan, & Travis, 2014; MacCrimmon & Lakind, 2017).

Head Start: A federally funded program that provides early childhood education services to children birth through 5 years of age as well as comprehensive services to support family health and well-being (Administration for Children and Families, 2017).

Home-based child care: Care for a child or group of children that occurs in one's home. Home-based child care includes family child care as well as care that is unregulated, unregistered, and/or unpaid (Stevens, 2017).

Technical assistance: The provision of individual targeted supports by a professional or group of professionals with subject matter and adult learning knowledge and expertise. It can include components of consultation, coaching, mentoring, and PD advising (NAEYC & NACCRA, 2011).

Training: A single or series of learning experiences specifically tailored to a given subject, which is provided by a professional or group of professionals with both subject matter and adult learning expertise (NAEYC & NACCRA, 2011).

Training program: A preplanned sequence of training sessions (NAEYC & NACCRA, 2011).

Assumptions

Assumptions are made in all research, and this study had three assumptions. The first assumption was that the participating FCC providers owned and operated an FCC program as defined in the participant guidelines. As this was a criterion in the selection process, it was assumed that participating FCC providers had engaged in the coaching

process with a qualified coach. Likewise, it was also assumed that the participating

coaches had current or previous work experience coaching FCC providers. Although the

study was advertised to FCC providers and agencies that provide coaching to target those

that meet the requisite criteria, participants self-identified. This experience was needed to

answer the interview questions truthfully and accurately. The second assumption was

that all participants were honest and candid during the interview as well as when

providing feedback on the draft findings related to their individual data. Honesty was

necessary to ensure the accuracy of data (Saldana, 2016). Participants were provided

with informed consent, which included a statement about how the participant may

withdraw from the study at any time, along with how personal information, participation,

and interview disclosures would all remain confidential, which should have allowed them

to be at ease and speak honestly (Saldana, 2016). While full anonymity could not be

provided, I explained how their identifying data would be removed from the transcripts,

coded before data analysis, and would be stored separately to ensure confidentiality. I

also explained that the purpose of the study is to explore FCC providers' and coaches'

perspectives of how a shared understanding is reached during coaching, as well as how

this shared understanding is perceived to influence their own perspectives of program

quality. The third assumption was that participants had a sincere interest and no other

motives for participating in the study. I refrained from selecting participants with whom

I had worked or supervised, which eliminated the motive to impress me or provide biased

responses. There was also no monetary or material compensation for participation in this

study, removing these components as alternate motives. The lack of alternative motives
was necessary to ensure the accuracy of the study (Saldana, 2016).

Scope and Delimitations

The scope of this exploratory case study focused on family child care providers'
and coaches' perspectives of how a shared understanding is reached during coaching, as
well as how this shared understanding is perceived to influence their own perspectives of
program quality. This focus was chosen as there was both a lack of research regarding
FCC providers and the coaching process, as well as a need for the perspectives of FCC
providers to be shared. The decision to focus on two groups, that of FCC provider and
coach, provided for contrast or comparison of data and a measure of validity and
trustworthiness. Transferability of findings may be based on the existence of a similar
demographic experiencing the same phenomenon. Therefore, participants were selected
from across a Northeastern state and drew from a range of regions to reflect the
socioeconomic, ethnic, and cultural diversity of the state and country. To increase
transferability, I provided rich descriptions as well as direct quotes from participants.
However, it is at the discretion of the individual reader to determine if the findings from
this study are applicable to his or her own situation and/or geographic location.

This study was delimited to a Vygotksian viewpoint. The other theories that were
considered for this study were the theory of andragogy (Knowles, 2012) and situativity
theory (Durning & Artino, 2011). Both theories have been used to explain how adults
learn, both cooperatively and in self-directed settings. I initially considered Knowles's
(2012) theory because it proposes that learning is not solely the responsibility of the

teacher but is collaborative in nature. This is aligned with the concept of coaching. It was also considered because it addresses the importance of the environment in adult learning, and this could be used to evaluate the FCC setting. I ultimately rejected Knowles's theory because the goal of the study was to determine how a shared understanding is attained between coach and FCC provider, which is not addressed in the theory. Situativity theory was also considered because it addresses the importance of the environment as well as the sociocultural context in the adult learning process (Durning & Artino, 2011). This theory could be used to explain how the sociocultural challenges of the FCC provider influence learning ability. However, this theory was ultimately rejected because it does not address the collaborative process as it relates to adult learning. Therefore, this study was delimited to a Vygotskian view of learning and collaboration as it relates to coaching FCC providers.

Limitations

Qualitative studies by nature are limiting as they utilize the researcher as the primary tool for data collection. Therefore, the quality of the research is largely dependent on the skills of the researcher (Creswell & Creswell, 2017). As I was a novice researcher in a doctoral program, I was only beginning to develop my skills. However, I relied on the knowledge and experience of my committee to ensure that my research methodology met the standards of rigor necessary to be considered viable.

The small sample size typical of qualitative studies is another limitation. The sampling of participants drew from coaches and FCC providers within a Northeastern state. I interviewed a minimum of 10 FCC providers and 10 coaches to gather data for

this study. There is no one number promoted by researchers to attain data saturation. For novice researchers, Bernard (2012) supported taking the number of participants that are willing to participate. Fusch and Ness (2015) stated that data triangulation is one way to ensure data saturation. By interviewing two different groups in this study regarding the same phenomenon, data saturation was more likely to occur. Fusch and Ness also suggested that it is the depth of the data, rather than the sample size, that dictates the attainment of saturation. To mitigate geographic and/or socioeconomic limitations regarding transferability, participants were selected from various regions of the state to reflect the socioeconomic, ethnic, and cultural diversity of the larger United States.

Another limitation was the use of interviewing as a means of data collection. I had to rely on both FCC providers and coaches to be able to reflect on their experience of the coaching process. The ability to do this may vary widely from participant to participant and may have influenced study results. Single interviews are not transferable, which limits their use as a research tool (Creswell & Creswell, 2017). I used rich descriptions, data triangulation, and two participant groups to create saturation to mitigate this limitation (Creswell & Creswell, 2017; Fusch & Ness, 2015).

My role as the interviewer can also be considered a limitation, as my work as a coach for FCC providers could have resulted in bias. I have worked with FCC providers as a coach and have also supervised coaches who work with FCC providers. If selected as participants, the coaches and/or FCC providers whom I have worked with might have provided answers that they perceived me to be looking for (Saldana, 2016). To mitigate this issue, I refrained from selecting FCC provider participants with whom I (or coaches

within my organization) have worked. Additionally, I refrained from selecting coaches as participants who work or have worked within my current organization. This helped decrease the potential for confirmation bias.

My former role as a coach and coach-supervisor leaves me inherently biased on the topic of the study. I am biased in my perception of FCC providers, as I believe that they inherently offer the best care possible given their individual circumstances. My bias regarding coaching is the belief that a strengths-based approach yields the best results. These biases are a result of my personal experiences in the field and have not been fully supported by the research. Therefore, I engaged in strategies to reduce these biases and enhance the confirmability of my study. Merriam and Tisdell (2016) stated that qualitative researchers need to be aware of their own biases and perspectives and admit that studies involving human participants are often subject to unavoidable biases. Therefore, maintaining an awareness of my own positionality in relation to the study helped to mitigate potential bias. The use of a reflective journal and audit trail allowed for documentation of the process of collecting and analyzing data, as well as my own thoughts and feelings on the process (Vicary, Young, & Hicks, 2017). In keeping this journal, I was able to monitor and record when my biases appear and had the potential to influence data collection or analysis (Vicary et al., 2017). A peer reviewer was also used to ensure that the coding and analysis of data were free of bias. Furthermore, member checks were used to mitigate bias, as participants had the opportunity to review and comment on their own data included in the draft findings once the data analysis was complete.

Significance

With this study, I aimed to explore family child care providers' and coaches'

perspectives of how a shared understanding is reached during coaching, as well as how

this shared understanding is perceived to influence their own perspectives of program

quality (Aikens et al., 2016; Porter et al., 2016). Understanding of FCC programs, as

well as what may help or hinder the PD of FCC providers, could lead to improved

program quality (Porter et al., 2016; Swartz et al., 2016). Improving the quality of these

programs ensures that all children are provided with the experiences needed to succeed

later in life (Bauchmüller, Gørtz, & Rasmussen, 2014; Campbell & Pungello, 2014;

Magnuson & Duncan, 2016). Improving FCC program quality may also help to change

FCC providers' own perceptions of their work and empower them to consider themselves

as valuable members of the field of early childhood education.

This study may contribute to positive social change by providing data that can be

used to strengthen the field of early childhood education. The 2014 reauthorization of the

Child Care Block Development Grant included requirements for PD and quality

monitoring of all child-care programs (Matthews et al., 2015). The findings could be

used to advocate for further development of coaches working with FCC providers

(Aikens et al., 2016; Tonyan et al., 2017; Tonyan et al., 2017b). The findings may also

allow for PD opportunities such as coaching to be improved to meet the needs of FCC

providers, potentially increasing motivation for FCC providers to seek out these

opportunities. The results can also be used as a starting point to gather data to quantify

the relationship between the positive collaboration between the coach and FCC provider and child outcomes.

Summary

The purpose of this study was to explore FCC providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality. Vygotsky's (1978) sociocultural theory provides the foundation through which to define collaboration as a point of shared understanding between two individuals. A key assumption of the study was that all participants would be truthful in their responses and would meet the stated requirements for inclusion in the interview process. An audit trail, reflective journal, peer reviewer, and member checks were used to mitigate bias on the part of the researcher. In keeping with qualitative tradition, a small sample size of at least 10 FCC providers and 10 coaches was proposed (Creswell & Creswell, 2017). Although participants were solicited from across a Northeastern state, the small sample size may limit transferability (Creswell & Creswell, 2017). Triangulation of data was created using two different groups of participants. This triangulation also helped to ensure data saturation despite the small sample size (Fusch & Ness, 2015). The potential significance of this study included information that could be used to advocate for increased training and development of coaches who are working with FCC providers, as well as PD opportunities tailored to meet the unique needs of FCC providers. In Chapter 2, I review the relevant literature to illustrate the importance and necessity of this study

by highlighting the gaps in the literature regarding FCC providers, coaching, and

collaboration.

Chapter 2: Literature Review

The purpose of this study was to explore family child care providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality. Current research shows that FCC providers who engage in the coaching process may experience an increase in the quality of their program (Moreno et al., 2014). Effective coaching requires that the coach and FCC provider reach a point of shared understanding, through the process of relationship building, wherein collaboration can occur (Zaretsky, 2016). This shared understanding is the point where knowledge, or solutions to challenges within the FCC program, can be coconstructed by both coach and FCC provider.

In this study, I addressed the gap in understanding of the coaching process between FCC coaches and providers and how it links to program quality (see Artman-Meeker et al., 2015). The literature presented in this chapter serves as the foundation for this study. This chapter includes the literature search strategy, conceptual framework for the study, and literature review of the key concepts of the study: FCC provider roles and identities, PD with FCC providers, relationships and the coaching dynamic, and quality in FCC programs.

Literature Search Strategy

I searched for literature using a variety of online search engines and academic databases to locate resources relevant to coaching and collaboration in family child care settings. Information was accessed from Child Trends, EBSCOhost, Education Research,

ERIC, PsychINFO, ProQuest, SocINDEX, and Taylor and Francis at the Walden

University Library as well as the Shapiro Library at Southern New Hampshire

University. I also subscribed to Google Scholar alerts to be sent the most current articles

addressing FCC and coaching. Google Scholar was linked to both the Walden University

Library and the Shapiro Library to ensure access to current articles. These databases host

peer-reviewed scholarly research articles relevant to the chosen topic. Keywords and

phrases were *professional development in early childhood education*, *collaboration*,

relationship-based coaching, *family child care*, *home-based child care*, *Vygotskian*

theory, *shared understanding*, *mentoring*, and *quality improvement in family child care*

Although I had intended to narrow my search to literature regarding coaching with FCC

providers, the lack of current research on this topic forced me to widen my search and use

the broader search phrase of *coaching in early childhood education*. Due to this lack of

information, I was able to review only one dissertation on child-care professionals'

perspectives on PD. This source was used because its authors explored the perspectives

of FCC providers regarding PD and the findings aligned with other published peer-

reviewed sources.

Conceptual Framework

In this study, I explored family child care providers' and coaches' perspectives of

how a shared understanding is reached during coaching, as well as how this shared

understanding is perceived to influence their own perspectives of program quality.

Vygotsky's (1962, 1978) sociocultural theory was used as the conceptual framework for

this study to provide a lens through which to view the key concepts of collaboration and

learning. Although scholars have not previously applied Vygotsky's theory to research involving FCC providers, it has been used to frame research literature regarding adult learning (Marsick, Watkins, Scully-Russ, & Nicolaides, 2017), PD (Eun, 2008), collaboration (Connors, 2016; Nyikos & Hashimoto, 1997; Tudge, 1992; Zaretsky, 2016), and coaching (Desimone & Pak, 2017).

Vygotsky (1962) stated that knowledge is constructed through life experiences, social interactions, and interaction with one's environment. Active participation in these social interactions is required for learning to take place (Vygotsky, 1997). During coaching, coaches provide instruction through social interactions with early childhood educators (Eun, 2008). These interactions fall on the social plane and are then integrated at an individual level where schemas form as a result of connecting one's social interactions and one's environment (Eun, 2008; Vygotsky, 1978). It is at the individual level that personal meaning is attached to the experience, in conjunction with one's past experiences, present state of being, and current environment (Vygotsky, 1962).

According to Eun (2008), PD such as coaching can be understood using Vygotskian theory due to the reliance on social interaction as the primary method of transmitting information. In the context of coaching, the coach is a more experienced practitioner leading and supporting the early childhood professional through tasks and practices that are just beyond their skill level (Eun, 2008; Roth & Jornet, 2017). With the acquisition of each new skill, another skill is presented to move the learner toward the end goal, a method of teaching known as scaffolding (Vygotsky, 1978). Scaffolding

breaks content into small, manageable pieces so that the learner can feel successful at each step along the way to the final goal (Vygotsky, 1978).

Zaretsky's (2016) reflection and activity model (RAA) codifies the conditions for learning in a six-step process that focuses on a strong relationship between teacher and learner, active participation, and collaboration from both parties, the use of challenges as a resource for learning, and teacher-supported learner reflection. Zaretsky's model supports the implementation of a relationship-based coaching process that emphasizes the relationship between coach and early childhood professional as fundamental for learning and reflection to occur. It focuses on the attainment of a shared understanding of an experience and could be used as a measure of comparison when examining the coaching process.

Collaboration requires active social engagement from both participants for learning to occur (Nyikos & Hashimoto, 1997; Roth & Jornet, 2017). Without social interaction, scaffolded learning becomes a solitary reflective process (Nyikos & Hashimoto, 1997). This social interaction, as argued by Marsick et al. (2017), is the source of informal learning, especially in workplace situations where collaboration among adults can happen spontaneously. These highly socially interactive cultures among adults in early childhood settings can lead to increased teacher-child and child-child interactions, thus facilitating further learning (Connors, 2016). These studies identify social interaction as the cornerstone of the learning process and demonstrate the need to explore social interactions to determine if or how learning has occurred.

Collaboration occurs when two individuals create a shared understanding of an experience through the process of social interaction (Roth & Jornet, 2017; Zaretsky, 2016). Vygotsky (1978) used the term *intersubjectivity* to define this concept of shared meaning and stated that it was the goal of social interaction and a prerequisite for new learning to be internalized. Tudge (1992) provided evidence that when intersubjectivity is reached in this process of collaboration, both parties experience a shift in learning and development. Although this often results in an increase in development for the less competent partner, it can also result in a setback in development for the more competent partner (Tudge, 1992). However, Barker, Quennerstedt, and Annerstedt (2015) found that if the more competent party is asked to explain their perspective to the less competent party, they may also benefit from the exchange rather than experiencing a setback. The attainment of a shared understanding during coaching, even if successfully established, may or may not lead to development on the part of the FCC provider. In FCC programs, provider development is often tied to an increase in program quality (Rusby, Crowley, Jones, & Smolkowski, 2017; Tonyan et al., 2017 Tonyan et al., 2017b;). Therefore, one goal of this study was to explore FCC providers' perspectives of how this shared understanding is perceived to influence their own perspectives of program quality.

There is currently a lack of awareness of how this shared understanding is reached between coach and FCC provider (Aikens et al., 2016; Artman-Meeker et al., 2015; Moreno et al., 2014; Porter et al., 2016). Given that coaches often lack significant experience in working in FCC settings, and FCC providers come from a diverse range of

socioeconomic and cultural backgrounds, the two partners begin their work together from different vantage points (Aikens et al., 2016; Tonyan et al., 2017). Moll, Amanti, Neff, and Gonzalez (1992), Gonzalez et al. (2005), and Esteban-Guitart and Moll (2014) supported the concept of reaching a shared understanding through exploring the unique strengths or "funds of knowledge" that both partners bring to the table. This work supports Vygotsky's (1987) theory that individuals and the meanings they attach to experiences must be evaluated within the given social, cultural, and historical context. Through interviewing FCC providers and coaches in this study, additional information regarding how intersubjectivity can be reached despite differing vantage points may emerge. This information would potentially contribute to the collaborative component of this study.

Perspectives are one's mental view or thoughts on a topic. My choice to explore FCC provider perspectives, rather than experiences, stems from Vygotsky's (1962) assertion that thinking, and speech are separate but related constructs. Knowledge forms on both planes, with social interaction leading to new thoughts, and thoughts leading to external speech (Marsick et al., 2017; Vygotsky, 1962). If one were to explore experiences, he or she might miss what has been internalized and thus connected to other interrelated concepts (Zaretsky, 2016). Examining perspectives allows for participants to share not only what they have experienced in a social interaction, but the thoughts connected to these interactions, the meanings they have associated with these interactions, as well as reflections on their own understanding of the interactions (Desimone & Pak, 2017; Moll et al., 1992; Vygotsky, 1962).

My search strategy for literature to ground this study emerged from both the concept of coaching FCC providers and the Vygotskian lens of learning and development. For example, I included the terms *collaboration* and *relationship-based coaching* to reflect the idea that coaching is a collaborative social interaction that requires a strong relational foundation. Additionally, I organized the literature into themes that emerged both from the literature itself and an application of Vygotskian theory. For example, in consideration of the need to fully understand one's social, cultural, and historical context, literature was located and organized under the theme of "FCC provider roles and identities." This organizational strategy not only provided the information necessary to understand the study but also reflected the importance of learning and meaning making in context.

The application of Vygotskian theory to this study provides a solid framework through which to define the concepts of collaboration and shared understanding, as well as identify the factors that may shape one's understanding and internalization of a social interaction meant to facilitate learning and development (Connors, 2016; Eun, 2008; Marsick et al., 2017). I crafted the problem and purpose statements to reflect an understanding of the coaching process through a Vygotskian lens. Given that Vygotsky's theory has not yet been applied to coaching in FCC settings, I crafted the RQs for this study to gather data that would build upon previous research (Tudge, 1992; Zaretsky, 2016), and provide evidence of applicability of Vygotskian theory to the given setting. Vygotsky's sociocultural theory also provided a clear strategy for the collection and organization of literature related to the phenomenon of coaching FCC providers. In the

subsequent literature review, I synthesized the current research on coaching and FCC providers. I included evidence to support the effectiveness of relationship-based coaching, as well as research on quality and quality improvement systems in FCC programs. Additionally, I reviewed literature related to the research methods and methodology that were used in this study.

<center>**Literature Review Related to Key Concepts and Variables**</center>

Family Child Care Provider Roles and Identities

FCC is a unique setting where early childhood learning happens within the context of a home environment. MacCrimmon and Lakind (2017) defined FCC as a small business venture, where some individual educates and provides care for a group of children in his or her own home. An FCC provider must manage several tasks during the course of the day, including caring for a typically mixed-age group of children, speaking with parents and families, cooking meals, planning activities, sustaining a clean environment, managing finances including billing and paying expenses related to the business and staying abreast of the required paperwork for licensure or registration with the state (Doherty, 2015). The provision of services within one's own home adds an additional challenge, requiring an FCC provider to establish and maintain a delicate balance between their personal and professional lives (Cook, Davis, Williamson, Harrison, & Sims, 2013). The blurring of lines between personal and professional life, as well as the balancing of roles and tasks, makes FCC a very different setting than traditional early childhood center-based programs.

The home-based setting of FCC programs can lead to blurred boundaries and stress on the part of the FCC provider. Gerstenblatt et al. (2014) found that sharing one's home with families was a major contributor to psychosocial stress for FCC providers. Many FCC providers stated feeling disrespected by parents, especially when boundaries such as personal time or planned vacations were crossed (Gerstenblatt et al., 2014). In instances of inclement weather or personal sickness, FCC providers reported that parents would still attempt to bring children to the program. As services were provided within the boundaries of their own homes, there were often few opportunities for uninterrupted time off (Gerstenblatt et al., 2014). Despite caring for children an average of 10 hours per day (Stitou, Bourgeault, & Kohen, 2017), these FCC providers were perceived by parents as babysitters rather than professionals, undervaluing the nature of their field (Gerstenblatt et al., 2014). The perceived informality of the home-based setting is a contributing factor to parent perceptions of FCC providers as babysitters rather than professionals, which can lead to unclear boundaries and roles (Gerstenblatt et al., 2014). This lack of respect may not only contribute to stress on the part of the FCC provider but may also influence how he or she perceives his or her own role and place within the field of early childhood education.

Professional identity is closely linked to personal identity, which filters how professionals in a given field identify themselves (Lightfoot & Frost, 2015). In an examination of FCC providers' perception of their role, Cook et al. (2013) found that most long-term FCC providers considered themselves to be caregivers, simply providing care for children, rather than educators providing educational instruction. They

emphasized that the home-based setting lent itself to a family-style method of care. In a survey of 22 FCC providers, only two referred to themselves as teachers, while six used the term "owner," and five referred to themselves as "provider" (Tonyan, 2015). In contrast, Van Laere and Vandenbroeck (2018) found that child-care professionals perceived education to be of higher value than caring, despite the prevailing wisdom that one's basic needs must be met before learning can occur. This is supported by Hooper and Hallam (2019), who found that 72.4% of the 3,493 participating home-based child care providers identified themselves as being "educationally focused." The belief that education is of a higher value than caring may also speak to an FCC provider's sense of their own self-worth in the role (Cook et al., 2013; Tonyan, 2015; Van Laere & Vandenbroeck, 2018). The combination of a lack of recognition, balancing multiple roles, and the provision of care in what is perceived as an informal setting may contribute to FCC providers' aversion to labeling themselves as professional educators.

The FCC provider's own culture plays a role in the organization of the child-care program and method of care (Tonyan, 2015). Tonyan (2015) found that culture influences how a provider chooses to allocate time and resources for the FCC program. FCC providers from cultural backgrounds that perceived child care as a form of academic enrichment were found to have highly organized routines that were similar from day to day (Tonyan, 2015). FCC providers from cultures that promoted child care as a family activity were found to have more flexibility in their daily routines and were therefore more responsive to individual needs (Tonyan, 2015). Of the 16 participating Latinx FCC providers in Paredes, Hernandez, Herrera, and Tonyan's (2018) study, 14 sought to create

a family-like atmosphere where it was easy for children of mixed ages to be together.

Likewise, Lindsay, Salkeld, Greaney, and Sands (2015) found that FCC providers from

Latinx backgrounds provide meals that reflect their own cultural background.

Participants in this study stated that regardless of the child's own cultural background,

they are being raised in a Latinx household, and need to learn to eat and enjoy food from

the provider's culture (Lindsay et al., 2015). Furthermore, all three studies found that

culture plays an increased role when FCC providers do not have access to PD resources

(Lindsay et al., 2015; Paredes et al., 2018; Tonyan, 2015). In these cases, they rely on

their own cultural upbringing to guide them in providing for the children in their care

(Tonyan, 2015).

Professional Development for Family Child Care Providers

Buysse, Winton, and Rous (2009) defined PD as "facilitated teaching and learning

experiences that are transactional and designed to support the acquisition of knowledge,

skills, and dispositions, as well as the application of this knowledge in practice" (p. 239).

This definition emerged from a survey of teachers, administrators, and professionals that

provide PD, as well as others. This definition supports the idea that effective PD should

lead to sustainable growth or improvement for the professional (Schachter, 2015). While

there are numerous studies regarding PD and its efficacy with early childhood educators,

few of these include FCC providers (Schachter, 2015; Tonyan et al., 2017; Tonyan et al.,

2017b). This may be in part because FCC providers are considered a separate teaching

population, and thus should not be lumped with their center-based counterparts

(Schachter, 2015). Grossman, Schoenfeld, and Lee (2005) stated that the environmental

context of the professional must be considered when designing and delivering PD. Given

that FCC providers operate in a different setting than their center-based peers, it would be

reasonable for their PD to also be different.

Most FCC providers actively seek PD opportunities, whether to develop their own

practice or to fulfill state licensing requirements (Daniel, 2017; Tonyan et al., 2017).

FCC providers are often limited by time and budget constraints, which can make

attending typical PD opportunities, such as workshops, difficult (Daniel, 2017; Linder et

al., 2016). Daniel (2017) also found that those FCC providers that were not actively

seeking PD opportunities were either not aware of available resources, the time did not

work with their schedule, or the content did not match what they were looking for. Given

that FCC providers often struggle to obtain coverage for their programs, PD opportunities

during the day or even in the early evening pose a challenge (Tonyan et al., 2017; Tonyan

et al., 2017b). Cortes and Hallam (2016) found that failure to tailor PD to meet the

unique contextual needs of FCC providers could lead to a decrease in program quality as

well as FCC provider efficacy, as these family child providers would opt not to engage in

the provided opportunities for a lack of fit.

Research has shown that communities of practice (CoP), or peer networking

groups, in conjunction with workshops and/or individualized coaching can have a

positive influence on both the FCC provider and program (Bromer & Korfmacher, 2017;

Cortes & Hallam, 2016; Gray, 2015; Porter et al., 2016). In an extensive review of the

literature between 2000 and 2015, Bromer and Korfmacher (2017) extrapolated that the

most successful form of PD for home-based child care providers was a combination of

peer networking and individualized coaching. In an analysis of 34 FCC professionals engaging in a CoP regarding attachment, Gray (2015) found that those providers who attended all eight offered sessions reported an increase in knowledge as well as self-reported effectiveness in managing children's behavior challenges. Porter et al. (2016) found that all 28 participants in a CoP coupled with individual coaching achieve higher post-test scores on the Family Child Care Environment Rating Scale-Revised (FCCERS-R), an assessment that is frequently used to measure quality, than their non-CoP peers that received no individualized coaching or support. Although it used a smaller sample, Cortes and Hallam's (2016) findings also supported this method of PD. In a long-term case study of three female providers, they found that the combination of a CoP and individual coaching led to increased efficacy on the part of the provider, especially regarding sustaining a professional practice as both an administrator/owner and educator. The commonality in each study was that both the coaching and topics for discussion within the CoP were individualized to the participant and group (Cortes & Hallam, 2016; Gray, 2015; Porter et al., 2016). These studies support the idea that PD for FCC providers must be based on their unique needs.

Individually tailored PD, while consistently shown to be effective on several assessment measures, is not always perceived as effective by FCC providers (Moreno et al., 2014). In a study of the effectiveness of a PD intervention for 183 infant-toddler teachers inclusive of FCC providers, Moreno et al. (2014) found that those participants who received the most intensive level of coaching (15 hours) after a 48-hour college-level course had the greatest improvements in their scores on the Classroom Assessment

Scoring System (CLASS), which measures interactions between teachers and students. However, there was little difference between the participant groups in terms of self-reported increases in learning (Moreno et al., 2014). For the group with the most intensive dosage of coaching, the difference between pre and post-self-reports was a single question, and those with lower dosages of coaching (0 or 5 hours) saw declines in their self-reports of knowledge (Moreno et al., 2014). This discrepancy calls into question the need to examine provider perspectives to determine what coaching strategies supported implementation versus those that promoted self-efficacy. Moreover, it is still not clear how much PD, whether training or coaching, is enough in terms of both dosage and duration.

There are other, nonquantifiable barriers to ensuring that FCC providers are able to perceive their own self-efficacy and implement new learning. Jeon, Kwon, and Choi (2018) conducted an analysis to determine how PD influenced 888 FCC providers' responsiveness toward children. The researchers found that despite supports such as coaching, training, and CoPs, providers responded that they were only able to effectively respond to children when their own stress level was low (Jeon et al., 2018). FCC providers must juggle a number of daily tasks and report feeling burned out in a number of studies (Gerstenblatt et al., 2014; Hooper & Hallam, 2019; Paredes et al., 2018). Therefore, when crafting PD opportunities, it is necessary to consider the holistic needs of the FCC provider, including stress management and task distribution (Jeon et al., 2018).

Relationships, the Collaborative Dynamic, and Coaching

Coaching is defined as a relationship-based process wherein an expert with specialized knowledge and skills in both the subject matter and adult learning leads an individual or individuals, who often serve(s) in a different professional role(s), to build professional skills, capacities and behaviors. Coaching focuses primarily on goal-setting and achievement (NAEYC & NACCRA, 2011). The primary difference between coaching and other forms of support, such as technical assistance, is that coaching requires a collaboration between the coach and early childhood educator, especially when defining goals and creating a plan of action (NAEYC & NACCRA, 2011). Collaboration relies on intersubjectivity, wherein the coach and early childhood educator begin at different starting points and arrive at a shared understanding through the course of communication (Nyikos & Hashimoto, 1997; Roth & Jornet, 2017; Vygotsky, 1978; Zaretsky, 2016). The attainment of a point of shared understanding during this process is necessary for learning, and subsequently development, to occur (Zaretsky, 2016).

From a Vygotskian standpoint, learning is a social activity. Coaching utilizes this philosophy in using collaboration as the key ingredient to drive change. Vygotsky (1987) stated that one step in learning could lead to one hundred steps in development if the right conditions were met. Zaretsky (2016) developed the reflection and activity model (RAA) to codify these conditions for learning. RAA consists of six steps: (a) A relationship must be established between the child and teacher; (b) The child must be fully participatory in overcoming challenges and engaging in reflection; (c) The interaction between learner and teacher must be collaborative; (d) If the first three conditions are

met, development results from the learner's independent activity and the reflection on the activity, both which are supported by the teacher; (e) A step in development is made when a learner owns their actions, which are conducted with teacher support, and reflects on joint or collaborative actions; (f) During a joint activity that is aimed at overcoming a challenge, development may occur in many domains simultaneously (Zaretsky, 2016). This model was applied to a Russian language program as well as Chess for General Education program, both serving young students. In both cases, Zaretsky found that the students' development transcended the given context. Zaretsky's study makes the case that under the right conditions, specifically in having relationship-based collaborative support to overcome and reflect on challenges, both children and adults can experience an increase in development beyond the domain or content of instruction.

As learning is a life-long process, scaffolding exists for adult learners as well (Vygotsky, 1987). Nyikos and Hashimoto (1997) sought to determine if scaffolding could be applied or identified within spontaneous peer collaboration among graduate students. An exploration of the perspectives and experiences of the 16 graduate students involved in collaboration for a final group project, the authors found that for the collaborative process to function, social interaction had to occur between the group members (Nyikos & Hashimoto, 1997). Through peer collaboration, which required problem-solving and critical thinking, cognitive development occurred as new knowledge from a shared understanding was constructed (Nyikos & Hashimoto, 1997). Increased self-regulation occurred as a byproduct of responding to power struggles and engaging in affective relationships, which is similar to Zaretsky's (2016) findings of increased self-

regulation in children who were engaged in collaborative relationships with adult

instructors. Language was used as the primary tool to mediate social interaction, and

without social interaction, the group project was reduced to a solitary reflective activity

(Nyikos & Hashimoto, 1997). The need to create a shared understanding in a

spontaneous collaborative activity, with similar requirements to those identified in the

teacher-student dyad indicates that this concept can be applied beyond the boundaries of

the teacher-student dyad to adult peer collaborative activities such as coaching.

      The use of collaborative techniques has already been connected to the

effectiveness of coaching in early childhood and elementary education settings. In an

exploratory study of pre-service teachers' responses to coaching techniques, wherein the

key components used were collaboration, relationship building, and reflective

questioning, 100% of participants reported feeling more efficacious in their teaching

practices (Stepp & Peterson-Ahmad, 2016). The use of collaboration as a component that

increases effectiveness is also supported by Sherboune (2016). Sherbourne's study found

that early childhood professionals from a range of center-based programs found that

coaching was more meaningful when the coach included the educator in considering that

the educator needed to improve in his or her own practice. Therefore, collaboration

should be considered as the foundation of the coaching process, and one that cannot

occur before a working relationship between coach and early childhood professional has

formed (Sherbourne, 2016; Stepp & Peterson-Ahmad, 2016).

      The use of tools and strategies that lead to the formation of a strong working

relationship between coach and early childhood professional are not always present.

Jayaraman, Marvin, Knoche, and Bainter (2015) examined coaching behaviors and their

influence on effectiveness. To do so they evaluated coaching conversations using the

Early Childhood Coaching Conversations (ECCC) system (Jayaraman et al., 2015). They

found that while verbal and nonverbal acknowledgment occurred at a rate of one per

minute to one minute and thirty seconds, communication focused on establishing or re-

establishing relationships, or encouraging connections between conversational topics,

occurred less frequently (Jayaraman et al., 2015). Jayaraman et al. (2015) stated that the

use of "small talk" and sharing of personal information is a way to level the playing field,

build a relationship, and invite the early childhood professional to share their own

thoughts and perspectives on the process. Bromer and Korfmacher (2017) built upon this

study and found that the emotional connection between coach and early childhood

professional was an essential aspect of high-quality, relationship-based support. When

looking beyond the field of education, Marsh, Angell, Andrews, and Curry (2012)

asserted that the emotional connection is the foundation of a positive helping relationship.

Therefore, for coaches to form a collaborative relationship, they need to spend time

learning about the early childhood professionals they are coaching, both a personal and

professional level.

Coaches are frequently seen as "experts" called in to support early childhood

professionals who may be struggling or in need of assistance to improve their practice.

Gonzalez et al. (2005) argued that the idea of being an expert may present one barrier to

collaboration in a variety of settings. They asserted that everyone brings skills and

strengths, tied to their life experiences, that they call "funds of knowledge" (pp. 42-43).

This knowledge does not typically represent itself in college degrees but may be reflected in heightened survival skills, emotional intelligence, or the lessons learned in having successfully emigrated and learned a second (or third) language (Gonzalez et al., 2005). In identifying these funds of knowledge, the coach or collaborator can meet the early childhood professional where he or she is and honor the skills that have helped them to reach that given point (Gonzalez et al., 2005). Funds of knowledge has been previously applied to the formation of strong bonds between home and school. Whyte and Karabon (2016) found that educators who performed home visits and learned about familial culture and background were much more open to utilizing an asset-based approach in their individual classroom settings. While the funds of knowledge theory has not been directly applied to coaching in home-based child care, it has been successful in promoting collaboration between individuals and groups from diverse cultural and ethnic backgrounds (Gonzalez et al., 2005; Whyte & Karabon, 2016).

Esteban-Guitart and Moll (2014) built upon funds of knowledge and introduced the concept of "funds of identity" (p. 33). Based on their work with diverse populations, they asserted that individuals establish these funds of identity when they actively internalize familial and community resources to describe themselves (Esteban-Guitart & Moll, 2014). For instance, one might not consider being a home-based provider a profession, but more of an extension of being a mother to the community. In this sense, the provider may feel that she knows how to perform her role well, based on her understanding of the community and culture. Identifying one's funds of identity could be just as critical as identifying one's funds of knowledge, as one's perceived role can

influence their willingness, ability, and motivation to collaborate as well as participate in activities, such as coaching, that are geared toward change (Esteban-Guitart & Moll, 2014).

While the coach must be mindful to consider the background and identity of the early childhood professional, Desimone and Pak (2017) asserted that a formative baseline assessment should be used to determine the abilities and attitudes of an early childhood educator. This baseline assessment can then be used to determine the goals and direction of the coaching process (Desimone & Pak, 2017; Eun, 2008; Roth & Jornet, 2017). This formative assessment could also help to guide the formation of a shared understanding in a way that does not negatively influence the competence level of the coach. Tudge (1992) found that when collaborative pairs are unequal in their knowledge base, they begin with different understandings of a task. Through the course of social interaction and problem-solving they can create a shared understanding of the work (Tudge, 1992). However, while this may result in developmental growth on the part of the less competent partner, it can also result in a developmental regression on the part of the more competent partner (Tudge, 1992). Therefore, while there are noted benefits to the use of a baseline assessment, one must be cautious when entering collaborative situations to ensure that the points of shared understanding that will be reached do not have the potential to reduce competence in either party.

One barrier to finding a shared understanding may lie with the expertise and experience of the coaches themselves. In a survey of 73 specialists working at CCRR agencies in Illinois, Bromer and Weaver (2016) found that while 100% had worked with

FCC providers, only 22% had been FCC providers themselves. 60% of the specialists had been working with FCC providers for 5 years or fewer, while 33% had more than 5 years of experience coaching this population (Bromer & Weaver, 2016). Only 46% of the specialists had a degree in early childhood education, and only 52% had previously worked with children and adults (Bromer & Weaver, 2016). This lack of experience and/or knowledge base influenced these coaches, 72% of whom reported feeling challenged by resistant providers (Bromer & Weaver, 2016). More than half (55%) reported not having enough time to build close relationships with providers, and 62% reported feeling challenged by witnessing inappropriate practices (Bromer & Weaver, 2016). Furthermore, there was no set structure or system to how services were provided, as only 29% of specialists talked to providers about working with mixed age groups of children (Bromer & Weaver, 2016). These findings speak to the need for better training and support of coaches to understand the needs of FCC providers, as well as best practices for supporting this population (Bromer & Korfmacher, 2017).

The lack of time may also present another barrier to effective coaching with FCC providers. Cortes and Hallam (2016) reported measurable success when coupling individual coaching with a CoP. However, they also reported that coaching was a slow and steady process and that a great deal of time was needed to shift providers' perspectives and motivate them to change. Bromer and Weaver (2016) also found time to be an issue for specialists, wherein they did not feel that they had enough time to build a close relationship with their providers, which has been evidenced as a key component of effective coaching (Jayaraman et al., 2015; Sherbourne, 2016). Given that

internalization, and subsequently integration, of new ideas into practice only occurs after prolonged social interaction centered on a practical activity, collaboration that ceases before internalization occurs may fail to contribute to any measurable development (Eun, 2008). There is a lack of research regarding the dosage and duration of the coaching process with FCC providers, but the current research points to a need for a long-term process in order to establish the relationship needed to effect measurable change.

The way that an individual seeks to attain a shared understanding within a dyad or triad is rooted in their socio-cultural context and has the potential to impact the success of a coaching relationship. Mejia-Arauz et al. (2018) found that individuals may use either negotiation or collaboration to attain a shared understanding with others. They found that the negotiation model, which is rooted in finding a compromise through discussion, is utilized in Western communities and/or those with extensive Western schooling (Mejia-Arauz et al., 2018). Conversely, the collaboration model, in which the construction of a shared understanding is formed as the result of combining individual characteristics or experiences, is utilized more commonly among Indigenous-heritage and Mexican-heritage communities (Mejia-Arauz et al., 2018). Given that a large percentage of FCC providers come from non-Western backgrounds, the use of different models to engage in reaching a shared understanding may prevent this shared understanding from being reached.

Despite the stated limitations to attainment of a shared understanding, there have been measurable positive outcomes for FCC providers who have chosen to engage in the coaching process. Hallam, Hooper, Buell, Ziegler, and Han (2019) found that FCC

providers that participated in Stars Plus, a program with supports including coaching,

coordinated PD, and communities of practice, were 1.8 times as likely to move up a star

level than FCC providers in the standard Stars program, which consisted only of PD and

FCCERS-R observations. Likewise, Porter et al. (2016) found that all 28 participating

FCC providers improved on the FCCERS-R after participating in individual coaching

coupled with attending a CoP. These studies build upon the research of Bromer, Porter,

McCabe, and Susman-Stillman (2010), who found that the two most influential methods

of support for home-based providers were training for experienced staff offered in

conjunction with a provider network (CoP) and high-frequency coaching visits to the

providers' programs. Both early childhood educators and FCC professionals agree with

these findings (Daniel, 2017). They state that on-site coaching is the most ideal form of

PD as it is hands-on and directly applicable. Furthermore, it does not require travel, and

the provider or educator can receive the in-the-moment support as it is needed (Daniel,

2017). Therefore, while coaching with FCC providers has not been extensively

researched, it is believed to be effective by providers themselves (Daniel, 2017).

Quality in Family Child Care Programs

There is no one universal definition of quality as it pertains to early childhood

settings, despite the best attempts of practitioners in the field to develop one (Tonyan,

2015). Tonyan (2015) asserted that the lack of a definition is largely related to the

growing body of evidence that suggests that there is no singular best way for children to

develop. Additionally, Moss, Dahlberg, and Pence (2000) argued that quality in early

childhood settings cannot be an objective or neutral concept, but instead is rooted in the

socio-cultural context and values. However, when 12 focus groups of FCC providers were questioned about what quality in FCC looks like, all of them identified a physically and emotionally safe and supportive environment as essential (Doherty, 2015). Providers stated that the creation of this space goes beyond protecting children's physical safety, but requires that the provider is nurturing, responsive, respectful of children, and committed to developing a strong relationship with both the children and families (Doherty, 2015). In a 2019 study of the same nature, Hooper, Hallam, and Skrobot received the same definition of quality from a diverse group of 28 FCC providers engaged in a quality rating and improvement system. This definition aligns with current research that espouses the necessity of a safe space with secure attachments for children to grow, develop, and thrive (Buyse, Verschueren, & Doumen, 2011; Landry et al., 2014; O'Connor, Dearing, & Collins, 2011).

Positive provider-child interactions, a primary indicator of responsive relationships, have been shown to be a key component in relationship to determining program quality (Hamre, 2014). From a Vygotskian perspective, interactions are fundamental for learning to occur, and thus the more individualized interactions are, the more likely it is the children's individual developmental needs are being met (Hamre, 2014; Vygotsky, 1997). Rusby et al. (2017) found that FCC programs offered a higher level of positive adult-child interactions especially during adult-led activities. While this may be due in part to the smaller group sizes inherent in FCC, Rusby et al. argued that these interactions promote the social-emotional competence that is a primary indicator of school readiness. This finding is supported by Felfe and Lalive (2018), who found that

the primary outcome of early childhood education is social-emotional competence.

Therefore, despite the common perception of FCC as mere babysitting, these programs

do have the capacity to support quality in learning and development that yields long-term

positive outcomes (Bassok, Fitzpatrick, Greenberg, & Loeb, 2016; Gerstenblatt et al.,

2014; Rusby et al., 2017).

Due to the variations in regulations and licensing requirements, FCC providers

tend to have lower education levels than their center-based counterparts (Bassok et al.,

2016). Although Salazar-Perez and Cahill (2016) asserted that higher education degrees

do not correlate with a better early childhood education system, they can lead to the

implementation of fewer learning activities. Cook et al. (2013) found that instead of

structured learning activities, providers focused on meeting the needs of the children and

providing opportunities to play, as one would when caring for one's own children. This

contrasts with Hooper and Hallam (2019), who found that most of FCC providers

considered themselves to be "educationally focused" (p. 199). The lack of structured

activities may not be indicative of a lack of learning, as Rusby et al. (2017) found that on

average, FCC programs did not substantially differ from other early childhood programs

when looking at the learning opportunities offered to children, as children learn primarily

through play.

Global quality in FCC programs is typically assessed using the FCCERS-R, a 38

item, seven subscale observational assessment with a rating scale ranging from one to

seven (Hallam et al., 2019). FCC programs tend to score on the lower end of this scale

(Hallam et al., 2019). Porter et al. (2016) found that providers that did not participate in

coaching and/or a provider network had a global mean score of 2.86, falling just below

3.0, the minimal indicator of quality. Comparatively, those who had engaged in coaching

and a CoP had a mean global quality of 4.39, just below 5.0, the indicator of good quality

(Porter et al., 2016). An analysis of the 588 FCC programs participating in the STARS

program in Vermont found that FCCERS-R scores ranged from a low of 2.36 to a high of

5.19 (Warner-Richter et al., 2018). While initial scores are often low, research regarding

FCC providers has indicated that coaching, targeted PD, and CoPs can increase overall

global quality (Hallam et al., 2019; Porter et al., 2016; Tonyan et al., 2017; Warner-

Richter et al., 2018).

Despite the widespread use of the FCCERS-R, the culture and context of the FCC

setting may need to be considered when evaluating overall program quality. After an

analysis of FCC programs using Eco-Cultural Theory (ECT), Tonyan (2015) determined

that FCC programs are higher in quality when they do what they value, and that the

highest quality programs not only do what they value, but also demonstrate that children

are able to meet overarching developmental and academic expectations as a result.

Tonyan further argued that quality for children could mean the opportunity to practice

what would be expected of them within their local communities, an aspect that cannot be

fully understood without taking cultural models into account. Paredes et al. (2018) found

that these cultural models could be evidenced through daily routines and values espoused

by given subgroups, such as the Latinx population. This supports the application of funds

of knowledge to not only conceptualize FCC programs but to also understand provider

perspectives and values (Gonzalez et al., 2005; Paredes et al., 2018; Tonyan, 2015;

Tonyan et al., 2017; Tonyan, 2017b). An alternate view of quality also suggests that coaches may need to look beyond the baseline assessment scores if seeking to successfully collaborate with FCC providers.

Summary and Conclusions

Family child care is a model of child care where children are cared for in a family-like setting, which often includes the provider's own cultural and ethnic values and beliefs about how children develop and learn (Cook et al., 2013; MacCrimmon & Lakind, 2017; Paredes et al., 2018; Tonyan, 2015). FCC providers face unique challenges given their nontraditional working hours and the need to balance work, family, and their personal life within a single setting (Davis et al., 2012; Gerstenblatt et al., 2014). PD opportunities often fail to cater to the needs of FCC providers, who have trouble locating appropriate trainings that fit into their schedules (Cortes & Hallam, 2016; Daniel, 2017; Tonyan et al., 2017b). Despite this, most FCC providers yearn to improve and actively seek out PD opportunities (Daniel, 2017; Tonyan et al., 2017; Tonyan et al., 2017b). With the requirement of each state to implement a quality improvement system, and to work with home-based providers, there is increasing opportunity for FCC providers to receive the needed supports (Bromer & Weaver, 2016; Matthews et al., 2015; Warner-Richtman et al., 2018).

Coaching is a relationship-based process where the early childhood professional is guided toward improved practice (NAEYC & NACCRA, 2011). While little research has been conducted to evaluate the success of coaching with FCC providers, the few studies that have been conducted point to the need for strong relationships with providers and

establish that coaching can be used to improve provider efficacy and program quality (Bromer & Korfmacher, 2017; Cortes & Hallam, 2016; Moreno et al., 2014; Porter et al., 2016). Coaches currently working with FCC providers may lack the knowledge and/or experience necessary to understand and support this population (Bromer & Weaver, 2016), and more research is needed to determine the duration, dosage, and appropriate strategies for coaching FCC providers (Cortes & Hallam, 2016).

Although quality is typically measured using the FCCERS-R scale-based observational assessment, the lack of a clear definition of quality supports this as merely a baseline, rather than a definitive measure of quality (Hallam et al., 2019; Paredes et al., 2018; Tonyan, 2015). In order to fully understand what quality means in a given setting, a coach may need to explore a provider's funds of knowledge and identity within the given community (Gonzalez et al., 2005; Paredes et al., 2018; Tonyan, 2017; Tonyan et al., 2017b). A coach may then also need to observe whether or not the values practiced can support the children in meeting commonly held expectations for learning and development (Paredes et al., 2018; Tonyan, 2015). In keeping with the ideals of sociocultural theory, education is not a transmission of knowledge, but instead a transaction from both sides, and a transformation in both parties' cognitive processes (Nyikos & Hashimoto, 1997; Roth & Jornet, 2017; Vygotsky, 1978). Therefore, within the context of the coaching relationship, the establishment of a shared understanding could lead to a cognitive shift on both the part of the coach and the FCC provider (Tonyan, 2015). However, a gap in the research remains regarding understanding the collaborative dynamics between coach and FCC provider.

Collaboration and the attainment of a shared understanding cannot be quantitatively measured. In order to close the gap in the research on practice, a qualitative study was needed that examines the perspectives of both coaches and FCC providers to determine how a shared understanding, identified as a key to effective collaboration and change, is reached. In Chapter 3, I outline the qualitative methodology for this study, in which I aimed to address this gap in research on practice as well as explore FCC providers perspectives regarding the influence of these collaborative dynamics on program quality.

Chapter 3: Research Method

The purpose of this qualitative study was to explore family child care providers'

and coaches' perspectives of how a shared understanding is reached during coaching, as

well as how this shared understanding is perceived to influence their own perspectives of

program quality. In this chapter, I outline the methodology for this study. This outline

begins with the RQs, followed by the research design, role of the researcher, and

rationale for the use of the qualitative tradition. This is followed by a description of the

research methodology, including participant selection and recruitment procedure as well

as the instrumentation and plans for data collection and analysis. This chapter closes

with a discussion of trustworthiness and ethical procedures related to the study.

Research Questions

This exploratory case study focused on exploring family child care providers' and

coaches' perspectives of the collaborative dynamic during coaching, as well as how this

collaborative dynamic is perceived to influence program quality. The RQs for this study

were as follows:

RQ1: What are the perspectives of family child care providers about how a shared

understanding is reached during coaching?

RQ2: How do family child care providers perceive this shared understanding to

influence their own perspectives of program quality?

RQ3: What are the perspectives of coaches about how a shared understanding is

reached when working with a family child care provider?

RQ4: How do coaches perceive this shared understanding to influence their own perspectives of program quality?

I used these four distinct questions to triangulate the data and create a separate set of data for both coaches and FCC providers. These questions are grounded in the conceptual framework, Vygotsky's (1978) sociocultural theory of learning, which proposes that attainment of a shared understanding can lead to a cognitive shift in each partner. This proposition has not been explored in the context of coaching FCC providers, based on my review of the literature. To effectively explore these questions, I used a qualitative exploratory case study approach.

Research Design and Rationale

My choice of a qualitative approach for this study emerged from the nature of the RQs as well as the chosen conceptual framework. Examining the perspectives of participants requires that they provide their own ideas, thoughts, and assumptions (Stake, 2010). This perspective is rooted in Vygotsky's (1978) sociocultural theory, as well as the tradition of social constructivism, wherein it is assumed that individuals construct their own interpretations of their life experiences, and that each individual will have a different interpretation of the same experience based on their own sociocultural upbringing and cultural context (Rubin & Rubin, 2011). A quantitative approach would have required objective measurements (Rubin & Rubin, 2011), which did not align with the nature of this study. The use of qualitative methodology allowed participants to create and share their own meanings of the phenomenon of collaborative dynamics during the coaching process.

55

The three qualitative approaches that I considered for this study were ethnography, phenomenology, and exploratory case study. Ethnographic research is typically used for an in-depth exploration of a culture. This approach requires the researcher to enter into the participants' cultural and social contexts and interact with them there (Creswell & Creswell, 2017). I decided against using this design because my aim was to explore the perspective of two distinct groups with various backgrounds. The goal of phenomenological research is to understand the essence of a lived experience, which typically requires in-depth interviews with a small group of participants who share the same lived experience (Creswell & Creswell, 2017). Although an aim of this study was to explore an experience, the goal was not to understand the essence of just one lived experience, but also to explore how this experience, the collaborative dynamic, is perceived to influence program quality. For this reason, I rejected a phenomenological approach. My choice of an exploratory case study approach hinged on two of its major characteristics. First, exploratory case studies are used to examine phenomena in real-life contexts when the boundaries between the phenomenon and the context are not clear and the researcher has no control over the course of events (Tetnowski, 2015; Yin, 2017). In this study, the context in which each FCC provider operated in was unique, and it was unknown if and/or how this affected the coaching process. Additionally, I collected data from participants who had already engaged in the coaching process, thus preventing my interference or control over the course of events related to the coaching process.

Exploratory case studies are typically used to explore complex social phenomena and serve to open the door to future research based on the resulting data (Tetnowski,

2015). As evidenced in the literature review, coaching is a complex process that hinges on the skill of the coach to understand and engage in the context of the FCC provider, as well as scaffold learning to meet the FCC provider's needs. However, little literature exists regarding FCC providers' and coaches' perspectives of how a shared understanding is reached during the coaching process (Bromer & Weaver, 2016; Cortes & Hallam, 2016; Moreno et al., 2014; Pianta et al., 2014; Tonyan et al., 2017). I used an exploratory approach to allow for small-scale data to be collected that may help to frame or provide direction for future studies.

Role of the Researcher

As the researcher in this study, I assumed the role of interviewer. In this role, my engagement with participants was limited to conducting initial and follow-up interviews, as well as engaging participants in member checks to review their own data included in draft findings once analysis was completed. I previously served as an infant-toddler regional coordinator, coaching infant-toddler early childhood educators, as well as FCC providers in the Northeastern United States. As a coach, I undoubtedly held biases related to the coaching process. To actively mitigate and manage these biases, I used a reflective journal to document feelings, thoughts, and links to research and theory that arose before, during, or after interviews and during data analysis as needed. This journal helped to mitigate my tendency to interrupt, comment, or provide a judgment or opinion during the interview process. Through use of a reflective journal, documented thoughts, interpretations, and feelings could be identified, adding in transparency during data collection and the data analysis processes (Vicary et al., 2017). Furthermore, I discussed

the contents of this journal at regular intervals with my supervising chair. I also enlisted a peer reviewer outside of the field of early childhood education to review coded data for themes. This served as an additional measure to mitigate bias. To maintain appropriate boundaries, I refrained from selecting FCC provider participants with whom I (or coaches within my previous organization) have worked. Additionally, I refrained from selecting coach participants who worked or had worked in my previous organization. This helped to decrease the potential for confirmation bias. Additionally, no incentives were offered to participants. These choices also alleviated any other ethical issues, such as conflicts of interest or power differentials.

Methodology

Participant Selection

I engaged both coaches and FCC providers to participate in this study to capture multiple perspectives of the coaching process. Although there is no ideal number of participants for a qualitative study, the number chosen must ultimately lead to data saturation. Fusch and Ness (2015) stated that triangulation is one way to ensure data saturation. By using two groups of participants, it was more likely that data saturation would be reached. Guest, Bunce, and Johnson (2006) stated that data saturation can occur in as few as 12 interviews, and further research on saturation suggests that data saturation of the most common themes occurs within 16 interviews (Hagaman & Wutich, 2017). Therefore, I planned to interview a minimum of 10 FCC providers and 10 coaches for this study. Participants were recruited from across a Northeastern state, with the goal of recruiting participants who reflected the cultural, ethnic, and socioeconomic

diversity of the United States. I understood that this small sample size limited transferability, but I expected that the data collected will serve as the foundation for future research.

Participants were recruited through county CCRR agencies in the study state, as well as organizations that support FCC providers, such as All Our Kin and the study state's Association of Family Child Care Providers. An introductory letter providing a brief introduction to the study was e-mailed to the contact point at each agency. I asked the contact point to refer coaches and FCC providers who meet selection requirements and sent a flyer via e-mail so that it could be distributed by the agency to potential participants. I followed up by phone with each agency within 14 days of the initial e-mail. If contact was not available, I left an e-mail and phone message, and made another follow-up call within 10 days.

During my phone call with the contact at each agency, I stipulated the selection requirements for the study. I again provided a short introductory letter regarding the study via e-mail that contained my contact information. I provided them with information about the study verbally over the phone. I then requested that they refer coaches and FCC providers that meet the requirements and e-mailed them a flyer that can be distributed to potential participants. To ensure participant confidentiality, the referring agency did not know which potential participants were selected for the study. As an additional measure, I sent an informational flyer with my contact information by postal mail to all FCC providers with contact information registered on the study state public access database of registered FCC programs. If this did not yield the requisite amount of

FCC participants, I would call FCC providers listed on the public access database that are also cross-listed on the study state's public access QRIS website, as these providers are obligated to engage in the coaching process as a stipulation of participation in the QRIS program. To maintain participant confidentiality, neither the QRIS program nor state registration agency was to be informed of potential participants. This sampling strategy reflected the need to recruit participants that have engaged in the coaching process, either as an FCC provider or as a coach working with FCC providers. CCRR agencies and other agencies that support FCC providers served as a point of access to connect with the required participant pool.

      To participate in this study, FCC providers must have worked with a coach within the setting of their own program within the 12 months prior to selection. There were no stipulations as to why the FCC provider chose to engage in the coaching process, or how or why the coaching process ended. It was necessary that the FCC provider clearly remember the onset of the coaching process and how a relationship was, or was not, effectively established. This was the justification for the 12-month requirement. Participants were responsible for ensuring that they met these requirements, and I assumed that they were truthful in their responses.

      Coaches participating in the study must have provided coaching to at least three FCC providers over the course of the 12 months prior to selection. My choice to specify this level of experience in the 12 months prior was to ensure that the coach participant had enough experience to draw from and refrained from narrowing their perspective to a single case. However, there were no requirements surrounding how, or why, they

engaged in the coaching process with FCC providers, or how, and/or why, the process

ended. Participants were responsible for ensuring that they met these requirements, and I

assumed that they were truthful in their responses.

Upon first contact with potential participants, informed consent was sent via e-

mail. Within the informed consent form potential participants were advised of their

rights, including their right to withdraw from the study at any time. Once consent was

received via e-mail, I sent a brief e-mail survey to potential participants to confirm their

program location, dates of work with a coach or FCC provider, and interest in

participating in the study. Upon receipt of the survey via e-mail, I determined if each

potential participant met the selection criteria. Once I compiled a final list of potential

participants, the final participant pool was selected to ensure representation from various

regions of the study state to develop transferability.

Instrumentation

I used semistructured interviews (SSI) as the primary instrument for this study.

SSI are used to elicit participants' perspectives regarding a given phenomenon (McIntosh

& Morse, 2015). SSI are used in qualitative studies where there is existing objective

information, but a gap in subjective knowledge of a phenomenon. There is an ample

body of literature on the concept of coaching, but a lack of research on FCC providers'

perspectives. The use of SSI with participants elicited the information necessary to

answer the RQs and thus add to the body of research regarding FCC providers, coaches,

and the coaching process, as well the perceived impact of the collaborative dynamic on

program quality.

SSI require the use of a detailed interview guide that provides open-ended questions and follow-up prompts. The interview guide was created prior to the participant selection process and based on objective existing literature surrounding the phenomenon (Kallio, Pietila, Johnson, & Kangasniemi, 2016). While participants are free to respond as they see fit, the interview guide ensures that the interviewer adheres to a focused structure and that the questions asked are aligned with the chosen phenomenon (McIntosh & Morse, 2015). The use of the interview guide also ensures that all participants are asked the same questions in the same order. This allows for data to be compared, coded, and quantified (Kallio et al., 2016). For this study, the interview guide contained open-ended questions and follow-up prompts regarding the phenomena that are grounded in the research literature.

SSI have been used in studies across research fields, and further studies have supported the use of SSI in conducting rigorous qualitative research (Kallio et al., 2016; McIntosh & Morse, 2015). McIntosh and Morse (2015) identified four distinct uses for SSI in qualitative research, one of which is descriptive/interpretive. In these cases, such as in this study, SSI are used to expand subjective knowledge of a phenomenon. What is unique is that the participant is the one holding the information necessary to expand or refute the current framework or provide insight and knowledge that could lead to new themes or hypotheses (McIntosh & Morse, 2015). The use of SSI is aligned with the exploratory case study methodology, the goal of which is to expand the subjective knowledge of a phenomenon (Tetnowski, 2015).

To establish content validity when using SSI, the researcher must ask enough questions to cover the range of features connected with a given phenomenon (Rubin & Rubin, 2011). For my study, I ensured content validity by creating an interview guide that is well-grounded in the research. The SSI included questions regarding the length of time the participant spent in the coaching process, the participant's sociocultural background, the participant's experience as an FCC provider or coach of FCC providers and perception of this role, the participant's recently completed PD experiences, the participant's perception of quality, and the participant's perception of the collaborative nature of the coaching process. These concepts were rooted in the literature that was explored in Chapter 2 on the coaching process, quality programming, and FCC providers. By creating an interview guide that is grounded in the literature, the researcher can establish content validity (Rubin & Rubin, 2011). The complete interview guides for this study can be found in Appendices A and B.

Procedures for Recruitment, Participation, and Data Collection

This approval number for this study was 11-08-19-0320824. After receiving this approval from Walden's Institutional Review Board (IRB), I recruited participants from CCRR agencies throughout a Northeastern state, as well as All Our Kin, and the study state's Association for Family Child Care Providers. An introductory letter regarding the nature of the study and needed participants was e-mailed to the contact point at each agency, along with a request to refer participants. I followed up with the contact point at each agency by phone and e-mail after 14 days to discuss the study and requirements for participation and asked them to refer FCC providers and/or coaches that meet the

parameters. I then e-mailed them a flyer containing my contact information that could be distributed to potential participants. If no contact was made, a phone message was left, and an e-mail sent to the point of contact. I then attempted to contact the agency again via phone and e-mail after 10 days. If I was unable to obtain a large enough participant pool through the CCRR agencies, Association for Family Child Care Providers, and All Our Kin, I would e-mail a flyer to all FCC providers listed on the study state's public access database of register FCC programs. If this measure failed to provide enough participants, I would then call all FCC providers that are cross listed on the study state's public access QRIS website and the study state's public access database of registered FCC providers. To ensure confidentiality, neither the agencies, nor QRIS, or state registration agency knew which potential participants were selected for the study. The goal for these procedures was to yield a minimum of 10 FCC providers and 10 coaches that meet the participation requirements.

I e-mailed the informed consent form to potential participants at the point in time they expressed interest in joining the study. This informed consent form included information regarding the nature of the study, participation requirements, and participant confidentiality. I asked potential participants to review the informed consent and return it via e-mail or postal mail within seven business days. Upon receipt of consent, I e-mailed the potential participant a brief survey, to be returned within five business days, to ensure that he or she met the selection criteria, including program location and dates of work with a coach or FCC provider. Those that met the participation criteria were then pooled, and a final participation group was selected. The goal was for the final participant group

to reflect the cultural and socioeconomic diversity of the United States in an effort to provide for transferability. Once the final participant group was selected, informed consent was provided again before engaging in the recorded interview process, reaffirming that participation is voluntary, reaffirming consent to audio record, and reaffirming their right to withdraw from the interview and/or study at any time. Participants were e-mailed the informed consent along with confirmation of their interview day and time and were asked to return the informed consent and confirmation of the interview date and time within five business days of receipt. Informed consent was also provided via e-mail before participants engaged in the member check to affirm the voluntary nature of the study once again. I requested that the informed consent form was returned via e-mail within five business days.

I collected data for this study through an audio-recorded SSI with each participant. Audio was recorded using an Olympus VN-8100PC digital audio recorder. It was expected that each interview would last approximately 60 minutes, with the possibility of the interview running longer or shorter depending on the participant. Sixty minutes is considered long enough to gather the necessary information, but short enough to avoid fatigue on the part of both the researcher and the participant (Creswell & Creswell, 2017; Newcomer, Hatry, & Wholey, 2015). It was expected that all interviews would be conducted in-person or via telephone and would be conducted over a 22-week period to account for rescheduling. Interviews were scheduled at the discretion of the participant and were held at a private and mutually agreeable location. I transcribed the

audio recordings after uploading the audio recordings to my computer in a password-protected file.

During the member check process, the summary of the draft findings was provided to participants to review for accuracy, including each participants' own data that would be included in the draft findings, as well as a general summary of categories, subcategories, and central themes. At this time, participants exited the study. They were thanked verbally or through e-mail for their time and participation. I also provided an opportunity for them to receive a completed copy of the final study once it is approved.

A peer reviewer who holds a doctoral degree outside of the field of early childhood education and is knowledgeable in qualitative methodologies was recruited to participate in this study. This peer reviewer was recruited from a pre-existing online cohort of individuals that have completed their doctoral degrees and mentored others in the dissertation process. Once selected, the peer reviewer was required to sign a letter of confidentiality. The peer reviewer received no compensation for their participation in the study. After I analyzed the data, a copy of the coded data was sent to the peer reviewer via a password-protected file on Microsoft OneDrive for analysis. The peer reviewer coded the data by hand. He or she was expected to engage in three rounds of coding, mirroring my own data analyzation process. The first round was to look for emergent themes in transcripts and to create subcategories. The second round consisted of axial coding, where subcategories will be connected to categories. The third round consisted of selective coding where categories were connected to emergent themes. Once the peer reviewer analyzed the data, he or she returned the analysis and findings to me via the

password-protected file in Microsoft OneDrive. At that time, he or she was expected to delete all files from his or her computer and destroy any hard copies. This data was used as a check against my own analysis process and served to identify areas that I may have overlooked, as well as mitigate bias during the coding process.

Data Analysis Plan

I used an inductive method of analysis for this study, in which data was grouped emergently through open coding. All coding was done by hand using an Excel spreadsheet on the computer. No other software was used. I engaged in a minimum of four rounds of descriptive coding, allowing me to group codes into categories, and connect these categories to the corresponding RQ. The data to be coded were the two sets of transcribed interviews. Per Saldana (2016), the initial round of coding took place during the transcription of each interview. The second round of open coding took place shortly after all the audio had been transcribed. This phase consisted of looking for emergent themes in the transcripts themselves and creating subcategories (Blair, 2015). I allowed for 7 to 10 days between the second and third, and third and fourth rounds of coding to ensure a fresh perspective and to mitigate bias (Saldana, 2016). The third round consisted of axial coding, where categories were connected to subcategories. Strauss and Corbin (1998) stated that this stage allows researchers to form more precise explanations. The fourth round consisted of selective coding, where I looked for central emergent themes that allowed for the answer to each RQ to emerge (Blair, 2015). I used the conceptual framework to organize the themes that emerged. Vygotsky (1978) stated that the attainment of a shared understanding lies in seeking to understand the socio-

cultural context of another person, through verbal or nonverbal language. I organized

emergent themes to align with these key elements of Vygotsky's sociocultural theory as it

relates to the attainment of a shared understanding. I had a peer reviewer conduct an

independent analysis at this point to ensure that my analysis was free of bias. During the

member check process, I provided the summary of the draft findings to participants to

review for accuracy, including each participants' own data that was included in the draft

findings, as well as a general summary of categories, subcategories, and central themes.

During the coding process, discrepant cases could occur. Discrepant cases can

occur due to participant factors that were not previously accounted for by the researcher

(Creswell & Creswell, 2017). These cases are important as they can shed new light on

the topic of study or take the study in a different direction (Creswell & Creswell, 2017).

The analysis of discrepant cases can broaden the study as well as increase confirmability

(Creswell & Creswell, 2017). I identified discrepant cases that emerged during data

analysis, and any steps taken in response to these cases were presented in the final study.

Trustworthiness

The choice to collect data from both FCC providers and coaches allows multiple

perspectives of the coaching process to be captured, resulting in triangulation. I used the

interview data in conjunction with a member check to further enhance the accuracy of the

study (Yin, 2017). It was expected that participants would all come from one

Northeastern state. Every effort was made to ensure that the participant pool represents

the socioeconomic, cultural, and ethnic diversity of the United States, to enhance the

transferability of the study. However, this use of a single region may limit the transferability of findings.

Amankwaa (2016) described confirmability as the extent to which the study is not shaped or influenced by researcher bias, motivation, or interest. To maintain confirmability, I exercised reflexivity using a reflective journal. In this journal, I kept regular entries regarding my decisions about the study, as well as any feelings, thoughts, or connections to other research that may arise (Vicary et al., 2017). Additionally, this journal was used to record times during the interview when I was tempted to interject, comment, or share an opinion. These entries were used as part of the data analysis process to identify and remove any researcher bias. In an additional step to maintain confirmability, all notes, audio recordings, transcripts, and documentation related to this study including informed consent forms and my reflective journal, would be kept in a password-protected file on my computer for no less than 5 years. Audio recordings were deleted from the digital recording device upon upload to the password-protected file on my computer. Any hard copies of data would be stored in a locked box in my home office. At the end of 5 years, the data will be destroyed by deleting the information from my computer and shredding all hard copies.

I plan to establish credibility or confidence in the findings of this study by maintaining an audit trail. I am keeping copies of all documentation related to the study for 5 years. I also kept copious notes regarding all aspects of the study and analysis process in a reflective journal (Connelly, 2016). The use of this reflective journal in combination with an audit trail also serves to establish dependability (Connelly, 2016). I

engaged a peer reviewer in the data analysis process to ensure that the findings were

accurate and free from bias, further establishing credibility. The peer reviewer conducted

an independent analysis of the coded data, which was then compared to my own findings.

The peer reviewer returned the coded data as well as the analysis and findings to me via a

password-protected file on Microsoft OneDrive once the analysis was complete.

Currently, he or she was required to destroy all documentation relating to the study.

Transferability, the last component of trustworthiness, is determined by the reader of the

research (Connelly, 2016). I developed transferability using rich and detailed

descriptions of my participants, the data collection process, and decisions made

throughout the study.

Ethical Procedures

Participants in this study were entirely voluntary and I provided them with the

opportunity to withdraw from the study and/or strike information from the record at any

time. Informed Consent was provided multiple times throughout the course of the study

to ensure that participants remain aware of their rights. If a participant withdrew from the

study, any information or data related to their participation would have been struck from

the record and permanently deleted. Participants were encouraged to engage in the

member checks but could waive their right to review their own data included in the draft

findings to ensure accurate researcher interpretations. Participants were not offered any

form of compensation, nor did I choose participants with whom I have a direct

professional or personal relationship. Within the written informed consent, participants

also received an explanation of their rights, including the right to privacy, the right to

withdraw from the study, the right to ask questions during the study, the right to have the purpose and benefits of the study clearly explained, and the right to a copy of the final study (Creswell & Creswell, 2017).

Walden University requires that all proposed doctoral studies receive approval through the University's IRB. Upon approval and defense of the proposal, an application for IRB approval was submitted. This approval hinged on the review of any ethical considerations, as well as alignment of the purpose of the study to the proposed data collection methods. Approval must be received before the recruitment of participants can begin. The IRB approval number for this study was 11-08-19-0320824. In accordance with IRB approval, the recruitment of participants, collection of data, and data analysis occurred as stipulated by the proposal.

Data related to this study will be kept confidential. Confidentiality is necessary to ensure that nothing a participant says in an interview can cause him or her personal or professional harm. The use of interviews as a data collection tool prevents the option of anonymity. Although all interviews were recorded using an Olympus VN-8100PC digital audio recorder, personal identification was struck from transcripts and notes to ensure confidentiality and transcripts were coded using a numerical system. Coach participants were coded as C1 through C10 while FCC provider participants were coded as P1 through P10. The peer reviewer that was used during the data analysis process was required to sign a letter of confidentiality and only received data that had already been coded to ensure participant confidentiality. I sent coded data to the peer reviewer via a password-protected file on Microsoft OneDrive. After the analysis was conducted, he or

she was required to return the original data, along with the analysis and findings, via a password-protected file on Microsoft OneDrive. At that time, he or she was required to destroy all documentation pertaining to the study. Participants were only able to review the summary of data report, which only contained coded data. As per their stated rights, participants were able to ask for clarification regarding the presented data if it did not infringe on the privacy of another participant.

Documents related to this study will be kept confidential. Informed consent forms were received via e-mail and hard copy. I scanned and uploaded hard copies to a password-protected file on my computer along with those received via e-mail, at which point the hard copy was destroyed. Letters of confidentiality were received via hard copy. Once received, I scanned and uploaded them to a password-protected file on my computer, at which point the hard copy was destroyed. Audio recordings were uploaded to the password-protected file on my computer after each interview and immediately deleted from the Olympus VN-8100PC digital recording device. The coded log of participants and their assigned transcript(s) was created and saved in the password-protected file on my computer. Data analysis notes, including the spreadsheet to be used for coding, were also stored in the password-protected file on my computer. My reflective journal and hard copy notes are stored in a locked box in my home office. All documents related to the study are being saved for 5 years. At the end of 5 years, the informed consent forms, transcripts, audio recordings, letters of confidentiality, log of participants, data analysis notes, and coding spreadsheets that have been saved in the password-protected file on my computer will be deleted from the hard drive. At the end

of 5 years, the reflective journal and hard copy notes that were stored in the lockbox in my office will be shredded and destroyed.

Summary

The purpose of this qualitative study was to explore family child care providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality. I recruited a minimum of 10 FCC provider participants and 10 coach participants through CCRR agencies in each county of a Northeastern state, All Our Kin, and the study state's Association of Family Child Care Providers. Data was collected through SSI. Trustworthiness was established using a peer reviewer, member checks, thick description, and a reflective journal. I used an inductive process of analysis in conjunction with open coding, and participants were invited to evaluate their data in the findings to ensure accurate researcher interpretation. I adhered to all standard ethical procedures prescribed by Walden University regarding the treatment of human participants and collected data. This study did not begin until receipt of the necessary approvals from my committee and the IRB. In chapter 4, I discuss the results of my study, including a description of the participants, the data collected, and the findings of the data analysis process.

Chapter 4: Results

The purpose of this qualitative exploratory case study was to explore family child care providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality. The results of this study helped to fill a gap in literature on practice, provided insight on the coaching process with FCC providers, and increased the understanding of how a shared understanding can be reached between FCC provider and coach. This study, and its resulting findings, represent an original contribution to the field of early childhood education that can lead to positive social change. The outcomes of this study can benefit organizations that provide coaching to FCC providers, coaches who work with FCC providers, organizations that provide training to coaches, organizations that support FCC providers, and FCC providers themselves. This study could lead to positive social change if used to advocate for the further development of coaches working with FCC providers and the creation of PD opportunities, such as coaching, to be improved and tailored to meet the needs of FCC providers. Customized PD opportunities could result in an increased motivation on the part of FCC providers to seek out these opportunities.

The RQs for this qualitative exploratory case study were as follows:

RQ1: What are the perspectives of family child care providers about how a shared understanding is reached during coaching?

RQ2: How do family child care providers perceive this shared understanding to influence their own perspectives of program quality?

RQ3: What are the perspectives of coaches about how a shared understanding is reached when working with a family child care provider?

RQ4: How do coaches perceive this shared understanding to influence their own perspectives of program quality?

This chapter includes the results of this qualitative study as well as an analysis of the SSI I conducted with coaches and FCC providers. The chapter begins with a description of the setting used for the study, including relevant participant demographics. This description is followed by an explanation of the data collection and analysis methods used. I then present the results of the study organized by RQs and theme. To provide evidence of trustworthiness, I explain the methods used to support the credibility, transferability, dependability, and confirmability of this study. This chapter ends with a summary of the findings related to each RQ.

Setting

The participants in this study were 11 coaches and 11 FCC providers from one Northeastern state in the United States. All participants in this study identified as female. The 11 coaches came from eight different counties across the state, while the 11 FCC providers came from seven different counties across the state. All participating coaches had worked with FCC providers within the previous 12 calendar months, and all participating FCC providers had worked with a coach within the previous 12 calendar months, as per the inclusion criteria. The 11 coaches who were interviewed for the study came from a wide range of educational backgrounds and had varied experience working with FCC providers. One coach held a BS in Psychology and had only 18 months of

experience in her position but had worked with 24 different FCC providers. Another

coach held a doctorate degree in the field of education and had 30 years of experience as

a coach but had only worked with six different FCC providers. Overall, coaches had

degrees ranging from a BA to an EdD in early childhood and elementary education.

They ranged in experience from 1 year to 30 years and had worked with between five and

75 different FCC providers. Four of the coaches were connected with the state's Quality

Rating and Improvement System (QRIS) program, while five were connected with

county based CCRR agencies, and two were independent coaches credentialed through

the state's system. However, of the 11 coaches interviewed, only three had experience

working as a provider or assistant in an FCC setting. A summary of coach participant

demographics is shown in Table 1.

Table 1

Coach Participant Demographics

Participant code	Number of FCC providers coached	Years of coaching experience	Degree	Years of direct FCC experience
C1	20	4.5	MEd, Technology	0
C2	50	10	BS, Human Relations	0
C3	5	22	MEd, Leadership	0
C4	24	1.5	BS, Psychology	0
C5	75	22	MS, Early Childhood Education	0
C6	6	30	EdD, Early Childhood/Elementary Education	0
C7	30	30	MS, Early Childhood Education	18
C8	25	18	BS Education	11
C9	7	1	MS, Early Childhood Education	0
C10	8	1	BS, Child & Adolescent Psychology	6
C11	5	6	MS, Child Studies	0

The 11 FCC providers who participated in the study also had a wide range of experience, education, and contact with a coach. One provider had only started their program 12 months prior to the study and had just begun work on a child development associate (CDA) but had worked with two different coaches. Another provider had 22 years of experience running their FCC program, but had no formal education in early childhood education, and had worked with two different coaches. Of the 11 FCC providers interviewed, three held bachelor's degrees, seven were working toward or had completed their CDA, and one held a high school diploma. Providers had been operating

their programs between one and 15 years and had worked with between one and three

different coaches during the lifetime of their program. Four providers were working with

coaches as part of the state's QRIS system, six had received support from a coach

connected with a CCRR agency, and one had participated in coaching through the state's

Pyramid model cohort, which focused on social and emotional supports for children. A

summary of FCC provider demographics is shown in Table 2.

Table 2

Family Child Care Provider Demographics

Participant code	Years as a provider	Education level	Number of coaching experiences
P1	10	CDA	2
P2	2	BS, Education	2
P3	2.5	BS, Business	2
P4	30	CDA	2
P5	3	CDA in progress	2
P6	3.5	HS diploma	3
P7	1	CDA in progress	2
P8	15	CDA	3
P9	32	BS, Psychology	1
P10	18	CDA	1
P11	22	CDA	1

Data Collection

Once approval was received from Walden University's IRB, I began recruiting

participants for this study. I first contacted the CCRR agencies in the state via phone and

presented them with information about the study and asked them to display or distribute a

flyer to their mailing lists. The flyer and letter were sent via e-mail. From the CCRR

agency distribution of flyers, I was able to connect with seven coaches who met the

criteria for the study, as well as two FCC providers. I reached out via e-mail to both All Our Kin and the state chapter of the National Association for Family Child Care (NAFCC). These e-mails received no response. I then went to the state registry for credential coaches, a publicly accessible website, and e-mailed an informational letter and flyer to each coach in the database. This yielded an additional four coaches who met the posted criteria for the study. I then turned to the state's QRIS database, a publicly accessible website, and contacted all FCC providers in the database via e-mail with both an informational letter and flyer. This yielded one additional FCC provider. I was invited to publicly display the flyer and informational letter on a social media group that was created specifically for FCC providers in the study state. This yielded eight FCC providers.

My initial contact with potential participants was to thank them for their interest and provide them with informed consent, which they had five business days to return via e-mail with the words "I consent" if they were still interested in participating in the study. Upon receipt of the informed consent, I e-mailed a demographic survey based on the inclusion criteria, which was also returned within five business days via e-mail. After receiving the demographic survey, I reviewed the results to determine if potential participants met the inclusion criteria. All potential participants were included in the study. The 11 coaches and 11 FCC providers were then contacted individually via e-mail to schedule a time to participate in an audio-recorded SSI.

A semistructured interview lasting between 45 and 60 minutes in duration took place with each participant over a period of eight weeks. The interview guides (see

Appendices A and B) were used to facilitate the interview, and I reaffirmed that their participation was confidential, obtained consent to record, and reviewed the voluntary nature of the study with each participant prior to starting the interview recording. Due to geographic distance, in-person interviews were not possible with all participants. Of the 22 participants, only three took place in-person. All FCC provider participants were interviewed via telephone due to distance as well as time constraints, as all participating providers preferred to be interviewed in the late evening hours. In-person interviews were recorded using an Olympus VN-8100PC digital audio recorder. These audio files were then uploaded to my personal computer in a password-protected file. Telephone interviews were recorded using Google Voice. Participants were provided with a private Google Voice phone number to call. Google Voice was chosen for its privacy features, as well as its ability to record a call and clearly communicate when the recording started and stopped so that there was no concern about informed consent. The audio files generated were promptly downloaded and saved to a password-protected file.

During each interview, I took notes in a reflective journal. The purpose of these notes was to monitor my own biases and perceptions in relation to the study. At the end of each interview, I thanked each participant for their time. I informed them that they would receive a draft summary of the findings. At this point, they would have the opportunity to respond with comments. I expressed that their comments would help to strengthen the validity of the findings.

Data Analysis

After each interview, the recorded file was saved on my computer in a password protected file and deleted from the original device or platform. I transcribed each interview into a Microsoft Word document, which was then saved to a password protected file with the audio recording. During the initial transcription process, each participant was provided with a code, and any identifying names or attributes were struck from the record. Coaches were coded with the letter C and number, resulting in participants C1 through C11. FCC providers were likewise coded with the letter P and a number, resulting in participants P1 through P11.

The data yielded from the SSI was used to answer the four RQs posed by this study. Following Saldana's (2016) framework, I completed the initial round of descriptive coding as I transcribed each interview. Once all the participant's interviews had been transcribed, I moved the transcriptions into an Excel spreadsheet. One spreadsheet was set up for coach participant data, and one was set up for provider participant data. This allowed for provider data to be connected to the first two RQs and for coach data to be connected to the last two RQs. It also allowed for the analysis of commonalities and differences between coach and provider perspectives. After this was established, I completed the second round of open coding. This process consisted of breaking the descriptive codes down and looking for emergent themes within a given transcript, creating categories. After completing the second round of coding on both sets of data, I took a break for 10 days. This allowed me to see the data with fresh eyes, as well as to identify and eliminate any biases in the coding. I then started the third round of

coding, in which I connected the categories found in individual transcripts to subcategories that spanned across the given data set. After another 10-day break from the data, I was able to complete the fourth and final round of coding with fresh eyes. This round of selective coding consisted of looking for emergent themes to answer each RQ. To do this, I connected subcategories and categories with each RQ and sought out commonalities and larger themes to answer the four RQs. The conceptual framework was then used to organize the themes that emerged.

Several themes emerged from the data analysis process. From the provider perspective, four themes emerged regarding the creation of a shared understanding during the coaching process. The first theme was that a relationship needs to be developed, which included the coach asking questions about the provider, getting to know the program and provider, and maintaining respectful and positive communication. The second theme was both parties being open-minded to the process, which included the coach understanding the uniqueness of the FCC model, the provider being open to change, and the coach communicating without judgment. The third theme was when both parties are willing to work together in the process, which included the coach being hands-on in the program, setting goals collaboratively, and learning and exploring together. The fourth theme was when the coach is willing to invest in the individual provider and program, which included the provider feeling personally and professionally invested in, the coach spending time in the program and learning about the individual needs of the provider and children, and the coach aligning standards and metrics to meet the provider's style and program needs.

From the coaches' perspective, four themes emerged regarding the creation of a shared understanding. The first theme was that a relationship needs to be developed, which included open and respectful communication, trust, finding commonalities, and getting to know one another. The second theme was seeking to understand the individual provider perspective, which included asking questions about the program, respecting the provider's home, being open to the provider perspective, listening, and seeking to understand the provider's past experiences. The third theme was when a strengths-based collaborative approach is used, which included tailoring coaching to individual provider needs, letting the provider set program-based goals, using strengths to facilitate coaching, and being flexible to provider needs. The fourth theme that emerged was when learning is made visible, the provider can see the benefits of a change. This theme included starting with small goals and building on them, evaluating progress, celebrating successes, and explaining the "why" behind making changes.

Regarding provider's perspectives on how a shared understand influences their own perspectives of quality, three themes emerged. The first theme was the perspective of quality shifts as providers try new things because of the shared understanding and being able to see the impact. The second theme was through the coaching relationship, providers can experience how and what quality can look like in their unique setting. The third emergent theme was providers with positive coaching experiences are motivated to continue learning and improving quality. Two themes emerged regarding coaches' perspectives of how a shared understanding influences their own perspectives of program quality. The first theme was perspectives shift as they experience how standards can be

met in each unique FCC program. The second theme was that coaches better understand

the FCC provider experience and the barriers to meeting prescribed standards of quality.

Results

The purpose of this exploratory case study was to explore FCC providers' and

coaches' perspectives of how a shared understanding is reached during coaching, as well

as how this shared understanding is perceived to influence their own perspectives of

program quality. I developed the four research questions that guided this study with the

goal of exploring the formation of a shared understanding and its influence on

perspectives of program quality from the perspective of both the FCC provider and the

coach. I analyzed the data according to Saldana's (2016) framework using an Excel

spreadsheet. Themes then emerged to provide answers to each research question.

Research Question 1

Through analysis of the FCC participant interview data, four major themes

emerged as an answer to this research question, which was, What are the perspectives of

family child care providers about how a shared understanding is reached during

coaching?

Theme 1: A Relationship Needs to Be Developed. Interview data from all FCC

providers showed that the development of a relationship is necessary in order for a shared

understanding to occur. All FCC providers spoke about the need for a relationship, the

impact of a relationship, as well as how important it was to trust the coach they had

worked with. They indicated that the coach asking questions about the provider, getting

to know the provider, and maintaining positive and respectful communication was key to

establishing this relationship. P8 discussed her initial hesitation, as well as how the

relationship was established, and the impact of the coach's initial demeanor in setting the

tone for the process.

> You're on guard when you first meet someone. And definitely, that's how I've
>
> been with [my coach]. I was on guard. What was she able to do? Not do? How
>
> would she care for this? Why would she not care for that? But she, from day one,
>
> she tried very hard to make you comfortable. She would address you in a very
>
> respectful way. She wanted you to just be comfortable in asking questions,
>
> sharing thoughts, and wanting to do better. And she's only gotten better
>
> throughout time with that. I'm comfortable with [my coach]. We can laugh about
>
> anything. We can share moments where if I can see how she feels or might share
>
> a thought about a child. It's not a textbook. She is sincere about the response that
>
> she's giving you, you know? And I admire that about her, so yeah, throughout
>
> time, from beginning to end and it's not ending yet. I think it just gets better.

P10 explained how respect is necessary for maintaining the coaching relationship.

> It has been a good relationship with her. We have learned to kind of, respect each
>
> other and we already know each other and it's, it's kind of less than that, but do
>
> you know in the beginning it was not that great, but it's become great.

P10 also explained how getting to know one another, especially regarding

communication styles, positively impacts both the relationship and the coaching process.

> Well, it's got to be 4 years now. And you always, it's a relationship thing, you got
>
> to know the person, you got to trust that person. And, that's why I'm telling you

that the relationship has improved because now, I guess she knows me better and

before it was all new. We didn't know. And, maybe, we didn't know how to

communicate then. But if we wanted it to work, we had to work on it.

P3 also stated the importance of communication in maintaining the relationship.

I think that there was honest and open communication on both ends, and I think

that was really important.

P4 believed that this open communication was key to building a rapport, and ultimately, a

relationship.

We talked, we talked. If I had a problem, I'd call her and say, Hey, you know,

this is what I'm thinking. This is what happened, and she would call me. I mean,

we just built that rapport.

P6 explained the importance of trust and how it was established in the context of the

relationship.

I mean, just both of us being friendly, like just being easy to talk to. I could

bounce anything off of her and I wasn't afraid that she was going to call my

registrar on me. And that was the first thing she had mentioned, she's like, you

know, if I see something, I'll say something, I'm not just going to call immediately

on you - that's not why I'm here. That's not going to help our relationship at all.

So not that you're gonna haul off and do anything crazy, but, it just helps build a

little bit of trust.

P2 summarized the importance of having a relationship regarding feeling comfortable

making changes within the program.

It's such a big change and it can be such a big change that, and you need somebody there who's not necessarily going to hold your hand, but they guide you through it in a positive way.

Theme 2: Both Parties Need to Be Open to the Process. The FCC providers interviewed for this study were in agreement that open-mindedness on the part of both the coach and the FCC provider was necessary in order for a shared understanding to be reached. Within this larger theme, FCC providers shared their perspectives on the need for coaches to understand the uniqueness of the FCC model, being able to be open to the process themselves, and the coach communicated necessary changes without judgment. P1 stated the importance of understanding the FCC model.

I really think that each program kind of operates differently. So, I feel like sometimes they have to have an open mind when visiting each center because everyone kind of operates differently. I just feel like sometimes if you go in with the mindset that things should be, - their day should look a certain way. Sometimes it varies based on the children and the age of the children.

P5 clarified how she perceived coaches who were not open to understanding the FCC model to view her program.

It's a different setting if they've only worked with center-based people or anything. It's a completely different setting. Center-based is more one, two, three, like an assembly line. One, two, three, one, two, three, one, two, three while you're home. It's not like a factory. It's a different feel and obviously, we have different guidelines and some of those guidelines are just more relaxed for

family and they don't have to be so rigid and structured. And so, people who

come from center [based models] think that same thing has to apply to family-

based care.

P5 expressed the importance of the coach's understanding of the uniqueness of this

model as it related to reaching a shared understanding.

I had one and she was amazing. I felt like she understood where I was from. Like

those are home-based and I feel like her views were more understanding better

where I was coming from. And she tried to help me from a family group, home-

based environment perspective.

P3 explained how she believed the coach was able to gain an understanding of her FCC

model.

I do feel like the coach understood the program. They came out, they were able to

look around, interact with the children in my program, and kind of see and

observe, our day to day. And I think that kind of gave them an understanding of

what it was like.

P5 also spoke about how a previous coach did not understand the model, and how this

impacted the ability to reach a shared understanding.

It was a lot for me, and I think she didn't understand that - she didn't have children

of her own. So, I feel like she didn't understand the concept like you're my

children first and then my daycare kids are together. And I think she was a little

annoyed at the fact that I was always behind on goals.

P6 echoed these sentiments when relating an experience where she felt the coach did not understand her model, in which she is the sole provider.

> Yeah. Right. [Coaches] Just use your time wisely. Like we can only do so much. There's only one of us in these programs. I mean in group family they do have two staff, so it may be a little bit easier, but family, we're just, we're lucky to make it through the day some days.

P4 shared an experience that illustrated her coach being open-minded and willing to learn about the processes she was already using in her program.

> And I was trying really hard to implement the things that she had told me and I just, you know, if it's not your nature, at least that's how I am. If it's not something I do on regular basis, I don't always remember to do it. And I know it was obvious that I was struggling really hard to do those things and it wasn't second nature for me. But then when the kids started implementing their own caring couch, which is what they were used to, and that's what works. She was watching and she didn't say too much, she did go over and talk to the one child. I really don't even know the whole conversation. But I do know that when that meeting was over, we sat down to talk instead of saying how did that go? She said, tell me more about the caring couch and where did you come up with that idea?

In addition to understanding the FCC model, providers also stressed the importance of being open to the process. P7 explained that being open is necessary and that she is working on it to be successful.

You have to be someone who's open-minded and be ready to receive negative

criticism, constructive criticism, and be ready to learn…So, I'm opening myself to

her suggestions and then if there's something that we disagree on, maybe we can,

okay. Agree to disagree. Or probably work together. I'll slice it in the middle.

P1 explained how both parties being open-minded can allow for fruitful conversations

that help get both parties on the same page.

A lot was through conversation several times, but for me, writing down my

thoughts and then being able to speak with the person about what I wanted to see

and back and forth, like making lists of the things that I liked and the things that I

could improve upon. And then just having different conversations about it.

Many providers also stressed the importance of the coach not communicating value

judgments. P2 explained how the lack of judgment was integral to her engagement in the

process.

But for me it made me want to work with [my coach] when I heard what she was

about and how she presented it. How you sell your item, how approachable you

are and friendly. And I hate to put it like that, but if she was if it would've been

somebody that would have been a know-it-all and be like, well, you're doing it

wrong and no, it wouldn't have wanted me to make me be a part of the program or

be near her or have her come into my house that often.

P11 appreciated the openness of her coach as it related to being able to make mistakes

without being judged. She felt the coach was truly willing to meet her where she was.

Well, when she came in, she also helped walk through the renewal of the CDA. So, when she came in, she would start off with, okay, I'm going to come in and she always let me - when I come in - do you have any questions? You know, don't worry about making mistakes. Just ask me. That's what I'm here for. It was always that what I'm here for.

P4 summed up the importance of the coach being open-minded and judgment-free regarding creating a shared understanding in the context of the coaching relationship.

And I think for me, that's what I valued the most out of that was she didn't just come in to tell me what I was doing wrong. She came in to see what was already working, not trying to fix something that wasn't broken just because her piece of paper said, you should do it this way… So, the one thing I would say is, regardless of your training, regardless of how many years you may have been doing our job before becoming a coach, don't come in with preconceived notions of how we should do our job. You know, none of us that are in the field now - I can't walk into somebody's program and tell them how they should be doing their job because every child is different, and children are changing all the time. So even though we may have a baseline of what we might be doing, that doesn't mean it works for every child. So when you come into the program, don't look at me and what I'm doing in my environment as much as you are looking at the children I service and what their needs are and what their body language is telling you because that's the eye that I need in my program to tell me how to best service this child.

Theme 3: Both Parties Need to Be Willing to Work Together. Interview data

from FCC provider participants showed that their perspectives on how a shared

understanding is reached between coach and FCC provider included both parties being

willing to work together. Under this larger theme were the ideas of the coach being

hands-on and helpful in the program, setting goals for program improvement

collaboratively, and both parties being willing to learn and explore together.

P6 expressed the importance of the coach taking a hands-on approach in the program.

> Let us work with our kids, don't overstep your bounds. Just give us a few extra
>
> minutes if we need to go help a kid in the bathroom, like play with our kids for a
>
> minute. Even though you're there, don't just be a fly on the wall. If you're gonna
>
> come in, you gotta be active.

P7 talked about how her coach is hands-on in helping her organize her furniture and even

helps her after program hours.

> She came over 5:30, left my house at 8:30 at night because it's better to move
>
> furniture and stuff around when the children are not around.

P8 provided an example of how her coach was hands-on in the program, and how this

facilitated a shared understanding.

> She came in this month, this one Monday we had this one little girl who was just
>
> not, she was just not being flexible at all, and she could see, I knew she could see
>
> how, when you have someone outside come in and now their eyes are on you, you
>
> get more nervous. You're looking for things to go just right. And this particular
>
> Monday just wasn't happening. So she right away, after a couple of minutes of

seeing and watching what was going on, she took her pocketbook, she put it to the

side, got on the floor, grabbed a book, and she just started reading. She just

started reading right then and there. Some of the children came right over to her

and sat with her. She read for about five minutes. She didn't go real deep into the

book. And then she broke out into singing. We were able to take the little girl

that we were dealing with to the side and we were able to tone down that high

stimulation that we were giving her because of [my coach] and I just sit back

because she realized, all right, you know what, they need assistance right now. I

am going to help them with it and then I can move on from there what we need to

do. I thought that was awesome. Yeah. Cause I've had people come in here, they

can see right now, I can't give you the attention that you want because I've got to

take care of this and they'll get into a chair, sit there and just sit. No hands-on, no

nothing, which makes the situation even more intensifying. You know, not [my

coach]. No. She jumps right in. She jumps right in. And to me, that action was a

learning moment for me. She was showing me, she was coaching me, let's do it

this way. You've got the staff. Do one here, do this one with this one, this one

with that one. And it fell right into place. You know. So yeah, that was a

learning moment. That's one of the ones that stand out in my mind.

P10 emphasized the importance of both parties working together towards program

improvement, and how working together helped her and the coach to reach a shared

understanding regarding changes that needed to happen.

93

And we work every month. She always would either call me or she comes and

then we go through, working and improving whatever we went through, the report

and also what she sees because sometimes you come in and she, she let me know,

she looked at the environment and she says, Hey, it's a little bit close this chair,

there's something that we could do in the front stoop. When your parents come

in, the parents are seeing all these bottles too, we get a cabinet and just put all

your paint equipment inside a closet. And that way they're not seeing, then we

work on all those little things, they are very important to me. And they are also

important to [the state QRIS]. Yeah. We have been working.

In addition to working together in a hands-on fashion, FCC providers also discussed the
importance of setting goals together in a way that both parties were able to offer input.
P1 explained how collaborative goal setting worked with her coach.

I think it was kind of a combination [of where goals came from]. Once they said

what they thought and I gave my reasoning and they were like a group

decision…Um, sometimes they, for instance, if it was something about, I'm just

giving an example of something was on diversity. We would talk about, what we

would like to see. And I would say, well, I know that we have certain books that

show a family that is of a different background. And they suggested the

multicultural dolls as suggestions of something that I could put up around the

center so that the children see different types of people.

P6 also spoke about setting goals in partnership with each other using the FCCERS as a
baseline, and how this helped her and her coach reach a shared understanding in regard to

what steps could be taken toward improving quality while still honoring the provider's program.

> The reading area really came from her, from the FCCERS scale just because I had no soft surfaces. I had no cozy corner or like an individual timeout, almost like I need a minute type thing, so she's like this could really benefit as a multitude of different things. So, it was kind of like, you know what, it's not going to hurt. It's within my realm of understanding - like it's okay if there are bugs, I can wash everything. So, we kind of came to an agreement on that and then with moving stuff around. That was all based on the FCCERS scale too. It was kind of something that she had suggested that it did make sense to me to move stuff around like that. And it really did help cause then they weren't dumping everything.

While collaboratively setting goals was an important component of creating a shared understanding, P8 believed that being an active participant herself was also integral and that this helped to not only steer the process but also to help the coach understand her needs.

> So definitely, I've always asked [my coach], any of them, this is what I need help with right now. What can you do for me? How, where can we go with this? You know? And they've always been great.

P2 agreed and discussed how she would actively engage with the coach to ask questions outside of the scope of the project they were working on, as she felt this benefited her and helped the coach to better understand her program needs.

So, I would actually approach her, because apart from feedback on the space, she didn't have many negative things to say. So, I actually was the one that was kind of asking questions about what to do in certain scenarios that I encounter with a child. And I told her what I did and what I tried to do. And she would just provide feedback upon those.

FCC providers also emphasized that working together also meant learning and growing together, as this process facilitated the creation of a shared understanding. P10 spoke specifically about the learning process her coach had to go through, and how the learning was part of the process for both.

Well, to be honest with you, I think that she is learning with us too. This is all new for everybody. I think sometimes she doesn't have the answer and she had to dig in somewhere else, it has become a process for all of us.

P7 explained that learning was part of the process that helped her to grow, and that her coach learned from her and other providers as well.

Like I said before, the things that I enjoy the most is that I feel that there's always something to learn. It's pretty fun at times. Except the regulations are a little crazy, but I like the fact that I stay on top of the regs. I like the coaching process because you get not only negative but good feedback and that helps me grow as a person because everything is not, you know, negative. I guess we all learn from each other. Cause there are some things that I do that other providers don't do. There are some things that they do that I don't do.

Theme 4: The Coach Needs to Invest in the Individual Provider and

Program. The final theme that emerged from the data in response to the research

question "What are the perspectives of FCC providers about how a shared understanding

is reached during coaching?" was coach investment in the individual provider and

program. Interview data showed that FCC providers perceived feeling that the coach was

personally and professionally invested in them to facilitate the attainment of a shared

understanding. They also noted that the coach spending time in the program and learning

about the individual needs of the provider and children, and the coach aligning standards

and metrics to meet individual program needs as components that supported a shared

understanding within the context of the coaching process. P4 spoke directly on what

coach investment in her program looked like.

> What helped was she invested herself into my program. She wasn't just
>
> somebody who came in and disappeared. She came back on more than one
>
> occasion. She calls to see how things were going. She invested herself in the
>
> program, she made a suggestion and she wanted to know if it worked. It wasn't
>
> like I know what you should do and then I know it's going to work. So, you
>
> know, we're just going to leave it at that. No, she called me, said, Hey, how did
>
> that go?

P11 explained the importance of individualization on the part of the coaches, as each

program and provider are unique.

> Well, what's important when coaches come into family child care for the first time
>
> is to try to get to know the provider because each child care provider has a

different style. Like people are unique so you can't box them in and do a one size fits all.

P2 stated that an important piece of reaching a shared understanding was the coach knowing her and letting her be who she is and respecting her program model while supporting provider and program growth.

She doesn't try to change who we are. She tries to supplement and help us to be better and guide us with advice that completely falls in line with what we want to accomplish.

P10 also believed that the coach allowing her to be herself and run her program in line with her personality was an important component.

She knows that I, I'm sort of, this persona, my personality and, and you know, everybody. And she tries to let me be who I am.

Other providers discussed what it looked like and felt like to be personally and professionally invested in. P8 noted how supportive her coach was in providing redirection, while also making her feel valued as part of the profession.

She [the coach], she's enthusiastic. She finds ways of making you feel like you are doing your best, but you can do better. She is one that as she's conversating with you when talking with you, I can see she will allow for a mistake, but then she finds the most comfortable, loving way of redirecting you in the right direction…She understands implicitly what we're dealing with and what we have to do and what we're trying to accomplish. I think that's why she is good to work with us as child care providers. She has not just the knowledge, but she definitely

has the right mindset on how to treat us, how to talk to us and, and how to

facilitate our progress so that in the end, we feel good about what we're doing.

We truly do feel good about what we're doing. At least I do.

P7 believed the level of investment of her coach was akin to her being a regular part of

the program. She mentioned the activities that the coach engaged in with the children

numerous times throughout the interview.

She's very helpful and very loving and she treats us like her kids. Like I actually

say when she's here this is her daycare, I'm just here…I think we've developed a

nice professional relationship and a friendship outside of work. She comes over,

not only does she rearrange my space but when she comes over, she has great

ideas. She teaches me, and she also makes quite a mess. And you know, with the

foam, with the kids, it was, I'm still sweeping. But the kids had the best day at

daycare they ever had in their lives.

P2 provided an example of the level of investment of her coach, as it pertained to the

children. The coach was willing to allot additional resources to the program because it

would benefit the children, regardless of budget constraints.

And then she gave us this blanket, this waterproof blanket and she was like, Oh,

this is great. Here you go for the babies for when they go outside. And as soon as

she brought it in, we popped it open, we went outside with her, we popped it open

and then we had 12 children trying to squeeze all on one blanket. And she looked

at me and she was like, you know what, I have a demonstration one but, forget

about it. It's yours, take it, you know, I see that it's something that you're going to

use that your kids are already clearly going to try to, maybe argue a little bit for,

but it's those little moments with her where when I'm having a conversation and

even though she had already used whatever amount of allocated money was for

what she had gotten us. But she didn't hesitate to give us another blanket cause

she saw that the kids were already very drawn to the one that she already had and

that it wasn't enough. So, it's hard to explain because I don't see her often, but

when I do, she does this and I'm able to talk to her. She does impact, our day, or

how we see certain things when we are struggling.

P5 stated the importance of individualization, especially as it related to flexibility for

completing work toward goals. She felt this demonstrated that the coach understood her,

and thus contributed to a shared understanding.

I like the fact that I can because I don't achieve my goals quickly. I liked the fact

that I had the opportunity to achieve my goals at my own pace. And I like that

fact that I'm not rushed or pushed to do something that I don't really want to do at

that moment, I just like the fact that I'm not pushed, not forced to do anything.

P4 highlighted that alignment of goals to the program needed to be more important than a

standardized checklist.

And that's why when I worked with the specialist, it was so important that I knew

that she was invested in my program. Not because I know better than anybody

else, because I want somebody to really come in here and tell me what I'm doing

wrong or what can be better or what needs to change, but I want you to do it

because of the population I have, not because of what's in your notebook or how

many boxes you have to check off.

P9 summarized the idea that for a shared understanding to be reached, the coach needs to

know the provider and the program and have a high level of engagement. She also

believed the coach needs to individualize feedback to make it accessible for the provider.

So it needs to be somebody that can gauge, where's this person at and then two,

you have to be able to be warm and cozy if you're not willing to sit on the floor

and listen to the kids and try and talk over the kids and remember what it was like

when your kids were two and three and four years old with a new person in sight,

it's not going to work. All the conversations that we have may be great but it's

not going to mean anything after nap time because I'll be lucky if I remember,

after all the diapers and all the meals, and all the paperwork. A conversation is

not going to be tactile is not something that can hold on to… I'll remember what

we've talked about if I had a piece of paper, change garbage can daily. I

remember that, and I'll remember the conversation that went along with that. I

guess those are written cues, is what they are called.

Research Question 2

An analysis of participating FCC interview data yielded three emergent themes in

response to this research question, which was, How do family child care providers

perceive this shared understanding to influence their own perspectives of program

quality?

Theme 1: **Perspective of Quality Shifts as Providers Try New Things as a Result of the Shared Understanding and Are Able to See the Impact.** Participating FCC providers discussed that their perspective of quality shifted as a result of reaching a shared understanding with their coach. They noted that being able to see the impact of the changes, whether it be in children's reactions or easier program management, helped them to develop a better understanding of quality. P4 shared an anecdote describing how she was open to trying new things, as well as reflecting on the connection between concepts and how they benefited the children.

> And then we'd sit down afterward, we would write notes down and then she would tell me what she saw which I absolutely love because I'm here, I'm in the thick of it. I know these kids are moving through it and another set of eyes is really refreshing. They're like, Whoa, you know, I had no idea that child did that after we get done talking. But it was great. She came in, she brought tools with her that we were able to implement into the program. Some charts and things. We have Tucker the turtle all over the place. And it was kind of funny when she uses this Tucker because years ago I was using the PASS program that the schools [were using] and it was again a turtle and it was the same thing, take two breaths. So, we started to look at that and we started to notice that, whether it's a turtle or like again with little people, big challenges, we have Elmo that does the same thing.

P2 shared that it wasn't always easy to meet the stated standards for quality, but that she was willing to try and was able to find a way to meet the standard and meet the needs of her children and program.

> I mean, it was for me something that may have been trying to figure out what worked in what category for supplies was something that drove me a little crazy. Because with family care you have a range of ages and sometimes your space is limited. So trying to figure out having soft cars for infants and this kind of car and then that kind of car or trying to figure out how it works and how to put it together so that it would come together. Because if I go through that list and I actually read it and I think about all of their requirements for them and then I think about my space, it would end up being like super cluttered where it would be too much of an eyesore for me cause it's also my home as well. I think that that would be the least enjoyable part of going through that actually like a supply list and figuring out how to make it work because it wasn't just what I had, it was how do I make it work in my space to make them happy and make myself happy and also give the kids what they like.

P5 explained the first thing she implemented and learned from her coach, stating the power of seeing a strategy work.

> One is the teacher voice because I have a very stern mom voice. Teacher voice was very helpful. I've actually used it on my personal children occasionally. And the two kids because they're going to do what they want when they want, regardless. Basically because of their age. And that they're there to learn. They

learn by playing and that's what really like I knew that. But you don't really know it until you actually see it.

P6 discussed the change she made in response to coach feedback and how seeing it work shifted her perspective.

I didn't keep all the little toys on the bottom anymore, even though my thought beforehand was, let's keep these the favorites on the bottom because it's easier for them to get to anyone. But then, it's like, well, no, they're bigger. They can reach higher. So, if I don't want the babies dumping out all this stuff, as long as the kids could still reach it, who cares? Right. So that was interesting. So, I would put the big house or the big car, it was like a little people roller coaster thing. It fits into one of the squares and put those along the bottom. That way if a baby pulls those out, it's really not a big deal. And I have another little shelf section. On the bottom, I put the baby, the bottle connectors, or the beads or whatever they're called. And then like just little, not little big little toys. Baby type stuff, little plastic blocks, and the wooden blocks, those are all on the bottom. So, if the baby did pull them off, perfect, you can play with it. So, something I didn't know I needed, but it actually really worked.

P10 summarized how implementing different strategies and ideas and seeing the results, within the context of the coaching process, has shaped her perspective of quality.

I didn't have that definition, but by doing it over and over and by exploring and by reading and by training you are seeing the results. And by doing it, you see how much they learn and how much you gonna. It then benefits them just by doing it.

You don't even have to, I mean, you don't have to follow any book. You could see it on your own. If you really like this, if you are really committed to this, you see it, you know, you love to see the faces when you come up with something new.

Theme 2: Through the Coaching Relationship, Providers Can Experience How and What Quality Can Look Like in Their Unique Setting. The interview data from FCC providers showed that reaching a shared understanding with a coach, and shifting to understand the many facets of quality, allowed FCC providers to see how quality could be achieved in their individual settings. P11 depicted how the shared understanding with her coach allowed her to take in a new way to meet a standard of quality that fit with her own setting.

I'll give you an example, I said, how do you do observations and your kids, you try to engage the kids in it. And she showed me how she would use stickers and take pictures. So, this way, you go back to it later, you're like, cause I was trying to walk around and I'm trying to, you know, writing and different things at the same time. I said this is a nightmare for me because I can't get my thoughts together. And she said, no, just focus on exactly what you see the child doing, nothing else. Don't implement your thoughts or anything. And she had this like a folder with stickers and she said, and then it comes back to you, later on, we can really state your observation.

P2 described two scenarios in which she was able to incorporate changes that aligned with quality standards but also fit the philosophy of her program and the needs of the children.

One of the things, I told you, I love going outside, but the problem we encountered, especially with toddlers that are interested in learning how to walk. It's that when we had rainy weather, as soon as they would sit, they would get wet and cold. But when you put a snowsuit on, it was too fluffy for them and they would just lose their balance a lot. And so, I went out of my way and I did some research and I found muddy buddies that I bought off of Amazon. And I sent her a picture and I was like, look, I love them. And I was like, look, [coach's name redacted], we were able to find these, we asked for donations from parents if they were willing to, and they all just donated money and they were like, if it serves their kids just get unisex colors and we'll rotate them as they grow out of it and new children come. So, something like that. With math, I didn't have many math things, so I am able to pull some things with numbers. But then I was also able to find some Grimm's wooden toys. And they are mathematically correct, which was something that I showed her that was really cool because you could, the way that you align the blocks, they go from the number one to the number 10 without having the actual number written on it. It goes by the width. So those were things that I was able to, you know, I worked on and then she would come back, and I would say, Hey, look what I found. So, this fits into our number section, the

section with science, math, I know it's not outright in your face like numbers one through 10, but this is the purpose for them.

P6 summarized her experience of seeing how quality standards could be adapted and successfully implemented into her setting in the context of a shared understanding.

There's a lot of different things that I had never really thought about. And I had previously had a bad experience. I had a child bring in fleas on a blanket. And so, I had gotten rid of everything that was like soft and fuzzy. All my rugs were gone. I had no stuffed animals. I now supply all the blankets instead of them bringing them from home. It was just like traumatizing. So, when she came in she was like, you have no comfy corner, no safe space, no fluffy anything. And I was like, yes, I know, and this is why she's like, I understand, but why we try something. So, we actually had extra money from the grant leftover that I was able to put towards something that was recommended and that was one of her recommendations. So, we ended up making a reading corner. She's talked me into just a plastic nap mat buy a little one of those, put that down. Buy some fabric pillows, but they're outdoor washable pillows so I can throw them right in the washer and dryer anytime I need. And I was like, I'm totally okay with that. So, we were able to do that. That brought me up on the FCCERS scale a little bit.

Theme 3: Providers With Positive Coaching Experiences Are Motivated to Continue Learning and Improving Quality. The FCC providers who took part in this study connected their coaching experiences to a greater motivation to learn more and to do more to improve program quality. This included joining the state QRIS program,

obtaining a CDA or degree, or engaging in further training or coaching initiatives. P2

explained how the attainment of a shared understanding during the coaching process

impacted her overall motivation to engage in quality improvement.

> I think as far as the programs of coaches go; I think they are very helpful. I think
>
> it makes you look at your program from a different standpoint, completely
>
> different. It makes you reevaluate things, which is very good. It's very healthy
>
> and it helps, definitely doing these programs makes me want to better it where I
>
> keep signing up for things and I just want to learn more about it. I want to be the
>
> best provider I can be. So, I do love it.

P8 discussed her conversation with her current coach regarding joining the statewide

QRIS program.

> You know, what I was telling [my coach], I'm not about the furniture right now
>
> it's the curriculum it's teaching. That's what I really want at this moment. You
>
> know, I do my lesson plans and I have my goals and my objectives and I do all of
>
> that, but I feel like I want more, I want to accomplish more with the children.
>
> That's where I'm hoping that [the statewide QRIS], I can run with it. That that is
>
> where it takes me.

P11 linked the guidance she received from her coach to her entering the statewide QRIS

program and explained that she discovered that there is always more to learn when it

comes to quality.

> Well because that coach used to provide us support meetings and we were able to
>
> talk to that coach and tell that coach things that we couldn't tell a licensor. Not to

be judged, but to honestly really want someone to help and guide us. Because when you're given that license for child care, it's just a bunch of rules and regulations and paper. Nobody teaches you how to, and I love the fact that, you know, you get the classes and it's about children, but no one gives you the business aspect of it. They just give you a broad range of everything. A broad range about the children, a broad range about the business. Okay, you need insurance, you need this, you need that, but do it so much more. And what I mean by so much more, I just became part of the [statewide QRIS program] and even though we do everything basically that they have on their agenda it is not written down like we've taken classes about, you know, policy and procedure and contracts, but there are so many other things listed in there.

When asked why she continued to engage in different coaching projects, P1 spoke about the positive relationship and experiences she had with coaches, and then continued to connect this with her motivation to continue improving and learning about new tools and strategies.

Just wanting to just kind of give everyone the best. The best of me. So there's always things that are ever-changing in this industry so that I'm up to par with everything, regulations as well as any tools that are out there that can help me be successful.

P8 discussed her 15-year journey, and the impact that reaping the benefits of coaching and the connected resources has had on her understanding of what it takes to create program quality.

The 15 years that I've been in this, did I start from the very beginning, with these thoughts? No, I was opening up a daycare, the child council walking me through it. Truly, when I was filling out the application, I did not have anybody on my side to say, this is what you have to do, this is what they're asking you. This is what they want, I had to go about that by myself, but as time has gone on and I've been able to take advantage of the resources that are out there, the trainings that are out there, that help from the different coaches that I've had, I've realized that the only way to be remembered as a quality program - I want to say our profession, but the profession is not there. It's constant improvement. It's constantly finding ways to make things better for everyone that's involved in it.

Research Question 3

The interview data from the 11 coaches who participated in this study were analyzed and yielded four emergent themes in response to this research question, which was, What are the perspectives of coaches about how a shared understanding is reached when working with a family child care provider?

Theme 1: A Relationship Needs to Be Developed. The interview coaches unanimously agreed that a shared understanding between FCC provider and coach could only be reached once a relationship had been established. Included in this theme were the concepts of building trust, engaging in open and respectful communication, finding commonalities with each other, and getting to know one another. Coaches stated that this was the most crucial part of their work in terms of being able to eventually come to a

point of shared understanding with FCC providers. C1 highlighted how important this is in regard to engaging in quality improvement work.

> I think it's always started with really getting to know the provider, they're not going to want to change at all unless they develop a sense of trust with me. So, I really work on building that relationship.

C2 echoed this sentiment in response to being asked what her typical process is when working with an FCC provider.

> Initially, I like to go in, and get to know more about them, discover what they love most about their job.

C6 explained the importance of building in time to establish trust and build a relationship, as it does not happen automatically. She also highlighted the importance of honesty and authenticity.

> You have to build trust and sometimes that develops right away, and you hit it off. And other times, it takes a little bit longer for various reasons, whether it's just personality differences or they've had some bad experience with people coming into their programs before. I think I build trust by, first of all, being genuine. I'm the same whether I'm working or I'm with my friends, it's being honest and genuine.

C8 highlighted the skills required to form a relationship, including listening, and observing to pick up on attributes that an FCC provider might not verbalize, and how this is necessary to form a working relationship that allows for a shared understanding to be reached.

It develops a long-term relationship, which I think is really exciting. I always try to end with something that's enjoyable, and one provider told me she never gets out of the house, so I actually called her husband and said, can I take her out for ice cream night? She has young children of her own. He's like, sure. At eight o'clock at night we went to Stewart's. But those are the things I think because family child care providers live in an isolated environment 10, 12 hours a day, the relationship piece is key, and they might just drop one hint about, I wish I could do this or that. You really have to listen and tune in on those types of things.

Many coaches discussed how the establishment of a positive, trusting relationship allowed providers to feel more comfortable with the coach, thus supporting the attainment of a shared understanding. C4 explained how this has worked with the family providers she had worked with.

Yes. As time passes, they feel more connected with me and they feel more confident to ask me any questions. We have a connection and the relationship that if you're more comfortable in the home then they feel more comfortable to allow me to do what I normally do. This is what it is.

A number of coaches noted that they were mandated to report violations as part of their job requirement and that they felt that making those reports for minor issues could destroy the trust that was built, and ultimately prevent a shared understanding from being reached. C2 explained how she tried to navigate between the reporting requirement and maintaining a working relationship with her FCC providers.

Well, I don't necessarily want to report every single regulatory violation on my feet because I'm trying to maintain a working relationship with the provider and see us as a team, you know, working towards the betterment of the program and the children. So I don't want to necessarily report everything, but I make it very clear that if I see anything very serious, that is going to hurt a child or is a bordering on child abuse or can put a child in danger that I would have to contact their licenser and submit reports.

C2 then described how she navigated relationships with providers if a report did have to be made, stating that identifying commonalities was key in overcoming distrust and continuing to move toward a shared understanding.

I think it's really explaining to them, what are our common goals? Our common goals are making sure that these children are well cared for and what can we do so that this issue won't return. Of course, we know we both want the children to be safe, but I also want the provider to be successful in their position as well. So I'm not trying to be the bad guy. I'm also trying to help them be better in their profession. So, we're all working together as a team and, and usually when they start to see that we're in it together and I'm helping them as much as I'm helping the children that they're able to take a different perspective.

C7 summarized the importance of building a relationship, stating that it should be the very first goal, as without this, neither a shared understanding nor steps toward quality can be accomplished.

This is a little repetitive of the first question because building a relationship is the

number one, yes, zero. Yes. I mean like don't do anything. And you have to go

back to the old adage that children do not learn from people they do not like.

Adults do not learn from people they do not like. So, your whole goal is

commonalities. What'd you have in common? Do you go to the same places?

Do you like country music? You both like things that have nothing to do with

their job particularly. And you're only going to notice that by being big, a good

observer in their house. So, the first role is to build a relationship and to

understand their perspective. That's the very first goal of a coach.

Theme 2: The Coach Must Seek to Understand the Individual Provider

Perspective. The coaches who participated in this study repeatedly stated the importance

of seeking to understand where each FCC provider was coming from. Included in this

theme were the concepts of asking questions about the provider's program, respecting the

dual-usage of the provider's home, being open to the provider's perspective, and seeking

to understand the past experiences of each provider as it related to coaching and quality

improvement. C8 spoke directly to how she works to understand the individual

perspective of each FCC provider.

I usually start with, tell me a little bit about yourself, what you like, what you

don't like, what are your hobbies, general stuff. And then delve into a little bit

about, what's your ideal shopping environment, what type of store do you like?

Because if you can get them talking about, I don't like this particular mall because

it smells, it does this, it gives a window into what they like or don't like.

C9 explained her process of inquiry as it pertains to understanding the FCC provider's

perspective, and how this ultimately supports the attainment of a shared understanding.

> As I'm sitting and I'm observing, we're having those conversations. Just asking,
> tell me about what's going on here, how did you come up with this, and just
> asking a series of questions, but not in an accusatory tone but in a way to better
> understand what their process is. And then sometimes I repeat it and I'll go, this
> is what you just said. This is what you just told me that you do. And they go, no,
> no, no, that's not what I mean. And so, it's this back and forth, conversations that
> we have to clarify what they mean and what they're doing and with that comes my
> ability to help them understand why they need to do certain things.

C2 described the process of inquiry, or asking questions, as a method that could also be

used to understand an FCC provider's stage of change. She explained that understanding

a provider's stage was essential in being able to attain a shared understanding.

> Sometimes the providers who have been around for a very long time don't like
> having somebody come in and tell them a different way of doing things. They
> become very set in their ways and become very used to doing things a certain way
> so they may not necessarily want to change. Me knowing their stage of change is
> very important. And their willingness to participate and in any kind of change is
> very important. So sometimes when they are unwilling to change it can prolong
> our efforts. We hope that over time, that gets better the more I come around, and
> then the more that they see that I'm a friend rather than somebody who's out to get
> them.

Nearly all coaches spoke on the dual usage of the FCC provider's home as a sensitive

topic. They stated that a coach needed to understand the model of FCC, as a home

setting is unique. C3 identified the key difference in the FCC model of early childhood

education.

> In family programs, it's hard to explain because spaces are different. It's them
>
> opening their home and allowing others to come into their home. And making the
>
> space suitable for the children to be in and letting them essentially run what's
>
> going on.

C7 specifically stated the need for a coach to understand the difference, not only in

settings but also in coaching models.

> What's really important for individuals to understand is coaching a family daycare
>
> provider is very different than coaching going into a daycare center and coaching
>
> a teacher. Day and night. And unless you understand the complexity of the
>
> coaching piece, the family daycare, then you will struggle horribly. So, you
>
> cannot use the same model for coaching daycare center staff that you do for
>
> family daycare.

C7 continued, explaining the key differences between the models of coaching for child-

care centers (daycares) and FCC programs.

> So back to your question, how do you make those connections? You are very
>
> open, but your schedule is totally around the family daycares. If they want to talk
>
> to you in the evening, that's when you talk to them. So, it's not cookie-cutter like
>
> it is in daycare centers. Daycare centers you always go during the day. Family

daycare, not so much. So, I would recommend if you're going to coach someone, you're going to do it every other week, which is the model. But you know, everything changes. What family daycare struggles with is their schedule. So that coach is going to have to be very flexible because when they think that they would want you, after building a wonderful relationship again over weeks and weeks, but asking what resources they might before you even do anything assessment, what resources do you think that they may be interested in? You're only gonna find that out with just inquiry. And very often that does not come during daycare hours. They're too busy. They do not have time to sit.

The coaches interviewed recognized that for FCC providers, the line between home and work is blurred as programming takes place directly in the provider's home. C4 highlighted this as a challenge for family providers in regard to working with a coach who is seeking to facilitate change.

Okay. You asked me what the biggest challenge I would say to you was the biggest challenge for them. That I always keep in mind, those women working in the home, it's a challenge and to have a stranger come to my house. It's not my business it's my house to asking me, and telling me, you need to make changes.

Coaches also clearly identified the need to respect the provider's home, as, without this respect and understanding, a shared understanding would not be able to be reached. C2 explained how she worked to show respect for the FCC home setting.

I try and come down so that we're all on the same level so that they could feel very comfortable. I usually compliment them on their home, and I thank them for

allowing me to come in their home. I recognize that this is more than just their business. It's more than just their job. This is also their home. This is their private area where they live. So sometimes when we come in and we try and tell them how to change, we're also making them change their lifestyle, it can cause a lot of anger and frustration because they sort of feel attacked on their own turf.

So really trying to get to the core of it and make them as comfortable as possible.

C6 tied respect for FCC provider's home to understanding their past history with others coming into their home as well, and the sense of distrust that may need to be overcome in order to move toward a shared understanding.

Well, I think there is a sense of distrust towards people coming into the programs. So, I very quickly say I'm not, I don't work for [state licensing]. I don't work for [study state SCD]. I'm very clearly happy, I'm a coach. I'm a teacher like you. So, I think there's initially some distrust about people coming in to not just their programs, their home for goodness sake. I mean, that's got to be an extra level of sensitivity. When we're critiquing or providing feedback on the environment, this is their home for goodness sake. So, I think trust is a particular issue.

C1 also described a situation where she needed to work with a provider to overcome an initial distrust based on previous experience, but that understanding this perspective and working through it with the provider allowed for not only a relationship, but a shared understanding to occur.

She had had a bad experience with the licensing, so she was quite defensive and very nervous initially. But when she realized as we work together to build a

relationship, and she began to trust me, we developed a really wonderful coaching

relationship. Can I say that you know every time I would visit she would give me

cuttings of her plans to take home with her because she really was just very

appreciative of the work that I was doing with her. And she went from a program

that was not at all organized to like a model program with an incredible defined

infant-toddler space, safe, accessible, child-size equipment, child-size tables, and

chairs.

C3 described her process in making her respect for FCC providers and their spaces

visible.

I try really, really hard, especially with family programs to let them know that I'm

in their space. And I am a visitor in their space and that at the end of the day I'm

here to help them and not hurt them. Sometimes I bring them books, little

presents, and that kind of gets me in the door, where recently I can bring them

bigger toys. Um, and that eases the way a little bit. But I let them know overall

that I am there to help them and that's my end goal.

In addition to understanding the past experiences of an FCC provider, and the uniqueness

of their setting coaches also identified being open-minded to what providers did, and how

they ran their programs, as crucial. C4 explained how being open-minded allowed her to

also grow as a coach once a shared understanding had been reached.

I am always learning something new from them because I was working with kids

for many years, but doing this job, I am learning with them. That's a new

experience for me.

C8 echoed this sentiment, reflecting that her openness to learn from providers is what has allowed her to successfully reach points of shared understanding with them.

> I think one of the things I like to communicate is I learn a lot from every person I coach about children, about people. It's helped me grow. So, I think I'm very open and honest with people, very direct. And I think maybe that's another strength that I try to be very real about who I am, what I like, what I don't like.

C2 summarized the overall importance of seeking to understand the perspective of each individual family provider, and how this was a key component, in her experience, of reaching a shared understanding.

> I think I'm trying to see things from their perspective. I'm talking to them about, why they do what they do and curious about why they do what they do and why they may have responded in such a way or do things a certain way or whatever. Trying to gain their perspective makes me a better coach and a better person because then I'm able to see, well, okay, they're not just doing this because maybe they're lazy or whatever. They're doing this because they think it's the right way to do it. They don't know differently. They think that what they're doing is the best that they could do, they think that they are giving the best care that they can, they just don't know any different. So, once I realized that they really do believe that they are doing their best, then I don't blame them for what they're doing. I realize that that's just where they're coming from. And then once they can get past that and then we work on different perspectives and different ways of doing

things, and they're able to then shift their perspective and see my side of things

and we're able to meet in the middle.

Theme 3: A Strengths-Based, Collaborative Approach Should Be Used in

Coaching. This third theme that emerged from the coaches' interview data in response

to the question, "What are the perspectives of coaches about how a shared understanding

is reached when working with an FCC provider?" included the following concepts:

tailoring coaching to individual provider needs; allowing the FCC provider to set

program-based goals; using provider strengths to facilitate coaching; being flexible to the

needs of the provider. As defined by the coaches, strengths-based means drawing on the

providers' existing strengths to facilitate progress toward goals. C8 explained the

importance of using this model.

> I think that's a key to being a good coach is where's the opening strength? What's
>
> the one or two things that the person does feel proud of? Can you find it and zero
>
> in on it and make them feel good about themselves in that area and then build on
>
> that through, your beautiful color scheme going here, you know, I can't do that to
>
> save my life. So how can we use that, for example, to, reorganize your space?
>
> What do you see, what do you want to have happen? And eventually, I can figure
>
> out the direction maybe that they want to go and start making some ideas and
>
> thoughts. And sometimes it takes several sessions, but sometimes it only takes
>
> one.

C1 also described how she uses her initial observation to look for strengths so that her

feedback to an FCC provider always starts with the positives.

I'll take notes of my observation and I think with any kind of coaching situation, really start with strength-based and talking about their strengths and what I observed and objective observations of the strengths of the program, the provider or the assistants, the curriculum, everything that I see within the program.

Coaches also unanimously agreed that coaching needed to be collaborative. They noted that this is where points of a shared understanding were ultimately made visible, and they had to adjust their own thought processes to meet the provider where they were. C3 described how she initially sets the stage for collaboration to occur.

Um, I basically let them know that I am there too...Part of my job is to help them become the best program that they think that they can be. And I also let them know that I'm here to be a sounding board for ideas. And that together we'll work through whatever they want to accomplish. Sometimes it's a lack of materials and they want more materials. Sometimes it could be a frustration with the spacing arrangements or the ability to handle multi-ages. So, I let them know that we are there to work through things together.

C3 then discussed what collaboration would look like with a provider who did not see eye to eye with her regarding a health and safety issue and wanted to work on her art area instead.

I typically will let them like work on their art area. And then I kind of wiggle my way in because you're in their home and you're being invited or put into their space. But it's still their home and you have to respect that. So if they want to work on their art area, I kind of do, okay, we can work on your art area and then

> we have to go around and cover all of the outlets so they're not sticking
>
> paintbrushes in the outlets. And we work everything back into, okay, you want to
>
> do that, that's great. So now we did all of that and we want to keep them safe.
>
> So, we want to not fry our paintbrushes that are so pretty. Let's put some covers
>
> in.

For C5, collaboration with FCC providers also meant listening to them about strategies

and tools that they feel will not work in the program and respecting this. She credited the

attainment of a shared understanding for her providers often taking a shot at engaging in

a new way of doing or thinking about a task.

> But they will definitely tell me when it is something that they know is not going
>
> to work for their program. And I understand that cause not everything is gonna
>
> work for every program. And if I have this great idea that the infants and toddlers
>
> are always going to be mixed with preschoolers because the ratios work better
>
> that way and things like that. And they are absolutely adamant that they need to
>
> keep their ratios in a different way with, you know, one teacher with five
>
> preschoolers and the other two teachers with the four infants. Then I'll definitely
>
> listen to their reasoning. They definitely have strong opinions about what they
>
> think is possible. If they think if there's any shot, then they'll usually go with me,
>
> but they will definitely shoot me down if they're like, no, no, we're not having a
>
> sand table inside. That's not happening.

C6 explained how the structure of the FCC model and individual preferences need to be taken into account. She noted that the work, especially when setting goals, needs to be collaborative, but should also be led by the individual provider.

> So, based on either the structure of your home, the physical limitations that we can't change it, or because you don't want it. So, for example, some people don't want a curriculum and don't want a written curriculum or standardized evidence-based curriculum and they don't want a standardized assessment and screening tool. So those are always options. And as a coach, I make it very clear, it is not my job to come in and tell you what to do. It's my job to offer suggestions and help you to do it if you want. But every decision is ultimately yours, which really kind of describes my coaching style.

When asked about how goals were set in the program, coaches stated that goals should come from the provider so that individual needs were met. The participating coaches explained that there were cases were FCC providers did not know what goals to set, and that this is where the opportunity to collaborate and create a shared understanding appeared. C9 described her process of supporting FCC providers in creating goals.

> I usually try to get the provider to come up with the goals, just pointing out some of the things that I've observed and we both agree could be challenges for her or him, and identifying that as a goal that this is something I see that this is a challenge, and how can we change that? Let's make that a goal and, and not having too many goals. I certainly don't want to overwhelm any provider, it's got

to come from them and I feel that my role is to help them see their challenges and

help them see the areas where they need help.

C10 also discussed her process around goal setting with providers and the collaboration

that occurred so that a shared understanding could be reached.

For my suggestions sometimes they'll turn the actual goal if the provider doesn't

really know what they want to work on or didn't really see an issue to begin with.

But a lot of the time I like to just ask them, how do you feel about these

suggestions? Do you think you want to work on any of these things? Do you

have something else you'd rather work on? And sometimes they really are just

like, oh, yeah, we could do that. Let's work on that. That's a great idea. And

other times I've had providers be like, well, I'm not really ready to do that. Can

we work on something smaller? Like, can we work on this instead? Whether it's,

can we just arrange this space and make it look different as opposed to working

on something more direct. So, it really depends on the provider in general. But I

like to give them that option to know it's your goal, it's what you want to work on,

but these are my suggestions from what I've seen.

C11 summarized this theme by connecting the key concepts of collaboration, a strengths-

based approach, and the need to remain open-minded for a shared-understanding to be

reached.

I tell them that this is their relationship, I'm here to support them. I'm not here to

come in and tell them what to do or how to do it. But through our relationship

and through the goals that we set for ourselves to be explored together. And most

of the providers that I've worked with said that their favorite part of coaching is that we explored things together. And they would bring things to me like, what do you think? I'm like, I don't know. Let's try it. So, trying to engage them in curiosity, and strengths-based feedback and just kind of suspending the way that I might do things if it was my business or my center. But we explore together. And they feel as though they arrive at reflections on successes on their own. And so, they're just positioned when I'm no longer there. It's really about the skills that they already have in themselves.

Theme 4: Learning Needs to Be Made Visible. The final theme that emerged from the data pertaining to this research question centered on providers being able to see the positive impact of change on their program. Coaches stated that seeing was essentially believing and that this provided for the attainment of a shared understanding. Included in this theme were the concepts of starting with small goals to see the impact of change, evaluating, and reflecting on progress, and coaches explaining the why behind a suggestion or suggested change. C1 described her process of starting small to make learning visible.

When creating goals, I think three is a nice number of goals to start with. So typically, I'll do one goal that's an easy fix so that they feel like, you know, a certain amount of success without having to do too much work. If I'm within a situation and there is some money for purchasing, then I'm able to support them in that manner. Also say, you know, let's work towards this, and then I'll purchase something you need to meet that goal. And then I'd always like to create a

tougher goal. Something that, uh, you know, whether it's something that the provider has to within themselves, whether it's implementing practices that are more developmentally appropriate or possibly communicating with the children. In a more interactive, moving away from less classroom management discussions to more conversations.

C5 described how she used small goals to facilitate reflective thinking, supporting her FCC providers in connecting change to impact.

Usually when we start with something very basic, then we try to expand it and then I'll be like, well, from that did you learn or not even learn - Did you feel like there was something else that you thought you could do that you want to try something new? Maybe you haven't done it, and we brainstorm again. And then either they'll come up with something or I'll again go, wow, you know, that's been successful in the past.

Interviewed coaches also stated that "explaining the why" behind a need change allowed the provider to see why it was needed and could lead to a shared understanding being reached. C4 explained how she went through this process with a provider and clarified that the process needed to come without pressure.

I tried to don't push don't rush. Everybody has some kind of expectation I can say. So, I tried to go with them. And pushing doesn't help anybody to make changes. The provider I am working with needs to move the table and the TV from the front, but I am working with her little by little. Let's move this first. Then we will talk about the TV. They need to go away. You have a picture that

127

is in glass. And it's not supposed to be there. I tell you first I would need to move it. This is my mom's present. I said, okay, we'll talk about this later on the two of you there. Then the one last week you say, okay, I'm taking the picture away. It was possibly in the kids' way there. Okay. So, I will give you time and explain it. So, they could kick it, break it, it's at their height. I try not to push on them.

C1 described her work with one FCC provider, identifying how seeing the benefit of a small change opened her up to making further changes.

I think when she saw that organization gave her just as much control as telling the kids what to do and what not to do, the organization of the space kind of helped her home. I think that was her real moment that she realized that she could make those changes.

C8 also provided an anecdote of her work with one provider, where after a provider made a few small changes, she was open to seeing the possibilities of what could be changed. A point of shared understanding was reached when both coach and provider had the same thought process regarding the root of a problem.

And I don't even remember when I said it. But one day she was watching the children play and one of the toddlers grabbed a marker out of this thing that she had, and she said, I knew he saw it from across the room. And I thought that's really the problem. They can see it. And she got to think about the wheels, and she went out and bought in between the session. I think I don't know whether she got it at Sam's or whatever, but just a thing on wheels, put all the art supplies in it, labeled it all with words, you know, and a picture like markers and pencils and it's

all divided and put it in front of the space with the other little ones where they had

scribbled on the wall and put a little desk there with paper and she took a picture

and said, I think you need to come to observe cause this is working.

Once learning is made visible, coaches identified that making changes can become the

new normal, as providers and coaches are better able to understand one another as well as

the quality improvements that can be made in a program. C5 reflected on how this can

impact FCC providers and their program in the long-term.

Just having that ongoing support, not even checking up, I don't even think it has to

do with they continue to do what's right because I'm checking up on them. It just

has to do with the routine they get in that becomes the new normal that they see

the benefit of the change that we're not fighting our way through circle time every

day that we're not doing circle time and we're dancing every day instead.

C10 concisely summarized how making learning visible impacts the overall coaching

process, and the shift that occurs once points of shared understanding are reached.

I've had those providers that didn't want me coming in, but then everything that

we've worked on, they've stuck to it. And now the things that they're doing are

phenomenal and they're excited for me to come next time and be like, Oh, we did

this. Like they're thinking of these ideas on their own. So, I think it's a

combination of the time and their willingness to really work with me and take

everything to heart.

Research Question 4

Interview data related to the concept of quality and what coaches perceived quality to look like specifically in regard to an FCC program. Two major themes emerged in answer to the research question, which was, How do coaches perceive this shared understanding to influence their own perspectives of program quality?

Theme 1: Coaches' Perspectives Shift as They Experience How Standards Can Be Met in Each Unique Family Child Care Program. All of the coaches interviewed for this study stated that their perspective of quality shifted through the experience of working with FCC providers. Many had come from a child-care center model and found that the typical standards of quality are designed for center-based care. However, when they dug deeper, they began to see how standards could be adapted, adjusted, or engaged in with flexibility to meet the structure, personality, and needs of each individual FCC program. C5 articulated her shift in perspective from a center-based to a home-based model.

> I think in the beginning, coming from center-based, although I had through some
> of my professional and educational experience had gone out to FCC providers, I
> never worked in family child care. So, coming to the difference of what the space
> would look like, that a home-like setting can very much give a child everything
> they need as well as the super deluxe, well-organized classroom with all the bells
> and whistles. So, I think that getting used to what the environment and how it's
> different and how you're going into somebody's home and it takes a lot of
> relationship-building to get the providers' acceptance to come in. It's different

than when you just walk into a classroom where they have no ownership of it and it's not like you're walking into their living room. So, I think initially, just the physical environment took me a little while to get used to and that it was okay if they played with rolled-up socks instead of unit blocks. And it was OK that along the walk to the park, they stopped by and mailed letters at the post office and picked up a quart of milk and things that you might not do in center-based care.

C11 described how the process of exploration with an FCC provider allowed her to see how quality standards could be adapted and lived in a home-based setting.

And then we slowly worked to identify what felt right for her in her home setting, and order materials and just worked together as coach and coachee in the classroom side by side to start to establish more engaged play, small group activities that were appropriate for the older kids. Separating the groups so that there were more appropriate activities for infants with age-appropriate toys in their different rooms and then also keeping them all together, going outside every day, all of those things. So as I started to realize that the quality, although it's a different physical setting and there's a lot of differences between center-based and you don't necessarily want family child care to look exactly like a center-based classroom. The things of quality are the same because we're working with young children and early childhood quality, it's quite similar.

C3 and C4 stated that through working with FCC programs, they no longer drew comparisons to center-based programs when thinking about quality. Instead, they looked at what had worked, in their experience, in different FCC programs.

C3 said, going from program to program, looking and seeing in one space, what

worked really well for all of the children and how they have similar spaces in

other programs. And then going into programs and seeing what doesn't work, not

necessarily for the space but for the children.

C4 said, because I see programs that really have good quality and I could compare

one with bad quality and one with, I think has a good quality. And also after

working with the providers and see after they made the changes. I think it's now

a good quality here.

For some of the coaches, working with FCC providers shifted their entire perspective of

quality in regard to what is best for children. C3 recognized how this work impacted her

personal beliefs about FCC.

If I had it to do all over again with my kids, I would probably go family program

as opposed to center-based. It's a smaller ratio. There's more one on one

interaction. And it's more homey. I think especially my younger two would have

done better in a home situation, as opposed to a classroom situation.

Theme 2: Coaches Better Understand the Family Child Care Provider

Experience and the Barriers to Meeting Prescribed Standards of Quality. The

coaches who participated in this study unanimously agreed that through reaching a shared

understanding with FCC providers, they gained a better understanding of both the

experience of the FCC provider, and real and/or perceived barriers on the part of the FCC

provider in regard to meeting prescribed standards of quality. C5 described her current

understanding of the FCC experience, after 22 years of coaching.

There's so much and it's an amazingly demanding job. And they work so much more than with just the children, the providers, more so than any center that I ever worked in and work with family and become, oftentimes an extension of the family. My providers all the time are doing everything from walking with the moms down to board of ed with the paperwork and you know, enrolling the kid for pre-K to, we're going to fill this out for SNAP benefits and this is what you're going to do. Or here's the bag of grocery until your SNAP benefits are coming in. You know, they keep giving and giving and it's so much more than just caring for the child, caring for the families. So much as well.

C11 explained how working with a very successful FCC provider illuminated the barriers that all providers face.

The most successful family child care provider I've worked with, she had been in this field for over 20 years, she knew what it was, and her whole family was like a part of the family business. And you know, this is a business that she liked. She doesn't even need to work on enrollment because she has people just always coming in so she can sort of pick and choose who she can have in her program. So, there's a lot of strengths there. But the barriers that I saw with her, as well as the others, is just like a feeling of isolation. Especially when problems come up, if you're not in a network, then who do you go to? If you start to experience a lot of licensing violations, how do you solve them? And also just high burnout of, even though you're really engaged in wanting to do this business and wanting to help children and families, is there an easier thing that you could be doing or is

133

there a thing that's less stressful because it's also in your home? So, creating

healthy boundaries of self-care seems to be an issue. Because it's like after all the

kids go home or you have after school care, you still have to clean the whole

center, cook all the food. So, a lot of them report feeling isolated, feeling burnt

out, and not knowing how to stay inspired and manage the workload successfully

on their own.

C1 identified that her understanding of quality has fundamentally changed as she began

to understand the unique barriers and challenges faced by FCC providers.

It's definitely changed. I've always [utilized] developmentally appropriate

practice because it was such an important part of who I was as a teacher was

always in the forefront. And I think health and safety in a family child care home

is because it's a dual purpose. It's a home and it's also a program. There's a lot

more work that has to be done in terms of health and safety.

Coaches also felt an increased need to advocate for FCC providers after gaining an

understanding of the barriers that they face. C8 summarized her thoughts on how quality

is generally communicated, and the misalignment and lack of overall support for FCC

providers.

When I took the training for the program with infant-toddler care and they kept

talking about we have to make the centers feel like a home. I could barely contain

the laughter inside myself because then just send the children to family child care

programs cause it's in a home. And let's work with those individuals who maybe

are overwhelmed with, Oh I have to take care of the baby, but I also have a three-

year-old and how do I balance that? Let's help them understand how to balance

that and then we've got success, right? Yeah. It's just, it's different philosophies.

But most children, at least in [the study state] are cared for in family

environments. Whether that's registered, licensed, or the legal exempt modality.

And I don't think that's going to change, you know, percentages a little bit, but it's

such a huge majority of children. I don't think family child care is going

anywhere. So, we need to think about how to support them.

Results of Data Source Triangulation

Data source triangulation was used in the design of this study to allow for the

results to be compared, and discrepancies between the perspectives of the two groups to

be identified during the data analysis process. RQ1 sought to explore the how a shared

understanding could be reached from the perspective of FCC providers, while RQ3

sought to explore the same question from the perspective of coaches. In triangulating the

data, I found that FCC providers and coaches were overall in agreement about how a

shared understanding could be reached during the coaching process. Both parties

identified relationship building, open-mindedness to the other's perspective,

individualization of the coaching process, and using a strengths-based perspective as key

to the successful attainment of a shared understanding. Coaches identified that learning

needed to be made visible, while FCC providers stated that seeing the impact of changes

was what motivated them to continue on the road to quality improvement. However, one

discrepancy was found between the perspectives. Providers identified coach investment

as a key for them in moving toward a shared understanding. Specifically, this included

the coach spending time in the program, and making the provider feel personally and professionally invested in. Although coaches did speak to aligning standard metrics to meet the individual needs of a program, they did not emphasize the role of time spent in the program or investment in a provider's personal and/or professional life as a key factor.

RQ2 explored if attainment of a shared understanding impacted FCC providers' perspectives of quality, while RQ4 explored the impact of this shared understanding on coaches' perspectives of quality. Triangulation of this data showed that a shared understanding did shift both parties' perspectives of quality. Both FCC providers and coaches stated that their perspectives of quality shifted as they experienced how quality could be achieved in an FCC setting. Whereas FCC providers connected this to their own setting, coaches spoke about seeing how quality standards could be met in each unique FCC program that they worked with. Additionally, FCC providers stated that their perspective of quality shifted as they saw the impact of changes in the program, which aligned the coaches' perspective that making learning visible was necessary in order to reach a shared understanding. Lastly, FCC providers stated that they were further motivated to engage in quality improvement initiatives. Coaches stated that they were better able to understand barriers to prescribed standards of quality for FCC providers, leaving them better equipped to adapt to providers' and programs' needs.

Evidence of Trustworthiness

Trustworthiness in qualitative research is typically hallmarked by the researcher demonstrating rigor in the design of the study, as well as addressing the credibility and

validity of the research study and its findings (Rose & Johnson, 2020). Throughout the

course of this study, I employed a range of strategies to ensure that this study employed

systematic rigor not only in its initial design, but also during the data collection, analysis,

and presentation process. The strategies I relied on can be categorized as those ensuring

credibility, those that enable transferability, those that ensure dependability, and those

that allow for confirmability. Together, these strategic actions provide evidence of

trustworthiness regarding this study. Below, I have explained each utilized strategy in

detail.

Credibility

Credibility is defined as confidence in the findings of a study (Connelly, 2016).

To ensure credibility, I utilized several different strategies, such as maintenance of an

audit trail, triangulation, member checks, prolonged engagement, reflexivity, and the use

of a peer reviewer. The collection of data from both FCC providers and coaches through

SSI and the analysis of multiple perspectives of the same phenomena, resulted in data

source triangulation (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Yin,

2017). RQ1 and RQ3 were designed to explore the phenomena of reaching a shared

understanding, and were RQ2 and RQ4, were designed to explore the impact of this

phenomena on perspectives of quality. R1 and R2 explored FCC providers' perspectives,

and R3 and RQ4 explored coaches' perspectives. I then compared the resulting data, and

similarities and discrepancies between perspectives were presented in Chapter 4.

Additional sources of triangulation were the member checks, which I conducted with

each participating study member, as well as data from the peer reviewer. Member checks

consisted of providing each study participant with a one-page summary of draft findings and allowing them to check my interpretation of their data related to the research questions for accuracy. I achieved prolonged engagement by conducting 11 interviews with both groups of participants, ensuring that data saturation was reached, and limiting the impact of my own biases (Korstjens & Moser, 2018). I utilized a reflective journal as a reflexivity strategy, wherein I kept notes regarding all aspects of the study as well as a reflection of any biases that appeared during the data collection or analysis processes. This journal, along with the safekeeping of all documentation related to the study allowed for the development of an audit trail. Finally, I enlisted a peer reviewer holding a PhD with a focus on Math from an accredited university in Ireland. The peer review ensured that my findings were an accurate representation of the collected data. The peer reviewer signed a confidentiality agreement before engaging in the peer review process and was not privy to the names or locations of the participants in the study. Once the peer review was complete and the review had been sent to me, the peer reviewer destroyed all documentation related to the study.

Transferability

Transferability is determined by the reader of the research (Connelly, 2016). To facilitate transferability, I provided a thick description of the study participants and was able to utilize the strategy of variation in participant selection. The selected FCC providers had a wide range of experience in both their professional practice and work with a coach, and coaches came from a variety of educational, experience, and professional backgrounds. Participants came from eight different counties across one

Northeastern state, accounting for a wide range of socioeconomic and cultural

backgrounds. However, all interviewed participants identified as female. The findings of

this study could be transferred to a similar state where FCC providers receive coaching.

Dependability

Dependability is the stability of research findings over time (Korstjens & Moser,

2018). I used the strategies of maintaining an audit trail and triangulation to ensure study

dependability. The audit trail for this study is comprised of a reflective journal, member

checking, and the use of a peer reviewer. I used the journal to document the events of the

study from start to finish, as well as my thoughts and reflections about the study,

throughout the entire study process. The second component of the audit trail was the

member checks. All participants in the study received a one-page summary of the draft

findings. Participants had the opportunity to provide commentary on the draft findings,

as a check to ensure my interpretation of their data was accurate. The final component in

the audit trail was the peer reviewer. The peer reviewer for this study holds a PhD with a

focus on Math from an accredited university in Ireland. The peer reviewer engaged in

parallel rounds of coding and analysis to ensure that my findings accurately represented

the collected data and that they were free from biases. I established triangulation by

using two different groups of participants, FCC providers and coaches, to gather multiple

perspectives of the same experience.

Confirmability

Korstjens and Moser (2018) stated that confirmability speaks to the degree to

which the study findings could be confirmed by other researchers. To ensure the

confirmability of my study I utilized reflexivity. Reflexivity is the process of critically examining one's own conceptual lens as it relates to the research study (Korstjens & Moser, 2018). To do this I kept a reflective journal throughout the study process. I used this journal to maintain a record of events related to the study as well as my own thoughts and feelings related to the study to eliminate any biases.

Summary

In this chapter, I presented an overview of the results pertaining to this study. I began this chapter by discussing the setting for this exploratory case study, the purpose of which was to explore family child care providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality. I then explained the processes used for data collection and data analysis. This was followed by a presentation of the results for each research question, organized by research question and theme. Lastly, I provided evidence of trustworthiness regarding the data collection, data analysis, and study findings.

FCC providers and coaches agreed with many of the components that contributed to a shared understanding during the coaching process. Both parties' perspectives included the establishment of a relationship, being open-minded to each other's perspectives, the use of strengths-based and individualized approaches, and the concept of working together. FCC providers' perspectives also included coach investment, defined as time spent in the program as well as the feeling of being personally and professionally invested in, which was not present in the coaches' perspectives. Both

parties agreed that the attainment of a shared understanding shifted their perspectives of quality. For FCC providers, this emerged as seeing the impact of the changes they had made, understanding what quality could look like in their unique setting, and being motivated to continue to improve program quality. For coaches, their perspective shifted as they experienced how quality standards could be met in each unique program, and their understanding of the FCC experience and barriers to meeting prescribed standards of quality increased.

In chapter five, I discuss the interpretations of the findings as related to the current body of literature. This is followed by an evaluation of the limitations of the study. I then provide recommendations for further research and explore the implications of the research, including recommendations for practice. Finally, I provide a conclusion, summarizing the key essence of this research study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative exploratory case study was to explore family child care providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality. The findings of this study increased the understanding of the coaching process between FCC provider and coach as it relates to the attainment of a shared understanding. There is limited research on the perspectives of FCC providers concerning the collaborative process during coaching (Aikens et al., 2016; Artman-Meeker et al., 2015; Moreno, et al., 2014). Improved training for coaches working with FCC providers and increased tailoring of coaching services to the unique needs of FCC providers could result in positive social change.

I interviewed 11 FCC providers and 11 coaches who had worked with FCC providers to gain insights into their perspectives regarding how a shared understanding could be reached during the coaching process and how they perceived this shared understanding to influence their own perspectives of program quality. Based on the results of this study, the key components necessary to attaining a shared understanding were the development of a relationship, open-mindedness to other perspectives, utilization of strategies that are individualized and strengths-based, and willingness to work together. FCC providers stressed that coach investment was a key factor, but this was not reflected in the coaches' perspectives. The attainment of a shared understanding led to a shift in perspectives of quality for both parties as they saw how quality could be attained in an FCC setting. Coaches gained a better understanding of the barriers to

quality faced by FCC providers, and FCC providers were motivated by successful coaching experiences to further explore opportunities to increase program quality.

Interpretation of the Findings

The interpretation of my findings from this exploratory case study is a result of reflections on the data collected through interviews with participants, as well as my journal notes that were taken throughout the study process. Throughout the data collection and analysis process, I considered the conceptual framework rooted in Vygotsky's (1962, 1978) sociocultural theory. This framework was used to connect emergent themes and frame the study findings. In Chapter 2, I reviewed the current literature as organized by four themes relevant to the context of coaching and collaboration with FCC providers. The outcomes of this study confirm and extend the current body of knowledge as presented in Chapter 2. Additionally, they confirm the applicability of Vygotsky's sociocultural theory as a conceptual framework for studies on coaching in an educational context.

Family Child Care Provider Roles and Identities

FCC providers are required to wear many hats and to take on many roles within the confines of their own home. The need to balance multiple roles within the provider's own home can lead to a blurring of personal and professional boundaries (Cook et al., 2013; Doherty, 2015; Gerstenblatt et al., 2014). Furthermore, the lack of respect shown by outsiders for the provider's home can be a source of stress (Gerstenblatt et al., 2014). Confirming this research, all providers in this study stated how difficult it was to juggle personal and professional responsibilities. P11 commented that she could never get off

the job. P5 noted that respect for her space was integral to having a working relationship.

However, P3, P8, and P11 specifically noted that positive relationships with a coach

helped them to find a balance between personal and professional roles. In response to

RQ3, participating coaches stated that respecting the provider's home and seeking to

understand their perspective was integral in not only forming a coaching relationship but

also in attaining a shared understanding that could facilitate progress toward quality.

Cook et al. (2013) and Tonyan (2015) found that FCC providers perceived

themselves mainly as caregivers or babysitters. Neither set of researchers indicated if

providers had engaged in the coaching process. FCC provider participants in this study

indicated that coaching provided them with a path to become professional. P1, P2, P5,

P7, and P11 all stated that working with a coach increased their sense of responsibility

and made them more active in seeking out professional opportunities. In understanding

their role as an FCC provider within the greater context of the early childhood education

field, provider perspectives shifted toward professionalism.

Professional Development for Family Child Care Providers

Schachter (2015) stated that FCC is a unique setting that should not be lumped in

with the center-based model regarding PD. The themes that emerged in response to RQ1

and RQ3 confirm this sentiment as both coaches and FCC providers spoke to the

uniqueness of the model. Providers stated that coaches needed to understand the FCC

model to effectively support them. Coaches also noted the need to understand the FCC

model as well as the uniqueness of the role of the FCC provider. Both parties agreed that

knowledge and understanding of the model was necessary in order for a shared understanding to occur.

Due to the multiple roles an FCC provider must juggle, providers have reported feeling burnt out (Gerstenblatt et al., 2014; Hooper & Hallam, 2019; Paredes et al., 2018). Jeon et al. (2018) proposed that PD opportunities needed to be crafted to consider the holistic needs of the FCC provider, including stress management and task distribution. P11 stated "I'll never get off the job," and P6 explained that balancing having children around the clock in her own home was a struggle. Multiple provider participants also discussed the challenge of caring for the children, managing a business, and maintaining their home and social lives. However, P11 also stated that her coach provided "relief," a sentiment that was echoed by P2, P4, P5, P7, and P9, and was included in the theme of coach investment in response to RQ1. In response to RQ4, coaches indicated their understanding of provider burnout. C5 and C11 specifically spoke to the need to support providers in preventing burnout. When working with FCC providers, coaches need to consider their unique barriers, challenges, and needs and include in the overall process (Gerstenblatt et al., 2014; Jeon et al., 2018).

Daniel (2017), Linder et al. (2016), and Tonyan et al. (2017) further discussed the need for PD opportunities to be individualized to meet the needs of the FCC provider. They specifically noted the time constraints that often serve as a barrier to FCC providers engaging in PD opportunities. FCC providers reported that individualization of coaching to their program and needs was a key component in fostering a shared understanding. P4, P5, P9, and P11 stated that the individualization of the coaching process, including

identifying goals and giving feedback, was critical in facilitating the attainment of a shared understanding. C6 and C8 also spoke directly to the need to individualize the coaching process to meet the needs of the provider, inclusive of being sensitive to timing, flexible with goals, and providing feedback. Cortes and Hallam (2016) stated that failure to individualize PD could lead to disengagement on the part of the educator being coached. P6 explained that the failure of the coach to individualize the process led her to disengage and see it as a burden rather than a support. Although coaching is often a preferred form of PD due to its flexibility with timing (Daniel, 2017), the outcomes of this study show that the individualization of this PD strategy is still necessary.

Moreno et al. (2014) researched the question of dosage regarding coaching and found that intensive coaching may be more useful than low-dosage coaching. In response to RQ1, FCC providers explained the importance of coach investment in their programs, partially defined as the amount of time the coach spent in the program. P2, P5, P8, and P9 specifically stated the desire to see their coach more often, while P3, P7, P10, and P11 credited their success to the frequency of visits and check-ins from their coach. Providers also stated that long-term coaching relationships, wherein they received support over a span of years, were preferred. C11 explained that part of her success in attaining a shared understanding and helping providers to improve quality was the weekly visits she made, spending up to four hours in a program at one time. Although a definitive amount of time was not pin-pointed, providers' perspectives indicated that longer duration and frequent visits were preferred, confirming and extending Moreno et al.'s findings.

Relationships, the Collaborative Dynamic, and Coaching

Sherbourne (2016) and Stepp and Peterson-Ahmad (2016) found that collaboration, or a shared understanding, could only occur once a relationship between coach and educator was established. Jayaraman et al. (2015) built on this and discovered that utilizing small talk, establishing a rapport, and finding commonalities were effective ways to build a relationship between coach and educator. All providers and coaches in this study agreed that a relationship, including the establishing of trust, exploring commonalities, utilizing open and positive communication, and getting to know one another, was the cornerstone upon which a shared understanding could be obtained. Bromer and Korfmacher (2017) and Marsh et al. (2012) asserted that the emotional connection is the foundation of a positive helping relationship and that this relationship is what leads to high-quality in the context of a coaching relationship. Therefore, for coaches to form a collaborative relationship, they need to spend time learning about the early childhood professionals they are coaching, both a personal and professional level.

Gonzalez et al. (2005) argued that coaches presenting themselves as an expert might serve as a barrier to reaching a shared understanding. They asserted that everyone brings skills and strengths to the table, a phenomenon they called "funds of knowledge" (pp. 42-43). Whyte and Karabon (2016) found that the use of a funds of knowledge, or strengths-based approach, could aid in the formation of bonds between educators and families. All providers in this study reported that they would not like it, or did not prefer it when a coach assumed, they knew better than the provider themselves what was best for the program. In response to RQ2, they reported that the use of a strengths-based

perspective was necessary for a shared understanding to occur. Coaches also supported using a strengths-based perspective, and actively seeking out provider strengths to empower them. C8 stated that "if it is not strengths-based" it is not coaching, and C3 stated that her perspective of a provider often shifted once she saw the provider's strengths. Utilizing a provider's "funds of knowledge," or approaching coaching from a strengths-based perspective can aid in the creation of a shared understanding between coach and FCC provider.

Zaretsky (2016) built upon Vygotsky's (1978) premise that learning occurs through social interactions and the idea that relationships are the foundation for this social interaction to occur with his reflection and activity model (RAA). RAA further codified the conditions for learning within a dyad. RAA consists of six steps: (a) A relationship must be established between the child and teacher; (b) The child must be fully participatory in overcoming challenges and engaging in reflection; (c) The interaction between learner and teacher must be collaborative; (d) If the first three conditions are met, development results from the learner's independent activity and the reflection on the activity, both which are supported by the teacher; (e) A step in development is made when a learner owns their actions, which are conducted with teacher support, and reflects on joint or collaborative actions; (f) During a joint activity that is aimed at overcoming a challenge, development may occur in many domains simultaneously (Zaretsky, 2016). These conditions were reflected in responses of FCC providers and coaches to RQ1-4 regarding how a shared understanding could be reached (see Table 3). Both parties identified a strong relationship as key, followed by working

together to form goals, and learning from experience. Coaches stated that learning could

be made visible through reflection, and family child care providers agreed that when they

saw a tool or strategy implemented in their program, it provided the opportunity for

reflection, which supported further motivation to improve. Therefore, Zaretsky's RAA

model could be used a framework for a successful model of coaching with FCC

providers.

Formative baseline assessments are often used in the coaching process (Eun,

2008). Desimone and Pak (2017), Eun (2008), and Roth and Jornet (2017) asserted these

should be used to determine the abilities and attitudes of an early childhood educator, and

that be used to determine the goals and direction of the coaching process. Several

coaches in this study briefly discussed the use of the FCCERS as a formal assessment.

C1 stated that she only used a formal tool when the provider was ready and found that the

FCCERS did not always accurately reflect what quality could look like in an FCC setting.

C3 stated "Most providers are not ready for the FCCERS. It doesn't take into account

different spaces." C5's perspective was that getting to know the program and provider

was more important than completing a formal baseline assessment. Coaches stated that

they used measures such as observation to determine what worked and what could be

possible within the constraints of a given program. They also found that using a formal

assessment tool could be off-putting, and a low score could decrease motivation or

disengage a provider from the coaching process. Additionally, in response to RQ1,

providers felt that coaches aligning metrics to fit their program rather than utilizing a

standardized checklist demonstrated coach investment in the program and provider and

facilitated the development of a shared understanding.

Table 3

Comparison of Study Findings to Reflection and Activity Model

Reflection and activity model tenet (Zaretsky, 2016)		Related study finding
A relationship must be established between child and teacher.	RQ1 RQ3	Coaching requires the establishment of a relationship, which includes building trust, rapport, finding commonalities, and getting to know one another.
The child must be fully participatory in overcoming challenges and engaging in reflection.	RQ1 RQ3	The provider must willingly engage in the process; the coach must invest in the process with time and resources.
The interaction between learner and teacher must be collaborative.	RQ1 RQ3	The coach and provider engage in interactive communication about the program and provider needs. From this, the coach attempts to align standards and metrics, based on previous knowledge, to the individual program. Both parties then brainstorm to create goals and strategies to accomplish them.
If first three conditions are met, a shared understanding is reached.		
Development results from the learner's independent activity and the reflection on the activity, both of which are supported by the teacher.	RQ2 RQ3	The provider works to accomplish a goal. The coach facilitates reflection on the choices and actions the provider makes. The provider learns what changes are possible.
The learner owns their actions, which are conducted with teacher support, and reflects on joint or collaborative actions.	RQ2 RQ3	The provider takes ownership of their actions, working to accomplish collaboratively set goals with the support of the coach. The coach guides the provider through reflecting on the process.
During a joint activity that is aimed at overcoming a challenge, development may occur in many domains simultaneously.	RQ2 RQ3 RQ4	In moving toward meeting quality standards, development occurs on both the part of the coach and provider as they see how the standards can be met within each new program.

Coaches working with FCC providers are not always well-positioned or equipped to meet their unique needs (Bromer & Weaver, 2016). Coaches working with these providers often do not have a background in FCC, and many also lack a degree in early childhood education (Bromer & Weaver, 2016). Of the 11 coaches that participated in this study, only two had previously been FCC providers. One had been an assistant in an FCC program. Five held degrees in early childhood education, three held degrees in education that was not focused on the early years, and three held degrees in related fields, such as psychology and human relations. Seven of the coaches interviewed stated that they had no experience working with family providers before they began coaching them. C4 stated that she is learning from her providers how it works, and C5 mentioned that it took time to shift from a center-based mentality to an FCC based mentality. C11 also reported feeling unprepared as she had to learn about FCC in the moment while working with providers. Participating FCC providers also stated that coaches needed to understand the FCC model before coming into their programs and felt that this understanding contributed to the attainment of a shared understanding. These findings support the need for better training and support of coaches to understand the needs of FCC providers, as well as best practices for supporting this population (Bromer & Korfmacher, 2017).

Quality in Family Child Care Programs

There is no one universal definition of quality as it relates to early childhood settings, which could be related to the growing body of evidence that there is no singular best way for children to develop (Moss et al., 2000; Tonyan, 2015). However, Doherty

(2015) and Hooper et al. (2019) interviewed a total of 40 FCC providers and found that their view of quality consisted of a physically and emotionally safe and supportive environment, wherein the provider was nurturing, responsive, respectful of children, and committed to developing a strong relationship with both the children and families. When asked about their perspectives of quality, coaches and FCC providers who participated in this study agreed that quality was a safe, secure environment that nurtured children, facilitated positive interactions, and supported families. P11 stated that quality was a developmentally appropriate environment that made the children feel that they were "lovable and capable." P4 said, "Program quality is having an environment that is healthy, that is caring, but that is child manipulated." C6 built on this definition stating, "[having] the kind of conversations that facilitate the child's whole development and the adult has the knowledge to bring into the environment, [as well as] the kinds of materials that facilitate optimal learning and development." C10 supported the idea of a nurturing environment that supports secure attachments stating, "if the children willingly go to the provider, like they want to be with a provider, they want to be loved by the provider." These perspectives align with the current research that espouses the necessity of a safe space with secure attachments for children to grow, develop, and thrive (Buyse et al., 2011; Landry et al., 2014; O'Connor, Dearing, & Collins, 2011).

Tonyan (2015) determined that FCC programs are higher in quality when they do what they value and that the highest quality programs not only do what they value, but also demonstrate that children can meet overarching developmental and academic expectations as a result. Providers who participated in this study stated that when quality

metrics were aligned or adapted to their individual personality and program philosophy, they were more motivated and better able to reach a shared understanding with their coach. Furthermore, in response to RQ3 and RQ4, adapting these metrics to meet the needs of individual programs and providers helped to shift perspectives of quality for both coaches and FCC providers. Coaches came to understand what quality can look like in FCC programs, perhaps better positioning them for future work with FCC providers. FCC providers learned what quality is, and how it can be integrated into their existing setting, motivating them to continue quality improvement. These findings support Tonyan's proposal that coaches may need to look beyond the baseline to assess quality in FCC settings.

Coaching has been repeatedly shown to improve program quality (Bromer et al., 2010; Hooper et al., 2019; Porter et al., 2016; Tonyan et al., 2017). In the context of this study, I found that coaching also motivated FCC providers to further engage in quality improvement initiatives. Providers connected being able to see the difference in how their program ran, or the positive impact of changes on the children, to their increased desire to do more. Of the 11 FCC providers interviewed, 10 stated that after receiving coaching, they planned to continue seeking out opportunities to further their program quality. For six providers, this meant joining the state's QRIS initiative, for two it meant achieving their CDA, and for the last two it meant continuing to work with their current coach on further projects. Therefore, in addition to the testimonial of participating coaches that their work with FCC providers did improve program quality, it can also be considered that the attainment of a shared understanding between FCC provider and

coach could lay the foundation for further engagement in training, coaching, or other PD initiatives geared toward improving program quality.

Vygotsky's Sociocultural Theory

According to Vygotsky (1962), knowledge is constructed through life experiences, social interactions, and interactions with one's own environment. In the teacher-student dyad, social interactions are used to facilitate scaffolding (Vygotsky, 1978). Through collaborative social interactions, Vygotsky (1978) stated that intersubjectivity, defined as a shared understanding for the purpose of this study, could be reached. Furthermore, this shared understanding was necessary for new learning to occur (Vygotsky, 1978). All of the coaches and FCC providers that participated in this study stated that positive social interactions formed the basis for learning. Coaches spoke to the strategy of breaking goals down into manageable pieces, and FCC providers stated that smaller goals made them feel successful and capable of doing more. Both parties noted that it was through positive social interactions, inquiry, and the experience of seeing what could work in each provider's unique setting that allowed for a shared understanding to be reached. Additionally, all participants agreed that their perspectives of quality shifted as they engaged in social interactions and learned from experiences within the FCC setting. Therefore, coaching can then be evaluated through a Vygotskian lens, as social interaction sets the foundation not only for learning, but also for a shared understanding to occur.

Limitations of the Study

Limitations in this study included: sample size, location, and researcher bias. The sample size for each group of participants was small, with only 11 coaches and 11 FCC providers participating. Data collection was limited to the individuals who met the initial criteria and chose to participate in the study, limiting the data to their perspectives. My use of rich, thick descriptions and data source triangulation through use of two participant groups, served to mitigate this limitation (Creswell & Creswell, 2017; Fusch & Ness, 2015). Data saturation was accomplished with both groups through the interview process, which also served to mitigate the limitation of a small sample size (Fusch & Ness, 2015). Second, the collected data was limited to one state in the Northeastern region of the United States. Although participants came from a mix of rural, urban, and suburban demographics across eight counties, future research could include additional states and regions to add to the transferability of the findings. Lastly, I previously served as a coach at a CCRR agency in the Northeastern state where the study was conducted. As such, I had my own perspectives about coaching regarding FCC providers. To mitigate researcher bias, I used a journal to take notes during the interview process and allowed space to note when my own biases emerged during the process. All coaches whom I had supervised or worked closely with were excluded from the study. Each interview was audio-recorded and transcribed shortly thereafter. I then used member checking, which allowed each participant the opportunity to review a draft summary of findings related to their data and the research questions. All participants confirmed that my interpretation of their data was accurate. As an additional measure, a peer reviewer

was utilized to identify and remove bias that may have appeared during the data analysis process. The peer reviewer found no bias and confirmed that the findings accurately represented the collected data.

Recommendations

According to Porter et al. (2016), the absence of an effective coaching model, or knowledge of effective collaboration with FCC providers, may influence the quality of those FCC programs that have participated in the coaching process (Porter et al., 2016). The purpose of this qualitative exploratory case study was to explore FCC providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality. My recommendation is to broaden the sample size and population of the study. I only interviewed FCC providers and coaches in one Northeastern state for this study. Widening the perspectives to include coaches and FCC providers from multiple states would increase the transferability and applicability of my findings. A second recommendation is to conduct research that further explores the coaching process, including dosage and methods used, to create a more concise picture of what particular coaching strategies are effective when working with FCC providers. Finally, I recommend additional research exploring the connection between the attainment of a shared understanding between FCC provider and coach and measurable global program quality. I will disseminate the results of this research study to CCRR agencies as well as the QRIS organizations within the study state, with the hopes that findings will be shared with current coaches and coaching organizations.

Implications

The purpose of this qualitative exploratory case study was to explore family child care providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality. The results of this study revealed that a shared understanding can be reached through the establishment of a relationship, being open-minded to each other's perspectives, the use of strengths-based and individual approaches, and through working together. Additionally, FCC providers identified coach investment, defined as time spent in the program, as well as the feeling of being personally and professionally invested in, as necessary. Results also revealed that the attainment of a shared understanding shifted both coach and provider perspectives of quality.

Despite the limitations of this study, the perspectives of FCC providers and coaches have the potential to affect positive change at policy, organizational, and individual level, especially considering current events. During the COVID-19 pandemic, 90% of center-based child-care centers nationwide closed, yet only 28% of FCC providers nationwide, and 17% in the Northeastern state used for the study, had to close their doors or reduce their hours (Bipartisan Policy Research, 2020; OCFS, 2020). This confirms that FCC, as a valid modality of early childhood education, is not only here to stay, but it also imminently necessary during these times. As C7 stated, "family child care isn't going anywhere." This study, building upon the work of many others, espouses that a strong relationship is necessary for a shared understanding, or collaboration to

occur. To effectively develop resources and tools to support FCC providers, these

providers must be brought to the table and allowed to have their experiences and

perspectives heard within the context of the greater early childhood education profession.

Allowing FCC providers to engage at the professional level serves to increase their own

self-efficacy. This increased self-efficacy, along with increased tools and resources to

promote program quality, can positively impact the lives of millions of children

nationwide that attend FCC programs.

Additional implications for positive change at a policy level include further

advocacy for or creation of policies that support PD for pre-service and current coaches

that do or will work with FCC providers. This PD, based on the study findings, should

include methods for establishing a relationship, understanding the FCC model, utilizing

strengths-based approaches, and aligning quality metrics with each unique FCC setting.

Providing increased training and supports for coaches working with FCC providers

serves to increase the effectiveness of the coaching process, strengthening the coaches'

own practices as well as positively impact the overall quality of the FCC programs that

they work with, and in turn, the experiences of children that attend said programs.

At the organizational level, CCRR agencies and the state QRIS system that

employ coaches may consider adapting their approaches to ensure that the unique needs

of FCC providers are not only met but supported. This individualization of services

could serve to engage FCC providers in coaching or other quality improvement initiatives

that would not previously have done so. Increased participation in quality improvement

initiatives could lead to improved program quality, as well as increased ability to manage

the multiple roles inherent in providing for children in an FCC setting, thus potentially creating a more balanced experience for providers and improved outcomes for the children that they serve.

The findings of this study can be integrated at an individual level by coaches serving FCC providers, and FCC providers interested in or currently engaging in work with a coach. Coaches should use the findings to reflect on and tailor their own practice to meet the needs of FCC providers as well as seek out PD opportunities that can expand their knowledge base and increase their effectiveness. FCC providers should use the findings to reflect on their role in the coaching process, to increase their knowledge about what coaching entails, and to better advocate for themselves regarding obtaining coaching and PD opportunities that are tailored to meet their individual needs.

Conclusion

The purpose of this study was to explore family child care providers' and coaches' perspectives of how a shared understanding is reached during coaching, as well as how this shared understanding is perceived to influence their own perspectives of program quality. My goal in conducting this study was to explore the elements that facilitate the creation of a shared understanding, as well as the shifts in perspectives regarding quality that can arise in light of this shared understanding so that recommendations for practice could be given to coaches working with FCC providers. To determine how a shared understanding could be obtained, I interviewed 11 coaches and 11 FCC providers, all of whom had engaged in the coaching process within the

previous 12 months. All participants gave clear, honest, and in-depth responses, which provided rich thick descriptive data to support the research questions.

Coaches and FCC providers agreed that the following components were necessary for a shared understanding to be reached: (a) establishment of a relationship, (b) being open-minded to each other's perspectives, (c) the use of strengths-based and individualized approaches, (d) through working together to meet goals. FCC providers also identified the need for coach investment, defined as time spent in the program as well as the feeling of being personally and professionally invested in, as critical to their ability to attain a shared understanding with their coach. The findings of this study also revealed that attaining a shared understanding impacted both FCC providers' and coaches' perspectives of quality. FCC providers stated that seeing how quality standards could be adapted to meet the needs of their individual program gave them a better understanding of quality and that the positive impact of these changes motivated them to continue engaging in quality improvement initiatives. Coaches found that seeing how quality standards could be met within the individual FCC settings broadened their perspectives of what quality can look like, and through the attainment of a shared understanding they came to better understand the barriers FCC providers face when pursuing quality.

The results of this study filled a gap in the literature. There was limited existing research on the perspectives of FCC providers regarding role, identity, and pursuit of PD opportunities, as well as small-scale studies that examined the effectiveness of coaching as a PD model. However, there was a lack of research that specifically explored how a

shared understanding, which was supported by literature in being a precursor to effective

collaboration, could be reached between coach and FCC provider. The knowledge

provided by this study provides FCC providers a voice to advocate for individualized

coaching and PD opportunities. It calls for the development of further PD opportunities

for coaches working with these providers that enables them to fully understand the

intricacies of the FCC model of early childhood education. Furthermore, this knowledge

advocates for an effective model of coaching to be used with FCC providers, so that

quality can be realized in the context of their unique and individual settings, and all our

children can experience an early childhood educational experience that leads to long

term, positive outcomes.

References

Abell, E., Arsiwalla, D. D., Putnam, R. I., & Miller, E. B. (2014, October). Mentoring

and facilitating professional engagement as quality enhancement strategies: An

overview and evaluation of the family child care partnerships program. *Child &*

Youth Care Form, 43(5), 569-592. https://doi.org/10.1007/s10566-014-9254-1

Administration for Children and Families. (2017). About the Office of Head Start.

Retrieved from https://www.acf.hhs.gov/ohs/about

Aikens, N., Akers, L., & Atkins-Burnett, S. (2016, November). *Professional development*

tools to improve the quality of infant and toddler care: A review of the literature

(OPRE Report No. 2016-96). Retrieved from U.S. Department of Health &

Human Services, Office of Planning, Research, & Evaluation website:

https://www.acf.hhs.gov/sites/default/files/opre/qcciit_pd_toolsliterature_review_

report_final_b508.pdf

Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research.

Journal of Cultural Diversity, *23*(3), 121-127. Retrieved from

https://www.ncbi.nlm.nih.gov/pubmed/29694754

Artman-Meeker, K., Fettig, A., Barton, E. E., Penney, A., & Zeng, S. (2015). Applying

an evidence-based framework to the early childhood coaching literature. *Topics in*

Early Childhood Special Education, 35(3), 183–196.

https://doi.org/10.1177/0271121415595550

Barker, D., Quennerstedt, M., & Annerstedt, C. (2015). Inter-student interactions and

student learning in health and physical education: A post-Vygotskian

analysis. *Physical Education and Sport Pedagogy*, *20*(4), 409-426.

    https://doi.org/10.1080/17408989.2013.868875

Bassok, D., Fitzpatrick, M., Greenberg, E., & Loeb, S. (2016). Within-and

    between-sector quality differences in early childhood education and care. *Child*

    Development, *87*(5), 1627-1645. https://doi.org/10.1111/cdev.12551

Bauchmüller, R., Gørtz, M., & Rasmussen, A. W. (2014). Long-run benefits from

    universal high-quality preschooling. *Early Childhood Research Quarterly*, *29*(4),

    457-470. https://doi.org/10.1016/j.ecresq.2014.05.009

Bernard, R. H. (2012). *Social research methods: Qualitative and quantitative approaches*

    (2nd ed.). Thousand Oaks, CA: Sage.

Bipartisan Policy Research. (2020, April 10). *Nationwide survey: Childcare in the time of*

    coronavirus. Retrieved from https://bipartisanpolicy.org/blog/nationwide-survey-

    child-care-in-the-time-of-coronavirus/

Blair, E. (2015). A reflexive exploration of two qualitative data coding

    techniques. *Journal of Methods and Measurement in the Social Sciences*, *6*(1), 14-

    29. https://doi.org/10.2458/v6i1.18772

Bromer, J., & Korfmacher, J. (2017). Providing high-quality support services to home-

    based child care: A conceptual model and literature review. *Early Education and*

    Development, *28*(6), 745-772. https://doi.org/10.1080/10409289.2016.1256720

Bromer, J., Porter, T., McCabe, L., & Susman-Stillman, A. (2010). Unpacking the impact

    of support programs for home-based child care providers [Data set].

    https://doi.org/10.1037/e584752012-006

Bromer, J., & Weaver, C. (2016). Supporting family child care and quality improvement:

    Findings from an exploratory survey of Illinois child care resource and referral

    agency staff. *International Journal of Child Care and Education Policy*, *10*, 1-21

    https://doi.org/10.1186/s40723-016-0020-8

Buyse, E., Verschueren, K., & Doumen, S. (2011). Preschoolers' attachment to mother

    and risk for adjustment problems in kindergarten: Can teachers make a

    difference? *Social Development, 20*(1), 33–50. https://doi.org/0.1111/j.1467-

    9507.2009.00555.x

Buysse, V., Winton, P. J., & Rous, B. (2009). Reaching consensus on a definition of

    professional development for the early childhood field. *Topics in Early Childhood*

    Special Education, *28*(4), 235-243. https://doi.org/10.1177/0271121408328173

Campbell, F. A., & Pungello, E. P. (2014). *The Abecedarian project*. Edison, NJ: John

    Wiley & Sons, Inc.

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The

    Use of Triangulation in Qualitative Research. *Oncology Nursing Forum, 41*(5),

    545–547. https://doi.org/10.1188/14.onf.545-547

Connelly, L. M. (2016). Trustworthiness in qualitative research. *Medsurg Nursing*, *25*(6),

    435-437. Retrieved from http://www.ajj.com/clients/associations/jannetti-

    publications-inc-jpi/medsurgnursing

Connors, M. C. (2016). Creating cultures of learning: A theoretical model of effective

    early care and education policy. *Early Childhood Research Quarterly*, *36*, 32-45.

    https://doi.org/10.1016/j.ecresq.2015.12.005

Cook, K., Davis, E., Williamson, L., Harrison, L. J., & Sims, M. (2013). Discourses of

    professionalism in family day care. *Contemporary Issues in Early*

    Childhood, 14(2), 112-126. https://doi.org/10.2304/ciec.2013.14.2.112

Cortes, J., & Hallam, R. A. (2016). QRIS: Empowering family child care providers as

    leaders. *Young Children*, *71*(4). Retrieved from

    https://www.naeyc.org/resources/pubs/yc/sep2016/qris-empowering-childcare-

    providers

Cox, M. E., Hollingsworth, H., & Buysse, V. (2015). Exploring the professional

    development landscape: Summary from four states. *Early Childhood Research*

    Quarterly, 32, 116-126. https://doi.org/10.1016/j.ecresq.2015.03.002

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and*

    mixed methods approaches (5th ed.). Thousand Oaks, CA: Sage publications.

Daniel, S. (2017). (Doctoral Dissertation). *Child care professionals' perspectives on*

    improving professional development in the state of Virginia. Retrieved from

    ProQuest.

Davis, E., Freeman, R., Doherty, G., Karlsson, M., Everiss, L., Couch, J., & ...

    Fukukawa, S. (2012). An international perspective on regulated family day care

    systems. *Australasian Journal of Early Childhood, 37*(4), 127-137.

Desimone, L. M., & Pak, K. (2017). Instructional coaching as high-quality professional

    development. *Theory into Practice, 56*(1), 3–12.

    https://doi.org/10.1080/00405841.2016.1241947

Doherty, G. (2015). Quality in family child care: A focus group study with Canadian

providers. *Early Childhood Education Journal*, *43*(3), 157-167. https://doi.org/10.1007/s10643-014-0645-6

Durning, S. J., & Artino, A. R. (2011). Situativity theory: A perspective on how participants and the environment can interact: AMEE Guide no. 52. *Medical Teacher*, *33*(3), 188-199. https://doi.org/10.3109/0142159x.2011.550965

Environmental Rating Scales Institute. (n.d.). *Development of the FCCERS-R.* Retrieved from http://ersi.info/fccers_develop.html

Esteban-Guitart, M., & Moll, L. C. (2014). Funds of identity: A new concept based on the funds of knowledge approach. *Culture & Psychology*, *20*(1), 31-48. https://doi.org/10.1177/1354067x13515934

Eun, B. (2008). Making connections: Grounding professional development in the developmental theories of Vygotsky. *The Teacher Educator*, *43*(2), 134-155. https://doi.org/10.1080/08878730701838934

Felfe, C., & Lalive, R. (2018). Does early child care affect children's development? *Journal of Public Economics*, *159*, 33-53. https://doi.org/10.1016/j.jpubeco.2018.01.014

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data Saturation in qualitative research. *The Qualitative Report, 20*(9), 1408-1416. Retrieved from http://nsuworks.nova.edu/tqr/vol20/iss9/3

Gerstenblatt, P., Faulkner, M., Lee, A., Doan, L. T., & Travis, D. (2014). Not babysitting: Work stress and well-being for family child care providers. *Early Childhood Education Journal, 42*(1), 67-75. https://doi.org/10.1007/s10643-012-0571-4

Gomez, R. E., Kagan, S. L., & Fox, E. A. (2015). Professional development of the early childhood education teaching workforce in the United States: An overview. *Professional Development in Education, 41*(2), 169-186. https://doi.org/10.1080/19415257.2014.986820

Gonzalez, N., Moll, L. C., & Amanti, K. (2005). *Funds of knowledge: Theorizing practices in households, communities, and classrooms*. Mahwah, NJ: Lawrence Erlbaum Associates.

Gray, S. A. (2015). Widening the circle of security: A quasi-experimental evaluation of attachment-based professional development for family child care providers. *Infant Mental Health Journal, 36*(3), 308-319. https://doi.org/10.1002/imhj.2

Grossman, P., Schoenfeld, A., & Lee, C. (2005). Teaching subject matter. In L. Darling-Hammond & J. Bransford (Eds.), *Preparing teachers for a changing world* (pp. 201-231). San Francisco, CA: Jossy-Bass.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, *18*(1), 59-82. https://doi.org/10.1177/1525822x05279903

Hagaman, A. K., & Wutich, A. (2017). How many interviews are enough to identify metathemes in multisited and cross-cultural research? Another perspective on Guest, Bunce, and Johnson's (2006) landmark study. *Field Methods*, *29*(1), 23-41. https://doi.org/10.1177/1525822x16640447

Hallam, R. A., Hooper, A., Buell, M., Ziegler, M., & Han, M. (2019). Boosting family child care success in quality rating and improvement systems. *Early Childhood*

Research Quarterly, *47*, 239-247. https://doi.org/10.1016/j.ecresq.2018.12.008

Hamre, B. K. (2014). Teachers' daily interactions with children: An essential ingredient in effective early childhood programs. *Child Development Perspectives*, *8*(4), 223-230. https://doi.org/10.1111/cdep.12090

Harms, T., Cryer, D., & Clifford, R. M. (2007). *Family Child Care Environment Rating Scale, Revised Edition* (FCCERS-R). New York, NY: Teachers College Press.

Hooper, A., & Hallam, R. (2019). Identifying profiles of listed home-based child care providers based on their beliefs and self-reported practices. *Early Childhood Research Quarterly*, *47*, 194-205. https://doi.org/10.1016/j.ecresq.2018.11.008

Hooper, A., Hallam, R., & Skrobot, C. (2019). "Our quality is a little bit different:" How family childcare providers who participate in a Quality Rating and Improvement System and receive childcare subsidy define quality. *Contemporary Issues in Early Childhood*. https://doi.org/10.1177/1463949119858985

Jayaraman, G., Marvin, C., Knoche, L., & Bainter, S. (2015). Coaching conversations in early childhood programs. *Infants & Young Children*, *28*(4), 323-336. https://doi.org/10.1097/iyc.0000000000000048

Jeon, L., Kwon, K. A., & Choi, J. Y. (2018). Family child care providers' responsiveness toward children: The role of professional support and perceived stress. *Children and Youth Services Review*, *94*, 500-510. https://doi.org/10.1016/j.childyouth.2018.08.023

Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured

interview guide. *Journal of Advanced Nursing*, *72*(12), 2954-2965.

https://doi.org/10.1111/jan.13031

Knowles, M. S., Holton III, E. F., & Swanson, R. A. (2012). *The adult learner*. New

York: Routledge.

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part

4: Trustworthiness and publishing, *European Journal of General Practice*, *24*(1),

120-124. https://doi.org/10.1080/13814788.2017.1375092

Landry, S. H., Zucker, T. A., Taylor, H. B., Swank, P. R., Williams, J. M., Assel, M., ...

& Phillips, B. M. (2014). Enhancing early child care quality and learning for

toddlers at risk: the responsive early childhood program. *Developmental

psychology*, *50*(2), 526. https://doi.org/10.1037/a0033494

Lightfoot, S., & Frost, D. (2015). The professional identity of early years educators in

England: Implications for a transformative approach to continuing professional

development. *Professional Development in Education*, *41*(2), 401-418.

https://doi.org/10.1080/19415257.2014.989256

Linder, S. M., Rembert, K., Simpson, A., & Ramey, M. D. (2016). A mixed-methods

investigation of early childhood professional development for providers and

recipients in the United States. *Professional Development in Education*, *42*(1),

123-149. https://doi.org/10.1080/19415257.2014.978483

Lindsay, A. C., Salkeld, J. A., Greaney, M. L., & Sands, F. D. (2015). Latino family

childcare providers' beliefs, attitudes, and practices related to promotion of

healthy behaviors among preschool children: A qualitative study. *Journal of*

Obesity, 2015. http://dx.doi.org/10.1155/2015/409742

MacCrimmon, K., & Lakind, A. (2017). The deprofessionalization of family child care

   providers: Wisconsin's YoungStar system. *Global Studies of Childhood*, *7*(4),

   346-356. https://doi.org/10.1177/2043610617747981

Magnuson, K., & Duncan, G. J. (2016). Can early childhood interventions decrease

   inequality of economic opportunity? *RSF: The Russell Sage Foundation Journal*

   of the Social Sciences, 2(2), 123. https://doi.org/10.7758/rsf.2016.2.2.05

Marsh, J. C., Angell, B., Andrews, C. M., & Curry, A. (2012). Client-provider

   relationship and treatment outcome: A systematic review of substance abuse,

   child welfare, and mental health services research. *Journal of the Society for*

   Social Work and Research, *3*(4), 233-267. https://doi.org/10.5243/jsswr.2012.15

Marsick, V. J., Watkins, K. E., Scully-Russ, E., & Nicolaides, A. (2017). Rethinking

   informal and incidental learning in terms of complexity and the social

   context. *Journal of Adult Learning, Knowledge, and Innovation*, *1*(1), 27-34.

   https://doi.org/10.1556/2059.01.2016.003

Matthews, H., Schulman, K., Vogtman, J., Johnson-Staub, C., & Blank, H. (2015).

   Implementing the Child Care and Development Block Grant reauthorization: A

   guide for states. *Center for Law and Social Policy, Inc. (CLASP)*. Retrieved from

   https://files.eric.ed.gov/fulltext/ED561773.pdf

McIntosh, M. J., & Morse, J. M. (2015). Situating and constructing diversity in semi-

   structured interviews. *Global qualitative nursing research*, *2*,2333393615597674.

   https://doi.org/10.1177/2333393615597674

Mejia-Arauz, R., Rogoff, B., Dayton, A., & Henne-Ochoa, R. (2018). Collaboration or

    negotiation: Two ways of interacting suggest how shared thinking

    develops. *Current opinion in psychology*, *23*, 117-123.

    https://doi.org/10.1016/j.copsyc.2018.02.017

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and*

    Implementation (4th ed.). San Francisco, CA: Jossey-Bass.

Moll, L. C., Amanti, C., Neff, D., & Gonzalez, N. (1992). Funds of knowledge for

    teaching: Using a qualitative approach to connect homes and classrooms. *Theory*

    Into Practice, *31*(2), 132-141. https://doi.org/10.1080/00405849209543534 \

Moreno, A. J., Green, S., & Koehn, J. (2014). The effectiveness of coursework and onsite

    coaching at improving the quality of care in infant–toddler settings. *Early*

    Education and Development, 26(1), 66–88.

    https://doi.org/10.1080/10409289.2014.941260

Moss, P., Dahlberg, G., & Pence, A. (2000). Getting beyond the problem with

    quality. *European Early Childhood Education Research Journal*, *8*(2), 103-

    115.https://doi.org/10.1080/13502930085208601

National Association for the Education of Young Children. (1997). *Licensing and public*

    regulation of early childhood programs. Retrieved from

    https://www.naeyc.org/sites/default/files/globally-

    shared/downloads/PDFs/resources/position-statements/PSLIC98.PDF

National Association for the Education of Young Children. (2009). *Developmentally*

    appropriate practice in early childhood programs serving children from birth to

age 8. Retrieved from http://www.naeyc.org/files/naeyc/file/positions/PSDAP.pdf

National Association for the Education of Young Children and National Association of

Child Care Resource and Referral Agencies. (2011). Early childhood education

professional development: Training and technical assistance glossary. Retrieved

from https://www.naeyc.org/sites/default/files/globally-

shared/downloads/PDFs/our-work/public-policy-advocacy/glossarytraining_ta.pdf

National Survey of Early Care and Education Project Team. (2016*). Characteristics of

home-based early care and education providers: Initial findings from the

National Survey of Early Care and Education (OPRE Report No. 2016-13).

Washington, DC: U.S. Department of Health and Human Services,

Administration for Children and Families, Office of Planning, Research, and

Evaluation.

Newcomer, K. E., Hatry, H. P., & Wholey, J. S. (Eds.). (2015). *Handbook of practical*

program evaluation. San Francisco, CA: Jossey-Bass & Pfeiffer Imprints, Wiley.

New York State Office of Children and Family Services. (n.d.). *Division of child care*

services. Retrieved from http://ocfs.ny.gov/main/child care/ccfs_template.asp

New York State Office of Children and Family Services. (19 May 2020). COVID-19

child care stakeholders call. Presentation delivered virtually via Zoom in

conjunction with the Child Care Council of Westchester, Inc.

Nyikos, M., & Hashimoto, R. (1997). Constructivist theory applied to collaborative

learning in teacher education: In search of ZPD. *The Modern Language*

Journal, 81(4), 506-517. https://doi.org/10.1111/j.1540-4781.1997.tb05518.x

O'Connor, E. E., Dearing, E., & Collins, B. A. (2011). Teacher-child relationship and behavior problem trajectories in elementary school. *American Educational Research Journal, 48*(1), 120–162. https://doi.org/10.3102/0002831210365008

Paredes, E., Hernandez, E., Herrera, A., & Tonyan, H. (2018). Putting the "family" in family child care: The alignment between familismo (familism) and family child care providers' descriptions of their work. *Early Childhood Research Quarterly*. https://doi.org/10.1016/j.ecresq.2018.04.007

Pianta, R. C., DeCoster, J., Cabell, S., Burchinal, M., Hamre, B. K., Downer, J., & Howes, C. (2014). Dose–response relations between preschool teachers' exposure to components of professional development and increases in quality of their interactions with children? *Early Childhood Research Quarterly, 29*(4), 499-508. https://doi.org/10.1016/j.ecresq.2014.06.001

Porter, T., Reiman, K., Nelson, C., Sager, J., & Wagner, J. (2016). Quality in family child care networks: An evaluation of all our kin provider quality. *ZERO TO THREE*, *36*(4), 19-29.

Roggman, L. A., Cook, G. A., Innocenti, M. S., Norman, V. J., & Christiansen, K. (2013). Parenting interactions with children: Checklist of observations linked to outcomes. PsycTESTS [data set]. https://doi.org/10.1037/t72148-000

Rose, J., & Johnson, C. (2020). Contextualizing reliability and validity in qualitative research: Toward more rigorous and trustworthy qualitative social science in leisure research. *Journal of Leisure Research, 51*(4), 432-451. https://doi.org/10.1080/00222216.2020.1722042

Roth, W. M., & Jornet, A. (2017). Genesis of the zone of proximal development. *Understanding Educational Psychology*, 247-264. https://doi.org/10.1007/978-3-319-39868-6_11

Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data* (2nd ed.). Princeton, NJ: Sage.

Rusby, J. C., Crowley, R., Jones, L. B., & Smolkowski, K. (2017). Providing opportunities to learn in home-based child care settings: Observations of learning contexts and behavior. *Early Education and Development, 28*(6), 715–726. https://doi.org/10.1080/10409289.2017.1303305

Salazar Pérez, M., & Cahill, B. (2016). "Readiness" as central to the (re)production of Quality discourses in the United States. In G. S. Canella, M. Salazar Pérez, & I.-F. Lee, Critical examinations of quality in early education and care: Regulation, disqualification, and erasure (ss. 11-25). New York: Peter Lang.

Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Thousand Oaks, CA: Sage.

Schachter, R. E. (2015). An analytic study of the professional development research in early childhood education. *Early Education and Development*, *26*(8), 1057-1085. https://doi.org/10.1080/10409289.2015.1009335

Sherbourne, C. M. (2016). *What lies beneath the coaching process: Coaching experiences of early childhood educators*. Northeastern University. Retrieved from https://repository.library.northeastern.edu/files/neu:cj82n051b/fulltext.pdf

Stake, R. E. (2010). *Qualitative research: Studying how things work*. New York: The

Guilford Press.

Stepp, J. B., & Peterson-Ahmad, M. (2016). A multi-case analyses of pre-service and in-service teachers' response to coaching techniques. *Read - An Online Journal for Literacy Educators*, *1*(2). Retrieved fromhttps://journals.tdl.org/read/index.php/read/article/download/20/21

Stevens, K. B. (2017). Workforce of today, workforce of tomorrow: The business case for high-quality childcare. *United States Chamber of Commerce.* Retrieved from https://www.uschamberfoundation.org/sites/default/files/Workforce%20of%20Today%20Workforce%20of%20Tomorrow%20Report.pdf

Stitou, M., Bourgeault, I. L., & Kohen, D. (2017). The job content, context, and requirements of regulated home-based child care workers. *NEW SOLUTIONS: A Journal of Environmental and Occupational Health Policy*. https://doi.org/1048291117739417.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research techniques*. Thousand Oaks, CA: Sage publications.

Swartz, R. A., Wiley, A. R., Koziol, N. A., & Magerko, K. A. (2016, October). Psychosocial influences upon the workforce and professional development participation of family child care providers. *Child & Youth Care Forum, 45*(5), 781-805. https://doi.org/10.1007/s10566-016-9353-2

Tetnowski, J. (2015). Qualitative case study research design. *Perspectives on Fluency and Fluency Disorders*, *25*(1), 39-45. https://doi.org/10.1044/ffd25.1.39

Tonyan, H. A. (2015). Everyday routines: A window into the cultural organization of

family child care. *Journal of Early Childhood Research*, *13*(3), 311-327.

https://doi.org/10.1177/1476718x14523748

Tonyan, H. A., Nuttall, J., Torres, J., & Bridgewater, J. (2017). Engaging with quality

improvement initiatives: A descriptive study of learning in the complex and

dynamic context of everyday life for family child care providers. *Early Education

and Development, 28(*6), 684–704.

https://doi.org/10.1080/10409289.2017.1305152

Tonyan, H. A., Paulsell, D., & Shivers, E. M. (2017). Understanding and incorporating

home-based child care into early education and development systems. *Early

Education and Development, 28*(6), 633–639.

https://doi.org/10.1080/10409289.2017.1324243

Tudge, J. R. (1992). Processes and consequences of peer collaboration: A Vygotskian

analysis. *Child Development*, *63*(6), 1364-1379. https://doi.org/10.2307/1131562

Van Laere, K., & Vandenbroeck, M. (2018). The (in) convenience of care in preschool

education: examining staff views on educare. *Early Years*, *38*(1), 4-18.

Vicary, S., Young, A., & Hicks, S. (2017). A reflective journal as learning process and

contribution to quality and validity in interpretative phenomenological

analysis. *Qualitative Social Work*, *16*(4), 550-565.

https://doi.org/10.1177/1473325016635244

Vygotsky, L. S. (1962). *Language and thought.* Ontario, Canada: Massachusetts Institute

of Technology Press.

Vygotsky, L. S. (1978). *Mind in society: The development of higher mental functions.*

Cambridge, MA: Harvard University Press.

Vygotsky, L. S. (1987). *Cognition and language. The collected works of L. S. Vygotsky, Vol. 1. Problems of general psychology* (R. W. Rieber & A. S. Carton, Eds.). NY: Plenum Press.

Vygotsky, L. S. (1997). *The collected works of LS Vygotsky: Problems of the theory and history of psychology* (Vol. 3). New York: Plenum Press.

Warner-Richter, M., Orfali, N. S., Daily, S., Bultinck, E., Cleveland, J., & Tout, K. (2018). *Vermont STARS validation and evaluation study 2015-2017*. Retrieved from https://www.childtrends.org/wp-content/uploads/2018/12/VermontSTARS_ChildTrends_December2018.pdf

Whyte, K. L., & Karabon, A. (2016). Transforming teacher–family relationships: Shifting and perceptions of home visits through the funds of knowledge approach. *Early Years*, *36*(2), 207 221. https://doi.org/10.1080/09575146.2016.1139546

Yin, R. K. (2017). *Case study research and applications: Design and methods* (6th ed.). Thousand Oaks: Sage publications.

Zaretsky, V. K. (2016). Vygotsky's principle. *Cultural-Historical Psychology, 12*(3), 149-188. https://doi.org/10.17759/chp.2016120309.

Appendix A: Interview Guide for Family Child Care Providers

Q1: Tell me about your experience running a family child care program.

Q2: When did you first start working with a coach?

    Q2a. How or why did that first contact occur?

Q3. How would you describe your relationship with your coach?

    Q3a. Do you feel that your coach understood you and your program? Why?

Q4: Tell me about the coaching process.

    Q4a. What did you enjoy about the process? What didn't you enjoy?

Q5. Were there specific things that the coach did or said that stick out in your mind?

Q6. How were goals established?

    Q6a. Tell me about how you worked toward meeting these goals

Q7: How long did the coaching process last?

Q8. How would you define program quality?

    Q8a. How did you come to this definition?

Q9. Is there anything else you would like to share with me today?

Appendix B: Interview Guide for Coaches

Q1: How long have you been working as a coach?

Q1a. How many FCC providers have you worked with?

Q2: What is your background/experience in early childhood education?

Q3. What motivates you to work as a coach with family child care providers?

Q4: What is your definition of quality as it relates to family child care programs?

Q4a. How did you come to this definition?

Q5: Describe your process when coaching family child care providers.

Q5a: Do you take particular steps to make sure you and the provider are on the same page?

Q5b: If so, what are they?

Q6: How do you establish goals?

Q7: Have you ever encountered any challenges in working with family child care providers?

Q7a: If yes, could you tell me more about one particular example of a challenge?

Q7b: Did you try to overcome these challenges? How?

Q8: Does your perception of a family child care provider typically stay the same over the course of the coaching relationship? Please explain.

Q9: Is there anything else that you would like to share with me today?