Oregon Early Childhood Health & Safety Initiative

Grant & Partnership Portfolio

A Rural-Priority, Bilingual Investment in Safety, Professional Practice, Leadership & Workforce Sustainability

English & Spanish • Community-Based • Designed to Travel Across Oregon

Strengthening the people who keep Oregon's children safe, families supported, and child care communities strong.

A Collaborative Initiative of

The Center for Coaching Strategies Workforce Leadership & Sustainability Initiative

Helping Hearts First Aid, CPR, AED and Bloodborne Pathogen Instruction and Training LLC

Together, Coaching Strategies and Helping Hearts bring complementary expertise in early childhood workforce development, coaching, professional learning, health and safety education, and lifesaving skills training. Through this partnership, we are working toward one shared goal: strengthening the capacity, confidence, leadership, and preparedness of Oregon's early childhood workforce particularly in rural and underserved communities.

Initiative Overview

The Oregon Early Childhood Health & Safety Initiative is a rural-priority, bilingual, community-based initiative developed through the partnership of Coaching Strategies and Helping Hearts First Aid, CPR, AED and Bloodborne Pathogen Instruction and Training LLC. With Oregon's early childhood workforce at its center, the initiative brings practical health and safety education, lifesaving skills, applied safety resources, professional learning, consulting, and leadership development directly into rural and underserved communities. Programming and participant resources are designed to be accessible in both English and Spanish, helping reduce language as well as geographic barriers to professional learning and safety education. While early childhood education provides the foundation for the initiative, participation is intentionally broader: school district employees, construction workers, employers, nonprofit staff, caregivers, parents, and other community members may participate in applicable training opportunities. Our rural priority is about expanding access, not limiting participation.

The initiative offers three flexible pathways shaped by local need. Safety Essentials provides CPR, First Aid, AED, and Bloodborne Pathogens training along with practical First Aid and Bloodborne Pathogens/Biohazard resources. The Health & Safety Symposium creates a one-day, conference style opportunity for regional learning, demonstrations, professional connection, and community partnership. The Safety in Practice Cohort provides early childhood professionals with a full year of continued learning, consulting, workplace application, reflection, peer connection, and leadership development. Communities and funding partners can select one pathway, combine pathways, or build toward deeper investment over time, with English and Spanish access incorporated into planning and delivery based on community needs.

For early childhood professionals, the initiative is designed to complement not replace Oregon's existing licensing, sanitation, professional-development, quality-improvement, and technical assistance infrastructure. Oregon has already established expectations around active supervision, emergency preparedness, first-aid readiness, sanitation, standard precautions, incident documentation, and professional practice. The initiative strengthens the human capacity behind those expectations by connecting information with practice, resources with readiness, certification with confidence, and professional development with continued support. Through a mobile and bilingual delivery model, Coaching Strategies and Helping Hearts will listen to communities, reduce barriers to participation, bring trainers and resources closer to where people live and work, measure impact, and return, sustain, or expand programming as local needs develop.

The Need: From Requirements to Confident Practice

Oregon's child care landscape is shaped by supply constraints, workforce recruitment and retention challenges, affordability pressures, and a fragmented network of providers, subsidies, regulations, and regional supports. Mapping Oregon's Child Care Business Ecosystem emphasizes that sustainable child care requires coordinated action across multiple interconnected elements and that no single intervention is sufficient. Within this landscape, the problem is not a lack of health and safety requirements. *The implementation challenge* is what happens after required information is delivered: whether educators have sufficient opportunity to rehearse decisions, ask questions, reflect on practice, receive individualized support, build professional confidence, and carry learning back into the environments where children are served. The initiative addresses that gap through a continuum of preparedness, professional learning, and sustained practice. Its design moves beyond attendance and compliance toward practical application, professional judgment, leadership development, peer connection, and long-term workforce capacity.

Alignment with Oregon's Early Childhood System

The initiative is intentionally aligned with Oregon's Department of Early Learning and Care, Child Care Licensing Division, Oregon Registry, Spark, Child Care Resource & Referral services, and the broader child care ecosystem. It reinforces existing investments rather than creating a parallel system.

Oregon Expectation or Investment	How the Initiative Reinforces It
Active supervision and injury prevention	Scenario-based learning strengthens risk awareness, positioning, professional judgment, and the ability to respond promptly.
Emergency preparedness	Participants practice emergency decision making, communication, documentation, and response through realistic situations.
Pediatric CPR/First Aid	Program 1 provides focused access to lifesaving preparation; the broader initiative connects certification to daily readiness and professional practice.
Standard precautions and bodily-fluid exposure	Bloodborne Pathogens content, PPE, biohazard resources, and applied scenarios connect written expectations to practical response.
First-aid and sanitation readiness	Participants connect required supplies and sanitation expectations to daily routines, equipment readiness, infection prevention, and safe environments.

Oregon Registry and professional learning	The initiative emphasizes reflective practice, application of knowledge, professional judgment, continuous improvement, and leadership through practice.
Spark and continuous quality improvement	Participants move through learning, reflect, apply, implement, evaluate and sustain cycle rather than treating training as a one-time event.
CCR&R and technical assistance	The initiative complements regional supports with a structured health and safety focus and opportunities for local partnership and referral.

Alignment with Oregon's Child Care Business Ecosystem

Mapping Oregon's Child Care Business Ecosystem frames child care sustainability as an interconnected challenge involving workforce, training and education, consultation, partnerships, facilities, business supports, and system coordination. The initiative sits directly within that logic. It combines professional learning with coaching, community partnership, and local delivery rather than treating health and safety as an isolated training topic. The Ecosystem materials also describe personalized coaching and consultation aligned with licensing and professional development competency frameworks as a best practice and document Oregon cohort models that combine training, consultation, coaching, technical assistance, and peer groups. This provides a strong systems rationale for the initiative's deepest pathway: a year-long cohort focused on implementation and leadership development.

Rural Oregon Priority

The Oregon Early Childhood Health & Safety Initiative is a rural-priority health, safety, and workforce development initiative with early childhood education at its core. The initiative is designed to bring high-quality training, professional learning, and continued support directly into rural and geographically underserved Oregon communities, reducing the distance and access barriers that can make professional development difficult to obtain. While the initiative is intentionally grounded in the needs of Oregon's early childhood workforce, participation is not limited to early childhood professionals. CPR, First Aid, AED, Bloodborne Pathogens, emergency preparedness, and practical health and safety skills have value across an entire community. Construction workers, school district employees, educators, small-business owners, nonprofit staff, caregivers, parents, volunteers, and community members may register for applicable training opportunities. This broader access allows an investment initially inspired by ECE workforce needs to strengthen the health, safety, preparedness, and resilience of the surrounding rural community as well. The initiative is built around local choice rather than a one-size-fits-all

delivery model. Communities, employers, local organizations, and funding partners can determine which pathway best meets their population, capacity, and priorities. A community may need accessible lifesaving certification. Another may benefit from a regional health and safety gathering. Others may be ready for a deeper, year-long investment in professional practice, coaching, and leadership development.

Rural Challenge	Initiative Response	Intended Long-Term Impact
Distance from professional development	Mobile delivery brings trainers and resources into rural communities.	More equitable access to high-quality professional learning.
Limited access to specialized safety training	CPR/First Aid, Bloodborne Pathogens, health and safety education, and applied learning are delivered locally.	Greater access to practical safety preparation and certification.
Professional isolation	Symposiums and cohorts intentionally connect local educators.	Stronger peer networks and community level ECE leadership.
Limited access to coaching	The year-long pathway provides continued coaching and implementation support.	Sustained professional support rather than a one-time training experience.
Small and dispersed programs	Regional delivery can convene family child care, centers, and other ECE professionals together.	Resources reach multiple programs while strengthening the local ECE ecosystem.
Different community needs	Local partners help shape scheduling, priorities, delivery, and context.	Programming responds to communities rather than imposing a one-size-fits-all model.

Community-Based Delivery Process

The Oregon Early Childhood Health & Safety Initiative uses a rural community-based model designed to bring professional learning and lifesaving skills directly to the people who need them. Coaching Strategies and Helping Hearts will identify rural and underserved communities, connect with local ECE professionals and community partners, and listen first to understand existing resources, barriers, and priorities. Together, the community and initiative partners will determine which pathway Safety Essentials, Health & Safety Symposium, or the year-long Safety in Practice Cohort best meets local needs. Once a pathway is selected, the initiative will work with local partners to coordinate the venue, outreach, trainers, materials, accessibility, and community

resources needed for successful delivery. Rather than requiring rural professionals to travel to centralized services, the trainers and resources will travel to the community. Local organizations such as CCR&Rs, Early Learning Hubs, school districts, child care programs, public health agencies, fire/EMS, health systems, employers, and community organizations can contribute knowledge, resources, outreach, and partnership. Following each program, Coaching Strategies and Helping Hearts will gather participant and partner feedback, measure outcomes, and identify what the community needs next. Depending on local interest and results, the initiative may return, sustain, expand, or connect returning with additional training, developing continued learning opportunities, expanding into another pathway, or connecting participants with existing local and statewide resources. The goal is not simply to deliver training and leave, but to strengthen local knowledge, relationships, preparedness, and leadership that remain within the community over time.

Three Pathways for Investment

Not every community needs the same intervention, and not every funder has the same capacity to invest. The initiative therefore offers three stand-alone but connected pathways. Together, they create a continuum from preparedness to professional learning to sustained practice.

Program	Model	Primary Purpose	Depth
Program 1: Safety Essentials	CPR/First Aid + Bloodborne Pathogens	Essential lifesaving and exposure response preparedness	Foundational
Program 2: Oregon Early Childhood Health & Safety Symposium	One-day conference style experience	Broad professional learning, practical application, and community connection	Intermediate
Program 3: Safety in Practice Cohort	One year of continued learning and coaching	Sustained implementation, reflection, leadership development, and professional growth	Comprehensive

Program 1 — Safety Essentials

CPR, First Aid, AED & Bloodborne Pathogens Training

Safety Essentials is the initiative's most accessible pathway and is designed for both ECE professionals and the broader community. Training can be brought directly into rural communities and organized in partnership with child care programs, school districts, employers,

community organizations, businesses, or other local partners. Participants build practical lifesaving and emergency response skills through CPR, First Aid, AED, and Bloodborne Pathogens instruction. For early childhood professionals, training can be connected to the realities of caring f or young children and Oregon's health and safety expectations. For other participants, instruction can be contextualized to their workplace, organization, or community setting. The goal extends beyond earning a certification. Participants strengthen their understanding of emergency response, standard precautions, PPE, bloodborne pathogen exposure, first-aid readiness, biohazard response, and the practical use of safety resources.

Community impact: Expand access to lifesaving knowledge by bringing training into rural communities and making participation available beyond the ECE workforce. *Bring essential lifesaving skills closer to the rural Oregonians who need them strengthening preparedness in child care programs, workplaces, schools, organizations, families, and communities.*

Program 2 — Oregon Early Childhood Health & Safety Symposium

A One-Day Regional Learning & Community Connection Experience

The Health & Safety Symposium provides a larger, conference style opportunity for a rural community or region to come together around health, safety, preparedness, and professional learning. Early childhood education remains a central focus, with learning opportunities addressing active supervision, injury prevention, sanitation and infection prevention, emergency preparedness, first-aid readiness, bloodborne pathogens, biohazard response, incident documentation, family communication, environmental safety, professional decision-making, and educator wellness. At the same time, the symposium can include sessions with broader community relevance, allowing school personnel, employers, community organizations, businesses, caregivers, parents, and other residents to participate in appropriate learning opportunities. The symposium also creates a place for local resources to come together. Fire and EMS agencies, public health, CPR instructors, CCR&R, health professionals, school districts, community organizations, and other partners can contribute expertise, demonstrations, referrals, and resources. Instead of bringing only a training *to* a rural community, the symposium helps connect resources within that community.

Community impact: Create an accessible regional gathering where professional learning, lifesaving skills, local resources, and community relationships come together. *Invest in a rural community not simply an event by bringing health and safety education, professional resources, community partners, and practical learning together in one accessible location.*

Program 3 — Safety in Practice Cohort

One Year of Continued ECE Professional Learning, Coaching & Leadership Development

The Safety in Practice Cohort is the initiative's deepest early childhood workforce investment. It is designed specifically for ECE professionals who are ready to move beyond individual training experiences into a year of continued learning, implementation, reflection, coaching, peer connection, and leadership development. Participants engage in focused instruction paired with realistic scenarios, group problem-solving, reflective discussion, action planning, workplace implementation, and individualized coaching. The rural cohort model is especially important because professional isolation and geographic distance can limit access not only to training, but also to coaching, professional networks, and leadership opportunities. The year-long model creates sustained relationships while developing professional capacity within the community itself. Over time, participants can carry that learning beyond their own classrooms by supporting colleagues, mentoring newer professionals, strengthening organizational practices, assuming leadership responsibilities, and contributing their rural perspectives to Oregon's broader early childhood system.

Community impact: Develop local ECE capacity and leadership that remains within rural communities long after the funded program concludes. *Invest in the people sustaining rural child care by providing a full year of professional learning, coaching, peer connection, implementation support, and leadership development.*

Phase	Focus
Months 1–3	Foundations of safe early learning environments: active supervision, risk awareness, injury prevention, classroom organization, and daily safety routines.
Months 4–6	Health, sanitation, infection prevention, environmental safety, healthy routines, and communication with families.
Months 7–9	Emergency response, documentation, communication under pressure, professional decision-making, and realistic incident scenarios.
Months 10–11	Reflective leadership, peer influence, implementation, professional confidence, and sustainability of practice.
Month 12	Demonstration of learning, reflection, professional growth planning, recognition, and next-step leadership goals.

Why This Initiative Adds Value

Imagine an early childhood educator in rural Oregon standing in a classroom when something unexpected happens. A child is injured. Another child needs immediate attention. Families will need to be contacted. Documentation may be required. The educator has completed required training and knows that procedures exist but, in that moment, safety depends on something more than knowing the rules. It depends on the ability to recognize what is happening, make a sound decision, locate and confidently use the right resources, communicate clearly, and respond under pressure. That space between *knowing what is required* and *being prepared to put it into practice* is where the Oregon Early Childhood Health & Safety Initiative adds value.

Oregon has already built important infrastructure around child care safety and professional development. Licensing establishes health and safety expectations, required training provides foundational knowledge, the Oregon Registry recognizes professional learning, Spark supports continuous quality improvement, and CCR&R offers technical assistance and consultation. *This initiative is not intended to recreate or compete with those investments. Instead, it helps carry their value further into everyday practice.* Participants work through realistic scenarios, handle applied safety resources, practice decision-making, reflect on their experiences, connect learning to their own environments, and through the deeper program pathway, receive continued coaching and leadership development. Rather than allowing learning to end when training concludes or credit is awarded, the initiative asks: *What happens when the educator goes back to work tomorrow?* That question becomes particularly important in rural and underserved communities, where geography can create additional barriers to training, professional connection, and continued support. Through a mobile, bilingual English-Spanish delivery model, Coaching Strategies and Helping Hearts bring opportunities closer to where people live and work.

The initiative strengthens Oregon's existing investments by focusing on the human capacity that makes those investments successful*: competence, confidence, preparedness, reflection, connection, and leadership.* Over time, an educator who becomes more confident may become the colleague others turn to, the mentor who supports a new professional, or the leader who strengthens safety practices throughout an entire program. That is the added value of this initiative: not another layer of requirements, but a bridge between Oregon's existing standards and the people who bring those standards to life every day.

Impact Across the Child Care Ecosystem

The Oregon Early Childhood Health & Safety Initiative is an investment in the human infrastructure that sustains child care. Its impact begins with individual professionals strengthening practical health and safety skills, emergency preparedness, professional judgment, communication,

confidence, and leadership and is designed to move outward into classrooms, teams, programs, families, and communities. By helping educators move beyond simply knowing health and safety requirements to confidently applying them in real situations, the initiative strengthens the people responsible for creating safe, dependable, and responsive early learning environments.
Over time, that investment can contribute to greater child care sustainability and stronger leadership from within the workforce. Educators who are prepared to recognize hazards, respond to emergencies, solve problems, communicate effectively, reflect on practice, and make thoughtful decisions under pressure strengthen more than their own individual performance. They can influence coworkers, mentor newer professionals, contribute to stronger program practices, and emerge as leaders within their organizations and communities. The impact ultimately reaches beyond the walls of an early learning program. Reliable child care is community infrastructure. When communities can sustain knowledgeable, prepared, and supported early childhood professionals, families are better able to work, employers benefit from a more dependable workforce, children experience greater continuity of care, and communities retain an essential resource*. At the systems level, the initiative creates a bridge between requirements and practice, training and implementation, professional development and leadership, and individual learning and community capacity*. The long-term goal is not simply to train more people, it is to help build safer programs, stronger professionals, trusted relationships with families, emerging local leaders, and a more resilient child care ecosystem across Oregon.

Long-Term Impact: Building Capacity Over Time

The long-term value of the Oregon Early Childhood Health & Safety Initiative will not be measured simply by how many people attend a training, earn a certification, or complete a cohort. Its greater value lies in what participants carry forward. In the first year, educators strengthened preparedness, risk awareness, communication, professional judgment, confidence, and reflective practice. Those competencies return with them to their workplaces, where they can influence everyday health and safety practices, interactions with families, emergency readiness, and the experiences of children. The initial investment therefore begins with an individual, but its potential impact extends well beyond that individual. As participants continue applying their learning over the next several years, knowledge can become practice, practice can build confidence, and confidence can grow into leadership. Educators may begin modeling stronger practices for colleagues, mentoring newer professionals, contributing to onboarding and program procedures, or assuming greater responsibility within their organizations. With repeated rural delivery, the initiative can also build connections across communities, creating a growing network of professionals and partners with shared language around safety, preparedness, reflection,

responsibility, and leadership. Relationships among early childhood programs, health professionals, EMS, CCR&R, philanthropy, and community organizations can further strengthen the local infrastructure surrounding child care. Over five to ten years, the impact has the potential to become generational and systemic. Participants who first entered the initiative as educators may progress into roles as directors, mentors, coaches, trainers, or system leaders, carrying the principles of health, safety, reflective practice, and professional leadership with them. At the same time, the initiative can mature into a replicable rural workforce development model that complements Oregon's existing early childhood infrastructure while remaining responsive to individual communities. The long-term vision is a compounding investment: strengthen one professional today, influence a program tomorrow, develop local leadership over time, and ultimately contribute to safer, stronger, and more sustainable child care communities across rural Oregon.

Impact Tracking & Continuous Improvement

Every community will teach us something. The Oregon Early Childhood Health & Safety Initiative will use evaluation not simply to prove that a program occurred, but to understand what worked, what was missing, who was reached, who was not reached, and what the community is telling us should happen next. Each implementation will create a feedback loop between participants, local partners, Coaching Strategies, and Helping Hearts. Quantitative measures such as participation, certification, geographic reach, completion, and follow-up will establish accountability, while participant experiences and partner observations will help us understand the story behind those numbers. Evaluation will be intentionally matched to the level of investment. A Safety Essentials training may tell us whether participants gained competency, felt prepared to respond, and had access to needed safety resources. A Health & Safety Symposium can reveal which topics generated the greatest interest, what resources participants still need, and where opportunities exist for stronger regional collaboration. The year-long Safety in Practice Cohort provides an opportunity to look much deeper following implementation, professional growth, coaching, leadership development, and changes that emerge over time. When appropriate, follow-up at 3, 6, and 12 months will allow us to see not only what participants learned, but what remained after the program was over. Most importantly, the findings will influence decisions. After entering a rural community, we want to be able to sit with local partners and ask: What did we learn? What should we change? Is there a reason to return? Is this community ready for a deeper pathway? Is there a local leader or organization we should invest in? Is there a barrier we did not anticipate? Those answers will shape future curriculum, bilingual English-Spanish access, scheduling, partnerships, resources, funding requests, and expansion. In this way, evaluation becomes more than reporting it becomes the mechanism through which the initiative stays locally responsive, accountable, and capable of improving as it grows.

Stage	What Will Be Tracked	How It Will Be Measured
Baseline	Confidence, knowledge, professional role, previous safety training, perceived preparedness, and goals.	Brief intake and preprogram self-assessment.
Participation	Enrollment, attendance, completion, certifications, coaching participation, geographic reach, and program type.	Registration and program records.
Immediate Learning	Knowledge gained, confidence, emergency preparedness, understanding of practices, and intended changes.	Pre/post assessment, skills demonstration, and participant reflection.
Application	Changes implemented in classrooms or programs.	Reflection prompts, coaching check-ins, and examples of practice changes.
Leadership Growth	Confidence speaking about safety, supporting colleagues, problem-solving, mentoring, and taking responsibility.	Self-assessment, coaching goals, participant stories, and supervisor feedback when appropriate.
Follow-Up	Whether practices continue and whether learning is shared with others.	3-, 6-, and 12-month follow-up appropriate to the program.
Ripple Effects	Colleagues influenced, programs reached, leadership roles assumed, practices shared, and further development pursued.	Annual participant follow-up and impact stories.
System Impact	Rural communities reached, partnerships developed, repeat programs, funding leveraged, and expansion.	Annual initiative dashboard and partner review.
Continuous Improvement	What worked, barriers, participant recommendations, and needed changes.	Annual evaluation review and program refinement.

Partnership & Delivery Model

The Oregon Early Childhood Health & Safety Initiative is built on the belief that strengthening rural child care requires collaboration rather than any one organization attempting to meet every community need alone. Coaching Strategies will serve as the grant holder and program backbone, providing the infrastructure that connects funding, partners, participants, and evaluation. CS will support the coordination of delivery, administer grant funds, outreach, organize community partnerships, track outcomes, and complete required funder reporting. At the center of the initiative is the partnership between Coaching Strategies and Helping Hearts First Aid, CPR, AED and Bloodborne Pathogen Instruction and Training LLC, which brings specialized health and safety instruction, certification, skills assessment, training equipment, and practical emergency preparedness expertise to the initiative. Around that core partnership, the model intentionally creates space for local organizations to contribute to what they know and do best. CCR&Rs and Early Learning partners can support recruitment, referrals, technical assistance, and local context; health systems and public health partners can contribute prevention and community health expertise; fire and EMS agencies can strengthen emergency preparedness and demonstrations; and school districts, ESDs, and community colleges can provide regional connections, facilities, outreach, and workforce pathways.

Partner Type	Potential Contribution
CPR/First Aid training organization	Qualified instructor, certification, skills assessment, training equipment, and participant records.
CCR&R / Early Learning partner	Recruitment, referrals, local context, technical-assistance coordination, or training space.
Health system / public health partner	Prevention, injury-prevention, emergency preparedness expertise, sponsorship, or community health connection.
Fire / EMS partner	Emergency-preparedness expertise, demonstrations, facility support, or in-kind participation.
School district / ESD / community college	Regional convening, space, outreach, or workforce pathway connection.
Foundation / community sponsor	Program underwriting, scholarships, rural travel, supplies, evaluation, or replication support.
Local child care programs	Participant recruitment, workplace implementation settings, and feedback on practical applicability.

Applied Safety Resources: Leaving Participants with Tools, Not Just Training

The Oregon Early Childhood Health & Safety Initiative is designed around a simple principle: professional learning becomes more meaningful when participants can connect knowledge to the actual tools they may need in an emergency. For that reason, participants across all three program pathways will receive practical safety resources to take with them, including a First Aid Kit and Bloodborne Pathogens/Biohazard Clean-Up Kit. These resources transform the initiative from training alone into an investment in both knowledge and readiness. Participants will learn not only that safety supplies are important, but what is in their kits, why each item is included, when it may be needed, and how preparedness connects to standard precautions, first aid, infection prevention, and emergency response. The resources themselves are intentionally practical. The First Aid Kit includes supplies such as antiseptic spray, bandages and sterile dressings, burn gel, antibiotic ointment, petroleum jelly, hydrocortisone cream, eyewash and an eye patch, a cold pack, scissors, alcohol wipes, a triangular bandage, CPR mask, emergency blanket, and other first-aid materials. Participants will also receive a Bloodborne Pathogens Clean-Up Kit designed for child care settings; the provided material describes it as an Oregon OSHA-approved complete BBP kit and notes that English and Spanish clean-up instructions are included. These resources can be incorporated directly into demonstrations and scenario-based learning so participants have opportunities to identify, understand, practice, and prepare before taking the materials back to their workplaces or communities. Providing these resources to every participant also extends the value of grant funding beyond the training experience itself. A participant does not leave only with information or a certificate—they leave with tangible safety resources that can continue supporting preparedness after the program ends. For rural communities, where accessing replacement supplies, specialized training, or safety resources may require additional travel or expense, this practical investment is particularly meaningful. Funder support can therefore help remove two barriers at once: access to high-quality safety education and access to the tools needed to put that education into practice. The goal is not simply to place another kit on a shelf. It is to ensure that when someone reaches for that kit, they recognize what is inside, understand why it is there, and feel better prepared to respond when it matters.

Strategic Funding & Investment Approach

The Oregon Early Childhood Health & Safety Initiative is intentionally designed as a flexible funding model rather than a program dependent on a single grant or funding source. Its three pathways allow Coaching Strategies and Helping Hearts to align the size, geography, population, and purpose of an investment with the priorities of individual funders. A smaller community foundation may make it possible to bring Safety Essentials to one rural community, while a regional health

partner may support a Health & Safety Symposium serving several counties. Larger philanthropic or workforce investments can support the year-long Safety in Practice Cohort, multi-community implementation, evaluation, rural expansion, or replication. This structure creates multiple entry points for investment while maintaining one shared mission: increasing access to practical health and safety education, resources, professional support, and leadership development.

The funding strategy will prioritize place based investment whenever possible. Rather than asking every funder to support the entire statewide initiative, Coaching Strategies can match local and regional funding with the communities those organizations already serve. The existing prospect portfolio identifies larger and regional possibilities including Oregon Community Foundation, The Ford Family Foundation, Cow Creek Umpqua Indian Foundation, The Collins Foundation, Roundhouse Foundation, Autzen Foundation, and Lilja Family Fund, alongside more targeted prospects such as Whipple Foundation Fund, Inukai Family Foundation, Edna E. Harrell Community Children's Fund, Reed and Carolee Walker Fund, OnPoint Community Giving, and Samaritan Health Services. These prospects can be approached according to their individual geography and priorities.

A Braided Funding Strategy

The initiative's long-term strategy is to build a braided network of financial and in-kind investment rather than expecting one organization to carry the full cost. ECE and workforce funders can support professional learning, consulting, leadership development, and participant access; health and safety funders can support CPR/First Aid, AED, Bloodborne Pathogens education, emergency preparedness, and applied safety resources; rural and community foundations can underwrite travel and delivery within specific communities; and local partners can contribute facilities, outreach, equipment, expertise, referrals, or other in-kind resources. This model also allows multiple funders to invest in different layers of the same community implementation. For example, one local foundation could fund participant scholarships and safety kits, a health system could support certification and emergency-preparedness education, an ECE funder could support coaching and continued professional learning, and a local school district or community organization could provide space and outreach. Coaching Strategies, as grant holder and program backbone, can coordinate those investments around a unified program plan so that funding is complementary rather than fragmented. The strategy ultimately moves the initiative from grant seeking to investment building. Each grant, sponsorship, partnership, and in-kind contribution becomes one part of a larger rural infrastructure strategy. Initial funding can establish a program in a community; evaluation can demonstrate what changed; local relationships can identify what is needed next; and subsequent investment can allow the initiative to return, sustain, expand, or deepen its presence. Over time, this approach creates the potential for a diversified funding base that supports both local responsiveness and statewide growth while

reducing dependence on any single funder. The goal is not to find one grant large enough to fund the entire initiative. The goal is to build an ecosystem of investors and community partners who can each contribute to the part of the work that most closely aligns with their mission while collectively expanding access to health, safety, preparedness, and professional development across rural Oregon.

Oregon Early Childhood Health & Safety Initiative Budget

Budget assumptions

Helping Hearts instruction is budgeted at $350 per instructional hour.

Coaching Strategies (CS) receives 12% of eligible direct project costs for grant administration and fiscal management, subject to each funder's allowable cost rules.

Mileage is reimbursed at the current federal reimbursement rate in effect at the time of travel.

Lodging is reimbursed at actual cost up to $175 per night.

Venue costs are reimbursed at actual cost up to $3,000.

Reusable training and demonstration equipment (including manikins, masks, and AED training equipment) is carried only in the General/Operational budget, with a $2,000 annual allowance to expand training capacity.

Grant Management & Fiscal Stewardship

Coaching Strategies will serve as the grant holder, fiscal administrator, and program backbone for the Oregon Early Childhood Health & Safety Initiative. In this role, CS assumes responsibility for the financial and administrative infrastructure necessary to move grant funding from award to implementation. This includes grant compliance, financial tracking, contractor agreements and payments, expense documentation, budget monitoring, partner coordination, required funder reporting, and overall stewardship of awarded funds. This work is separate from direct program services and ensures that both Coaching Strategies and Helping Hearts can clearly account for how grant dollars are received, managed, spent, and reported.

Grant Management Budget

To create a consistent and equitable structure across funding opportunities, Coaching Strategies will budget grant administration and fiscal management at 12% of eligible direct project costs, unless a funder establishes a lower allowable rate. The percentage based model allows administrative compensation to scale with the size and complexity of the grant rather than relying on an arbitrary fixed fee. Each grant budget will identify both the percentage, and the maximum dollar amount CS could receive under the approved budget, allowing funders, partners, and community stakeholders to see the full cost of grant administration before funding is accepted.

Commitment to Financial Transparency

The 12% rate is a ceiling, not an automatic payment. Coaching Strategies' grant-management fee will be calculated in accordance with the approved grant budget, actual eligible project costs, and the individual funder's policies. If a funder permits less than 12%, CS will comply with the lower allowable rate. If eligible project costs are reduced, the corresponding administrative amount will also be reduced. Each program budget will clearly disclose the maximum potential CS grant management fee in dollars so there is no ambiguity about the amount of grant funding that may be retained by Coaching Strategies for fiscal administration.

Our commitment is simple: every partner, funder, and community should be able to look at the budget and understand where the money goes. Coaching Strategies will disclose its administrative rate, its maximum potential compensation, its direct service compensation when applicable, and the costs dedicated to program delivery before a grant is accepted. Financial transparency is part of responsible partnership and responsible stewardship of the resources entrusted to this initiative.

Grant Management & Financial Transparency Overview

Each budget clearly identifies the maximum amount CS may receive so funders and partners can see from the beginning how resources are allocated. Helping Hearts is compensated separately for direct instructional services at $350 per hour, while rural travel, lodging, participant resources, facilities, and other program expenses remain clearly identified as direct project costs. This structure ensures that both organizations are compensated while maintaining clear accountability for every grant dollar invested in the initiative.

Estimated Grant Management at a Glance

Program	Maximum Direct Project Costs	Maximum CS 12% Grant Management	Maximum Estimated Grant
Program 1: Safety Essentials	$8,569.25	$1,028.31	$9,597.56
Program 2: Health & Safety Symposium	$16,340.50	$1,960.86	$18,301.36
Program 3: Safety in Practice Cohort*	$26,800.25	$3,216.03	$30,016.28

General / Operational Infrastructure - Annual

These costs support the initiative across multiple grants and communities. They are not duplicated inside the individual program budgets. The annual equipment allowance is intended to build reusable capacity so Helping Hearts can increase class size and replace or add training equipment as the initiative grows.

Expense	Calculation / Standard	Budget
Training & Demonstration Equipment Expansion	Manikins, masks, AED training equipment, reusable training supplies	$2,000.00
Evaluation System & Annual Impact Reporting	Initiative wide evaluation infrastructure and annual reporting	$2,000.00
Marketing, Printing & Rural Outreach	Initiative wide outreach and general materials	$1,000.00
Registration / Communications Infrastructure	Shared participant registration and communications systems	$1,000.00
General Administrative / Technology Expenses	Shared operational systems and technology	$1,000.00
Contingency / Equipment Replacement	Unanticipated shared operational or equipment needs	$1,000.00
TOTAL ANNUAL GENERAL / OPERATIONAL		**$8,000.00**

Program 1 – Safety Essentials

CPR, First Aid, AED & Bloodborne Pathogens | 15 Participants | Rural Community Delivery

Planning assumption: 8 instructional hours. The final grant budget will use the actual approved instructional hours, travel, lodging, and venue costs for the selected community.

Expense	Calculation / Standard	Budget
Helping Hearts Instruction	8 hours x $350/hour	$2,800.00
Certification / Participant Fees	Current planning estimate; verify before submission	$1,500.00
First Aid Kits	15 x $24.00	$360.00
BBP Clean-Up Kits	15 x $13.75	$206.25
Rural Mileage	Actual miles x current federal reimbursement rate	TBD
Lodging	Actual cost, maximum $175/night	TBD
Venue / Community Space	Actual cost, maximum $3,000	TBD
Evaluation & Follow-Up	Program-level evaluation allocation	$300.00
Known Direct Costs Before Travel / Lodging / Venue		**$5,166.25**
CS Grant Administration & Fiscal Management	12% of eligible direct project costs	TBD
FINAL GRANT BUDGET	Direct project costs + allowable 12% CS fee	Location dependent

Program 2 - Health & Safety Symposium

One-Day Rural / Learning & Community Connection Experience | Planning Model: 50 Participants

Planning assumption: 8 Helping Hearts instructional hours. Community and in-kind contributions may reduce the cash request; the full value of donated space or other support should be documented separately when permitted.

Expense	Calculation / Standard	Budget
Helping Hearts Instruction / Demonstrations	8 hours x $350/hour	$2,800.00
Additional Presenters / Subject-Matter Experts	Planning allowance	$3,000.00
Symposium Planning & Facilitation	Planning and day-of coordination	$2,000.00
First Aid Kits	50 x $24.00	$1,200.00
BBP Clean-Up Kits	50 x $13.75	$687.50
Rural Mileage	Actual miles x current federal reimbursement rate	TBD
Lodging	Actual cost, maximum $175/night	TBD
Venue	Actual cost, maximum $3,000	TBD
Meals / Refreshments	Current planning allowance	$2,000.00
Printing / Participant Materials	Planning allowance	$500.00
Evaluation & Follow-Up	Event evaluation and follow-up	$750.00
Known Direct Costs Before Travel / Lodging / Venue		**$12,937.50**
CS Grant Administration & Fiscal Management	12% of eligible direct project costs	TBD
FINAL GRANT BUDGET	Direct project costs + allowable 12% CS fee	Location dependent

Program 3 - Safety in Practice Cohort

One Year of Continued Professional Learning, Leadership Development | 15 ECE Professionals

Helping Hearts is the yearlong curriculum and instructional provider. The final instructional total will be calculated from the approved annual instructional schedule at $350/hour. The 40 hour figure below is a planning model, not a fixed requirement.

Expense	Calculation / Standard	Budget
Helping Hearts Year-Long Curriculum & Instruction	Planning model: 40 hours x $350/hour	$14,000.00*
CPR / First Aid / AED / BBP Certification	Current planning estimate; verify before submission	$2,500.00
First Aid Kits	15 x $24.00	$360.00
BBP Clean-Up Kits	15 x $13.75	$206.25
Rural Mileage Throughout Year	Actual miles x current federal reimbursement rate	TBD
Lodging Throughout Year	Actual cost, maximum $175/night	TBD
Training / Meeting Space	Actual cost, maximum $3,000	TBD
Longitudinal Evaluation	Annual evaluation allocation	$2,500.00
Graduation & Recognition	Planning allowance	$1,500.00
3-, 6- & 12-Month Follow-Up	Longitudinal follow-up allocation	$1,000.00
Known Direct Costs Before Coaching / Travel / Lodging / Venue		**$22,066.25***
CS Grant Administration & Fiscal Management	12% of eligible direct project costs	TBD
FINAL GRANT BUDGET	Direct project costs + allowable 12% CS fee	Location dependent

*** Program 3 planning note:** The $14,000 Helping Hearts curriculum line assumes 40 instructional hours solely for planning. Replace it with the actual approved annual instructional hours x $350 before submitting a grant.

Grant Administration & Fiscal Management

Coaching Strategies will serve as the grant holder and program backbone. A grant administration and fiscal management fee of 12% of eligible direct project costs will support fiscal oversight, grant compliance, contracting and payment administration, financial tracking, required documentation, funder reporting, and overall grant stewardship. The final amount will always be calculated in accordance with the specific funder's allowable-cost and indirect-cost requirements. Direct services provided by Coaching Strategies beyond grant administration - such as coaching, facilitation, or other contracted program work - will be budgeted separately and will not be assumed to be covered by the 12% fee.

Budgeting Principle

The initiative will budget actual community-specific costs rather than using artificial flat travel amounts. This allows each grant request to reflect the real distance, lodging needs, venue costs, instructional hours, participant count, and program design required to bring the initiative into a rural or underserved Oregon community. Neither partner is expected to absorb project expenses or provide unpaid project labor in order to make a grant work.

Sustainability & Scaling: Leaving Something Behind

The long-term vision for the Oregon Early Childhood Health & Safety Initiative is not to travel into a rural community, deliver a program, and move on. It is to leave that community stronger than we found it. Every training creates new knowledge. Every symposium creates new connections. Every year-long cohort creates the possibility of new leadership. When those investments are intentionally connected, their value can remain in a community long after the trainers have packed their materials and the grant period has ended. An educator who gains confidence today may become the person colleagues turn to tomorrow. A participant may become a mentor, a director, a trainer, or an advocate. A relationship formed at a symposium may become a partnership that continues serving the community for years. Growth, therefore, will not be measured simply by how many Oregon counties appear on a map. We want to see depth as well as reach. In one community, the right beginning may be CPR, First Aid, AED, and Bloodborne Pathogens training. That experience may uncover a need for broader professional learning, leading to a regional Health & Safety Symposium. From that gathering may emerge a group of early childhood professionals ready for the year-long Safety in Practice Cohort. In another region, partners may be ready to invest in all three pathways at once. The initiative is designed to follow that momentum returning when communities want more, deepening investment where relationships are growing and expanding into new rural areas when the infrastructure and funding are ready to support meaningful engagement. Sustainability means that the impact should not

depend on Coaching Strategies and Helping Hearts always being in the room. Our role is to bring opportunities closer, connect people and resources, strengthen professional confidence, and help cultivate leadership that already exists within rural Oregon. Grant funding provides the opportunity to open the door, but the lasting return is what remains behind: educators who feel better prepared, local leaders who are ready to support others, organizations that know how to find one another, stronger community partnerships, and a growing network of people committed to health and safety. The initiative will scale not by simply delivering more programs, but by leaving more knowledge, more connection, more leadership, and more capacity in every community it reaches.

Case for Investment

The Oregon Early Childhood Health & Safety Initiative represents an opportunity to invest where health and safety ultimately live not only in regulations, policies, or training requirements, but in the hands of the people responsible for responding when something happens. Oregon has established expectations intended to protect children and strengthen early care and education. Yet standards alone cannot create safe environments. They depend on educators who have access to training, practical resources, continued learning, and the confidence to translate what they know into action. For rural and underserved communities, access to those opportunities can be complicated by geography, cost, limited local training options, and professional isolation. This initiative changes that equation by bringing the opportunity to the community.

The return on that investment has the potential to travel far beyond a single participant. A prepared educator carries stronger knowledge into a classroom. A confident educator can influence colleagues and strengthen a team. An emerging leader can mentor others and help shape the culture of an entire program. Stronger programs provide greater continuity for children and families, and reliable child care supports parents' ability to work, employers' ability to retain workers, and rural communities' ability to remain economically and socially resilient. Over time, the initiative seeks to leave something behind that cannot be measured simply by the number of certificates issued: local knowledge, stronger relationships, practical resources, professional confidence, and leaders who continue strengthening their communities long after the original grant has ended. This is why funding the Oregon Early Childhood Health & Safety Initiative is more than funding training. It is funding preparedness before an emergency occurs. It is putting practical safety resources into people's hands. It is bringing opportunity to communities that may otherwise have to travel to find it. It is developing leadership within rural Oregon. And it is investing in the human infrastructure upon which safe, dependable, and sustainable child care depends. A grant may fund one training, one symposium, one cohort, or an entire regional continuum but its impact has the potential to continue every time a participant recognizes a hazard, responds

confidently in an emergency, supports a colleague, reassures a family, mentors another educator, or steps forward to lead.

A Shared Investment in Safer, Stronger Communities

The Oregon Early Childhood Health & Safety Initiative begins with a simple belief: the people responsible for the safety and well-being of others deserve access to the knowledge, tools, resources, and support that help them respond with confidence. For rural Oregon, that access should not depend on how close someone lives to a metropolitan area, how far they can travel, or whether their organization has a large professional-development budget. Opportunity should be able to travel to them. Through the partnership between Coaching Strategies and Helping Hearts First Aid, CPR, AED and Bloodborne Pathogen Instruction and Training LLC, this initiative brings together complementary expertise around one shared mission. We are prepared to work alongside local educators, child care programs, schools, employers, health and safety professionals, community organizations, and funders to listen first, identify what each community needs, and build an approach that makes sense locally. We invite funders and community partners to see this initiative not simply as a request to support another program, but as an opportunity to build capacity that remains long after the funding period ends. Together, we can place practical safety resources into people's hands, expand access to lifesaving knowledge, strengthen Oregon's early childhood workforce, cultivate rural leadership, and build connections that continue growing from one professional to another, one program to another, and one community to the next. The opportunity is not simply to fund training.

It is to help build safer workplaces, stronger professionals, more confident leaders, supported families, and rural communities better prepared for what comes next. Two organizations. One shared mission. Many communities strengthened.

In Partnership

Danielle Cunningham, ACC
Founder, Executive Director & CEO
Coaching Strategies
Supporting Adults the Way We Support Children™

Dianne Rodriguez
Owner & Certified Instructor
Helping Hearts First Aid, CPR, AED and Bloodborne Pathogen Instruction and Training LLC
First Aid • CPR • AED • Bloodborne Pathogen Instruction & Training