Survey of Head Start Grantees on Training and Technical Assistance:

Head Start Director Survey (Wave 1)

INTRODUCTION

About the survey. NORC at the University of Chicago is conducting the Survey of Head Start Grantees on Training and Technical Assistance (T/TA) under a contract with the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (DHHS). The purpose of the survey is to inform ACF about three aspects of Head Start grantees' T/TA experience: 1) search and selection of T/TA; 2) receipt of T/TA; 3) and potential relationships between T/TA received and perceived changes in practice.

Thank you for responding to this survey for [HEAD START GRANTEE], which is the recipient of the following grants from the Office of Head Start in the Administration for Children and Families:

 (LIST OF GRANTS RECEIVED)
 ☐ GRANT 1 PGM TYPE
 ☐ GRANT 1 PGM TYPE
 ☐ GRANT 2 PGM TYPE
 ☐ GRANT 2 PGM TYPE
 ☐ GRANT 3 PGM TYPE

Please indicate which of these grants you are familiar with, even if you are not responsible for them.

[IF NO GRANTS ARE CHECKED, ASK CONFIRMATION QUESTION:] Please click on the check box for any of your organization's Office of Head Start grants that you have some knowledge of, even if you are not part of the grant.

[IF ANY GRANTS ARE CHECKED, CONTINUE INTRODUCTION AT "About your participation".]

[IF STILL NOTHING IS CHECKED]: Thank you for your time. Our project team will be in touch with your organization to confirm how best to proceed. Please provide the name or contact information for someone in your organization who may be more knowledgeable about training or technical assistance activities related to these Head Start grants: [Name and Contact Information]_____

[TERMINATE INTERVIEW.]

About your participation. Your participation in the survey is voluntary. You may refuse to answer any questions you are not comfortable answering. To maintain the confidentiality of your participation, we will remove all identifying information and replace it with a study ID. Only the researchers involved in the study will know that someone from your organization participated in the study. To minimize risks to loss of privacy, we are using a secure system to collect these data.

How long it will take. The survey will take about 45 minutes to complete. This includes time to review instructions, search existing data resources, gather the data needed, and complete and review the survey.

How the information will be used. Information from this survey will be used for research and program improvement purposes only (not for monitoring purposes). The information you provide will be combined with information from other grantees. At the end of the study, we will give ACF a dataset with all participants' responses, but it will not associate your organization with your responses. Your name or the name of your organization will not appear in any public document produced as part of the study. Your information will be used only for the purpose of the study and will be kept private to the extent allowed by law.

SURVEY DIRECTIONS

Throughout this survey, please respond to questions for all of your Head Start-funded programs, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start Child Care Partnership programs (throughout this survey we refer to these programs collectively as "Head Start programs").

Paperwork Reduction Act Statement

The described collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for the described information collection is XXXX-XXXX and the expiration date is XX/XX/XXXX.

Section I: Overall Agency Characteristics

Directions: In this section, we ask about the key characteristics of your overall agency. Note that, throughout this survey, "agency" refers to the larger organization of which your Head Start program is a part. Please respond keeping the overall agency in mind. Also, when we ask about your Head Start program(s), please include Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start Child Care Partnership programs.

1. In total, how many children age 5 and under does your agency serve? Please include children funded by Head Start as well as those funded by other sources or privately paid.

_____ Number of children

2 We are interested in training and technical assistance practices throughout your agency's OHS-funded activities. Please tell us how your agency manages its different Head Start grants, program options and programs, such as Head Start and Early Head Start.

    a. Does the same person direct all of the OHS grants your agency has, or are the multiple people directing the grants?

    ☐ Same person directs all OHS grants..1

    ☐ More than one person directing OHS grants..2

    ☐ We have only one OHS grant 3

b. Do your managers and coordinators work on all of the OHS grants and programs your agency has?

☐ Not applicable. We only have one OHS grant or program...1

☐ No. Managers and coordinators may not work on all grants or programs.......................2

☐ Yes. All managers and coordinators work on all OHS grants and programs 3

c. [if AGENCY HAS BOTH hs AND EHS PGMS, ASK:] Do your Early Head Start and Head Start Programs share staff?

☐ No 1

☐ Yes..2

d. Are there parts of your agency's OHS-funded activities that you are not very knowledgeable about?

☐ No...1

☐ Yes. 2

If yes, please describe the aspects of your agency's OHS-funded activities that you are less knowledgeable about: _____

3. In addition to Head Start funding, which of the following are additional sources of funds that your program receives to provide services to children and families?

☐ Child care fees paid by parents..1

☐ Child care fees paid by state government...2

☐ Local, state or tribal government funds 3

☐ Federal government funds other than Head Start..5

☐ Funds from community organizations or other grants...6

☐ Funds from fund raising activities, cash contributions, gifts, bequests, special events..7

☐ Not applicable...8

3_1. Which of these are your two largest funding sources excluding federal Head Start funds?

<select from categories selected in item 3. If two or fewer selected in item 3, skip to next question>

4. How many staff members or consultants currently work in or support your Head Start program in each of these roles?

4_1. [if > 0, ask:] What proportion of your agency's current staff have been in their roles for less than 12 months?

	4. # staff or consultants who currently work in or support your Head Start program	4.1. What proportion of current staff have been in their roles for less than 24 months?			
		None or almost none	Some but less than half	About half or more than half but not all	All or almost all
a. Managers/Supervisors/Coordinators	_____	1 ☐	2 ☐	3 ☐	4 ☐
b. Disability Coordinator(s)	_____	1 ☐	2 ☐	3 ☐	4 ☐
c. Center directors	_____	1 ☐	2 ☐	3 ☐	4 ☐
d. Education/child development staff (i.e., teachers, co-teachers, assistant teachers, home visitors, family child care providers, coaches, or other direct service staff)	_____	1 ☐	2 ☐	3 ☐	4 ☐
d. Family and community services staff	_____	1 ☐	2 ☐	3 ☐	4 ☐
f. Mental health consultants	_____	1 ☐	2 ☐	3 ☐	4 ☐
g. Coaches who provide T/TA/PD	_____	1 ☐	2 ☐	3 ☐	4 ☐
h. Health services staff	_____	1 ☐	2 ☐	3 ☐	4 ☐
i. All other staff	_____	1 ☐	2 ☐	3 ☐	4 ☐

Section II: Approach to Training and Technical Assistance

For this section, we ask about your Head Start program's approach to training and/or technical assistance, considering all of your Head Start programs (HS, EHS, MSHS, and EHS-CC partnerships). Note that the first set of questions asks about your approach, in general, while the second set of questions asks about your approach during the past program year.

5. In general, how does your Head Start program assess its training and/or technical assistance needs? Please respond to each of the questions below, either Yes, No or Not Applicable (N/A).

	MARK (X) YES OR NO IN EACH ROW		
	Yes	**No**	**N/A**
a. Does your Head Start program use a standardized process to assess needs (such as using a protocol or checklist, or structured observation)?	1 ☐	0 ☐	8 ☐
b. Does your Head Start program assess needs differently for different program grants you have? (HS, EHS, EHS-CCP, MSHS)?	1 ☐	0 ☐	8 ☐
c. Does your Head Start program assess needs differently for different key areas (such as teaching practices, parent/family engagement,)?	1 ☐	0 ☐	8 ☐

6. After your Head Start program's training and/or technical assistance plan is developed who is usually responsible for implementing the plan? *Select all that apply.*

☐ Head Start program director...1

☐ Individual center directors...2

☐ Education managers/coordinators...3

☐ Family and community services managers/coordinators.......................................4

☐ Coaches 5

☐ Health, mental health, and safety managers/coordinators..................................6

☐ Program management/human resources/fiscal operations managers..............................7

☐ Regional T/TA specialist..8

☐ Mental health consultants 9

☐ Individual family services staff 10

☐ Disability coordinators..11

☐ Professional development coordinator (not specific to education)..................................12

☐ Education staff (individual teachers, home visitors or other direct service staff)............13

☐   Someone else 14

7. In a typical year, how often do you update your Head Start program's training and/or technical assistance plan?

☐   Once a year or less...1

☐   Twice a year..2

☐   Quarterly...3

☐   Monthly..4

☐   More often than monthly 5

8. Which of the following types of training and/or technical assistance plan does your Head Start program usually prepare?

		MARK (X) YES OR NO IN EACH ROW	
		Yes	**No**
a.	A basic T/TA plan, as required and submitted to OHS...	1 ☐	0 ☐
b.	A more detailed operational plan that is used internally within our organization	1 ☐	0 ☐
c.	A single-year plan..	1 ☐	0 ☐
d.	A multi-year plan...	1 ☐	0 ☐
e.	A needs-focused plan...	1 ☐	0 ☐
f.	A goal or outcomes-focused plan...	1 ☐	0 ☐

9. When you make decisions about which staff and stakeholders will receive training, technical assistance and/or professional development, which of the following sources of information do you usually take into consideration?

MARK (X) YES OR NO IN EACH ROW

	Yes	No
a. Your five-year program goals	1 ☐	0 ☐
b. Needs analyses (across the program)	1 ☐	0 ☐
c. Specific staff needs	1 ☐	0 ☐
d. Input from the Board of Directors	1 ☐	0 ☐
e. Input from the Policy Council members	1 ☐	0 ☐
f. Input from content managers/coordinators, including coaches and child development specialists	1 ☐	0 ☐
g. Input from directors and/or senior leadership	1 ☐	0 ☐
h. Input from consultants (i.e., mental health/child care health consultants)	1 ☐	0 ☐
i. OHS priorities	1 ☐	0 ☐

10. Which of the objectives below contributes to decisions about whom among your staff and stakeholders receive training and/or technical assistance?

MARK (X) YES OR NO IN EACH ROW

	Yes	No
a. All staff need to build capacity in an area(s)The goal of strengthening high performers	1 ☐	0 ☐
b. Some staff need to build capacity in an area(s)The goal of supporting low performers or less experienced staff	1 ☐	0 ☐
c. To introduce new policies or practices	1 ☐	0 ☐
d. To improve existing policies or practices	1 ☐	0 ☐
e. To meet individual staff professional development needs	1 ☐	0 ☐
f. To meet Head Start program need for specific expertise (HSPPS)	1 ☐	0 ☐
g. Other (specify)	1 ☐	0 ☐

11. Does your agency do any of the following to help staff obtain training and/or technical assistance?

MARK (X) YES OR NO

	Yes	No
a. Pay fees or tuition..	1 ☐	0 ☐
b. Pay travel and lodging..	1 ☐	0 ☐
c. Reimburse for training expenses and travel......................	1 ☐	0 ☐
d. Pay for preparation/planning time	1 ☐	0 ☐
e Provide incentives for training/technical assistance participation	1 ☐	0 ☐
f Pay for substitute staffing	1 ☐	0 ☐
f. Other (specify)..	1 ☐	0 ☐

12. Which of the following sources does your organization use to pay for training and technical assistance? Please include paying for direct costs as well as for staff time.

MARK (X) YES OR NO IN EACH ROW

	Yes	No
a. HS/EHS discretionary funds for T/TA (PA20, PA21)................................	1 ☐	0 ☐
b. HS/EHS operational funds (PA22, PA23)...	1 ☐	0 ☐
c. Other federal funding sources..	1 ☐	0 ☐
d. Regional, local and/or tribal funding sources.....................................	1 ☐	0 ☐
e. Private funding sources (i.e., foundations, individual donations).........................	1 ☐	0 ☐
f. Other (specify)...	1 ☐	0 ☐

13. What program activities are supported by discretionary OHS training and/or technical assistance funds (e.g., P20, PA21, PA25)?

MARK (X) YES OR NO IN EACH ROW

	Yes	No
a. Attendance at conferences...	1 ☐	0 ☐
b. Paid preparation/planning time..	1 ☐	0 ☐
c. Mentoring or coaching..	1 ☐	0 ☐
d. Workshops/trainings sponsored by the program..	1 ☐	0 ☐
e. Support to attend workshops/training by other organizations...........................	1 ☐	0 ☐
f. Visits to other childcare centers or classrooms...	1 ☐	0 ☐
g. A community of learners facilitated by an expert..	1 ☐	0 ☐
h. Tuition assistance...	1 ☐	0 ☐
i. On-site associate's or bachelor's degree courses..	1 ☐	0 ☐
j. Incentives for training/technical assistance participation (e.g., gift cards)	1 ☐	0 ☐
k. Travel to off-site free training	1 ☐	0 ☐
L Other (specify)		

14. Who is most responsible for deciding how your organization's discretionary OHS training and/or technical assistance funds are used (including all discretionary dollars, such as PA20, PA21 or PA25)?

	SELECT ONE ONLY
a. EHS/HS Director..	1 ☐
b. Executive Director...	1 ☐
c. Coordinators/Managers...	1 ☐
d. Board of Directors...	1 ☐
e. Policy Council...	1 ☐
f. Education Staff (i.e., teachers, coaches, home visitors)......................	1 ☐
g. Fiscal Officer	1 ☐
h. Human Resources Staff	1 ☐
i. Parents..	1 ☐
j. OHS Regional T/TA	1 ☐
k. Other (Specify)...	1 ☐

Training and technical assistance needs can vary across different parts of an agency and different types of activities. Throughout this questionnaire, we will sometimes ask questions about four content areas within the work of your agency. These may not cover all of the work that your agency does, but we are focusing on them to understand how training and technical assistance needs can vary within Head Start programs.

15. For each of the four content areas, indicate which strategies your Head Start program uses to share knowledge and build skills throughout your agency.

	CONTENT AREAS							
	Fiscal Operations		Early Childhood Development and Education		Family and Community Services		Health, Mental Health and Safety	
	Yes	No	Yes	No	Yes	No	Yes	No
a. Technology-based learning: webinars	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
a. Technology-based learning: E-modules	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Coaching/mentoring	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Group discussion	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Online communities of practice	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. Coursework (in person or online)	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. Reviewing resource materials/staff discussions	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. In-person workshops and trainings	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h. Use a train-the-trainer approach	1 ☐	2 ☐	3 ☐	4 ☐	1 ☐	2 ☐	3 ☐	4 ☐

16. Please list any <u>other</u> strategies that your Head Start program uses to share knowledge and build skills throughout your agency.

_____

_____

17. Please indicate for each of the four content areas below whether or not the sharing of knowledge and building of skills tends to be done uniformly across centers you operate.

CONTENT AREAS											
Fiscal Operations			Early Childhood Development and Education			Family and Community Services			Health , Mental Health and Safety		
Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
1 ☐	2 ☐	0 ☐	1 ☐	2 ☐	0 ☐	1 ☐	2 ☐	0 ☐	1 ☐	2 ☐	0 ☐

NOTE: The next set of questions ask about your approach to training and/or technical assistance during the past program year.

18. During the last program year, what types of exteral providers did your program use for training and technical assistance? (External providers can include Head Start staff outside of your agency, QRIS, curriculum companies, university staff, consultants, or government resources.)

	Did your program use this type of provider for T/TA in the last program year?	Approximately how much did your program pay this type of provider in 2018-19 for T/TA?	(IF > $0 PAID, ASK:) Were any OHS discretionary dollars used to pay this type of provider?	(IF > $0 PAID, ASK:) Were any OHS operational dollars used to pay this type of provider?	Did the T/TA received from this type of provider address the following content areas?
a. Curriculum and product vendors	Yes ☐ No ☐	$ ____ — Free ☐ Not sure ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety
b. Child care resource and referral agencies	Yes ☐ No ☐	$ ____ — Free ☐ Not sure ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety
c. Local T/TA resources or	Yes ☐ No ☐	$ ____ — Free ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community

	Did your program use this type of provider for T/TA in the last program year?	Approximately how much did your program pay this type of provider in 2018-19 for T/TA?	(IF > $0 PAID, ASK:) Were any OHS discretionary dollars used to pay this type of provider?	(IF > $0 PAID, ASK:) Were any OHS operational dollars used to pay this type of provider?	Did the T/TA received from this type of provider address the following content areas?
community partners		Not sure ☐			☐ Services Health, Mental Health, Safety
d. State/ County/ City offices or departments (ECE, education, health, social services)	Yes ☐ No ☐	$ ___ — Free ☐ Not sure ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety
e. State Quality Rating and Improvement System	Yes ☐ No ☐	$ ___ — Free ☐ Not sure ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety
f. Regional T/TA specialists	Yes ☐ No ☐	$ ___ — Free ☐ Not sure ☐_	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety
g. OHS T/TA: National Centers	Yes ☐ No ☐	$ ___ — Free ☐ Not sure ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety

	Did your program use this type of provider for T/TA in the last program year?	Approximately how much did your program pay this type of provider in 2018-19 for T/TA?	(IF > $0 PAID, ASK:) Were any OHS discretionary dollars used to pay this type of provider?	(IF > $0 PAID, ASK:) Were any OHS operational dollars used to pay this type of provider?	Did the T/TA received from this type of provider address the following content areas?
h. OHS T/TA: Peer learning communities	Yes ☐ No ☐	$ _____ — Free ☐ Not sure ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety
i. Professional organizations	Yes ☐ No ☐	$ _____ — Free ☐ Not sure ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety
k. Non-Head Start federally-funded T/TA centers	Yes ☐ No ☐	$ _____ — Free ☐ Not sure ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety
l. Mental health and child care health consultants	Yes ☐ No ☐	$ _____ — Free ☐ Not sure ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety
m. Conferences and Onsite Training	Yes ☐ No ☐	$ _____ — Free ☐ Not sure ☐	Yes ☐ No ☐	Yes ☐ No ☐	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety

19. Some staff in your agency may participate in trainings *led by providers outside of your agency* (like the ones you just answered about), such as curriculum vendors, OHS T/TA staff, local partners and others. Other staff within your agency may participate in training or technical assistance, such as professional development, knowledge sharing or skill building, *led by their colleagues on staff within your agency*. Some staff may have participate in both types of trainings and technical assistance, while others participate in neither.

19_1. During the last program year, in which content areas did the following Head Start program staff and stakeholders participate in trainings and technical assistance led by T/TA providers <u>from outside of your agency</u>? Select all that apply.

19_2. During the last program year, in which content areas did the following Head Start program staff and stakeholders participate in trainings and technical assistance led by T/TA providers <u>who are on staff within your agency</u>? Select all that apply.

Types of Staff	SELECT ALL THAT APPLY	
	Led by providers outside of your agency	**Led by providers who are on staff in your agency**
a.Managers/Supervisors/ Coordinators	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other
b. Disability Coordinator(s)	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other
c. Center directors	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other
d. Education/child development staff (i.e., teachers, co-teachers, assistant teachers, home visitors, family child care providers, coaches, or other direct service staff)	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other
e. Family and community services staff	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other
f. Mental health consultants	☐ Program Management ☐ Early Childhood ☐ Family and Community Services	☐ Program Management ☐ Early Childhood ☐ Family and Community Services

	☐ Health, Mental Health, Safety ☐ Other	☐ Health, Mental Health, Safety ☐ Other
g. Coaches who provide T/TA/PD	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other
h. Health services staff	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other
i. All other staff	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other	☐ Program Management ☐ Early Childhood ☐ Family and Community Services ☐ Health, Mental Health, Safety ☐ Other

Section III: Organizational Goals and Reflections on T/TA Efforts

In this section, we first ask about your goals and experiences in the last program year, and then about your goals and experiences in the current program year. When we ask about your Head Start program or Head Start staff, please include Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start Child Care Partnership programs and staff. Let's begin with a reflection on the goals you had last year.

20. In the last program year, for which of the following areas did you have Head Start program goals? Please select the three areas to which you gave priority (on which you spent the most time working.

Select the top three priority areas.

☐ Financial...1

☐ Facilities, space or other operations..2

☐ Staff qualifications..3

☐ Staff retention..4

☐ Classroom instruction and teaching practices..5

☐ Home visiting practices..6

☐ Community partnerships/engagement...7

☐ Equity and inclusiveness...8

☐ Integration of culturally and linguistically responsive practices 9

☐ Support for dual language learners...10

☐ Services for children with disabilities..11

☐ Family and community services/engagement..12

☐ Coaching...13

☐ Health, mental health, and safety...14

☐ Other management processes..15

☐ Other non-instructional services (transportation, food, etc.)............................16

NOTE: For each item a respondent checks in 20, they are asked questions 21-22.

21. You identified [XXX] as an area in which you had program goals in the last program year. Which of the following is true of your Head Start program, relative to the goals in this area?

Select one option.

☐ Improving in an already strong area...1

☐ Improving in a somewhat weak area..2

☐ Addressing a significant challenge...3

☐ Adding a new capacity..4

22. <u>In the last program year</u>, what training and technical assistance providers, if any, helped your Head Start program make progress in meeting the [XXX] goal?

	MARK (X) YES OR NO IN EACH ROW	
	Yes	**No**
a. OHS Regional Office support...	1 ☐	0 ☐
b. Curriculum and product vendors..	1 ☐	0 ☐
c. Child Care Resource and Referral agencies...................................	1 ☐	0 ☐
d. Local T/TA resources or community partners...............................	1 ☐	0 ☐
e. State/County/City Offices or Departments (ECE, education, health, social services)...	1 ☐	0 ☐
f. State Quality Rating and Improvement System...........................	1 ☐	0 ☐
g. OHS T/TA system (regional T/TA Specialists, National Centers, Early Childhood Knowledge and Learning Center website).............................	1 ☐	0 ☐
f. Professional organizations..	1 ☐	0 ☐
g. Other federally-funded T/TA centers..	1 ☐	0 ☐
h. Coursework and/or workshops …………………………………………….	1 ☐	0 ☐
a. Other (specify):		

/* Loop through additional goals until all three asked about in Q20 have been through Q22.*/

23. In the last program year, which of the following challenges hindered your efforts to achieve your Head Start program's key goals? Please select the top three challenges you faced in the last program year.

		SELECT THE TOP THREE CHALLENGES
a.	Time constraints (not enough hours in the day)	3 ○
b.	Too many conflicting demands	3 ○
c.	Staff salaries not high enough for the job demands	3 ○
d.	Lack of support staff	3 ○
e.	Not enough training and technical assistance for professional development	3 ○
f.	Not enough support and communication from administration/organization leadership	3 ○
g.	Not enough support and communication from key stakeholders (such as parent advisory councils, external funders, other authorities outside of the organization)	3 ○
h.	Not enough funds for supplies and activities	3 ○
i.	Dealing with a challenging population	3 ○
j.	Staff turnover	3 ○
k.	Lack of parent support	3 ○
l.	Lack of qualified education staff	3 ○
m.	Lack of bilingual staff	3 ○

n. Other (please specify): _____

The next questions ask about your goals and training plans for the *current program year*.

24. For this program year, please select your agency's three highest priority Head Start program goal areas.

Select up to three.

☐ No (additional) goals

☐ Financial..1

☐ Facilities, space or other operations..2

☐ Staff qualifications...3

☐ Staff retention...4

☐ Classroom instruction and teaching practices....................................5

☐ Home visiting practices...6

☐ Community partnerships/engagement...7

☐ Equity and inclusiveness...8

☐ Integration of culturally and linguistically responsive practices 9

☐ Support for dual language learners...10

☐ Services for children with disabilities...11

☐ Family and community services/engagement...12

☐ Coaching..13

☐ Health, mental health, and safety...14

☐ Other management processes...15

☐ Other non-instructional services (transportation, food, etc.)......................16

25. <u>For this program year</u>, what resources have you identified to assist your Head Start program in meeting its goals?

MARK (X) YES OR NO IN EACH ROW

	Yes	No	Not certain yet
a. Curriculum and product vendors...	1 ☐	0 ☐	9 ☐
b. Child Care Resource and Referral agencies.............................	1 ☐	0 ☐	9 ☐
c. Local T/TA resources or community partners..........................	1 ☐	0 ☐	9 ☐
d. State/County/City Offices or Departments (ECE, education, health, social services)..	1 ☐	0 ☐	9 ☐
e. State Quality Rating and Improvement System........................	1 ☐	0 ☐	9 ☐
f. OHS T/TA system (regional T/TA Specialists, National Centers, Early Childhood Knowledge and Learning Center website)...........	1 ☐	0 ☐	9 ☐
g. Professional organizations..	1 ☐	0 ☐	9 ☐
h. Peer learning communities	1 ☐	0 ☐	0 ☐
i. Other federally-funded T/TA centers.....................................	1 ☐	0 ☐	9 ☐

26. <u>For this program year</u>, in reviewing the available resources to support your organization's efforts towards meeting its overall goals, what gaps in services or assistance are there? Please explain.

_____

_____

The final questions are about your experiences with and perceptions of different providers of training and technical assistance.

27. Please rate each type of provider on three dimensions: how much you view them as trusted sources of training and/or technical assistance, how knowledgeable they are, and the quality of the training and technical assistance they provide.

Types of Provders	Are they trusted sources?	How knowledgeable are they?	What quality training and technical assistance do they provide?
a. Curriculum and product vendors	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low ☐
b. Child care resource and referral agencies	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low
c. Local T/TA resources or community partners	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low
d. State/County/City offices or departments (ECE, education, health, social services)	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low
e. State Quality Rating and Improvement System	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low
f. Regional T/TA specialists	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low
g. OHS T/TA: National Centers	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low
i. OHS T/TA: Peer learning communities	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low
j. Professional organizations	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low
k. Non-Head Start federally-funded T/TA centers	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low

Types of Provders	Are they trusted sources?	How knowledgeable are they?	What quality training and technical assistance do they provide?
l. Mental health and child care health consultants	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low
m. Conferences and Onsite Training	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ High ☐ Medium ☐ Low

28. How useful are the following types of communications from OHS for you and your staff to learn about best practices, about program requirements and how to meet your program goals?

	a. Learning about best practices	b. Learning about program requirements	c. Meeting program goals
a. Email notices	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all
b. Posters	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all
c. Text messages and apps	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all
d. Brochures and other materials	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all
e. On-line communities notices and blogs such as MyPeers	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all
f. ECLKC frameworks and regulations (such as for effective practice and outcomes)	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all
g. ECLKC resource materials (such as the coaching companion, curriculum, handbooks and guides)	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all	☐ Very much ☐ Somewhat ☐ Not at all
h. Other *(Specify)* _____	_____	_____	_____

29. To what extent has any training and/or technical assistance from the OHS T/TA system helped your organization:

	How helpful?			
	Not At All	**A little**	**Some**	**Very**
a. provide more culturally and linguistically responsive services to children and families?	0 ☐	1 ☐	2 ☐	3 ☐
b. support the full and effective participation of children who are dual language learners and their families?	0 ☐	1 ☐	2 ☐	3 ☐
c. provide services for children with disabilities?	0 ☐	1 ☐	2 ☐	3 ☐
d. provide services for children with disabilities and their families?	0 ☐	1 ☐	2 ☐	3 ☐

30. In general, what suggestions do you have for improving OHS T/TA services?

_____

_____

_____

31. We will be conducting a follow-up survey to learn about your agency's training and technical assistance experiences in one of the topical areas listed below. Please identify the person in your organization most knowledgeable about your organization's practices and use of training or technical assistance for each of the topical areas below. (The same person may be listed for multiple areas, including yourself.)

Content Areas	Name of Manager/ Coordinator	Staff Title(s)	Contact Information	
			email address	**phone number**
a. Fiscal operations				
b. Early childhood development and education				
c. Family and community services				

d. Health, mental health and safety				

Thank you very much for your participation in the Survey of OHS Grantees on Training and Technical Assistance. We appreciate your attention to this important topic.