

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).

T/TA should support programs in delivering high-quality Head Start services. The purpose of this survey is to inform ACF and the Office of Head Start (OHS) about how Head Start programs use and experience T/TA services offered by various providers. Your responses will help OHS and ACF ensure that the OHS T/TA system meets program needs.

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 check the box next to the 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 agency participated in the study. To minimize risks to loss of confidentiality, we are using a secure system to collect these data.

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How long it will take. The survey will take about 45 minutes to complete. This includes time to review instructions, gather the data needed, and complete and review the survey. If you are unable to complete the survey in one sitting, please click the "Save & Exit" button to save your progress. You can return to this page and re-enter your PIN to continue the survey where you left off.

You will receive a \$25 honorarium for your participation in this survey. You will be able to choose between an Amazon giftcode (sent immediately via email), or a giftcard (sent within two-three weeks via regular mail) to thank you for your time.

How the information will be used. Information from this survey will be used for evaluation 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 agency with your responses. Your name or the name of your agency 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 AND DEFINITIONS

Throughout this survey, please respond to questions to reflect 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").

A note about terms.

As noted above, T/TA is meant to support programs in delivering high-quality Head Start services. It has two components.

Training is instruction or professional development to teach key concepts. It is delivered in small or large group settings, in-person or online.

Technical Assistance is targeted consulting for an individual or program. It is delivered in-person or online, and can include targeted resources.

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 0970-0532 and the expiration date is 07/31/2020. If you have questions about this data collection, please contact Carol Hafford, Ph.D. at 877-324-4157 or at HeadStartTTA@norc.org.

Section I: Overall Agency Characteristics

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 in all programs? 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 (T/TA) 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 there multiple people directing the grants?

- Same person directs all OHS grants.....1
- More than one person directs OHS grants.....2
- We have only one OHS grant3

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 programs3

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

- No1
- 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
- Funds from state government (e.g., CCDF or TANF subsidies, State Pre-K funding, voucher/certificates, state contracts or grants).....2
- Local or tribal government funds (e.g., Pre-K funding from local school board or other agency, grants from city or county government).....3
- Federal government funds other than Head Start.....4
- Funds from non-government community organizations or grants from foundations and corporations (e.g., United Way, local charities, or religious organizations).....5
- Funds from fund raising activities, cash contributions, gifts, bequests, special events.....6
- 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.

4_1. [if > 0, ask:] What proportion of your agency's current staff have been in their roles for less than 24 months?

| | 4. Please enter the number of staff or consultants who currently work in or support your Head Start program. <i>Please enter "0" if you have <u>no</u> staff in a category</i> | 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. Center directors | _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Managers/Supervisors/Coordinators | _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Disability Coordinator(s) | _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

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| | 4. Please enter the number of staff or consultants who | 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 |
| d. Coaches who provide T/TA | _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Education/child development staff (i.e., teachers, co-teachers, assistant teachers, home visitors, family child care providers, or other direct service staff) | _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Family and community services staff | _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Health services staff | _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Mental health consultants | _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. All other staff | _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

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Section II: Approach to T/TA

For this section, we ask about your Head Start program’s approach to T/TA, 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 (2018-2019).

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

| Does your Head Start program | Yes | No | N/A |
|--|----------------------------|----------------------------|----------------------------|
| a. use a standardized process to assess T/TA needs (such as using a protocol or checklist, or structured observation)? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| b. assess T/TA needs differently for different program grants you have? (HS, EHS, EHS-CCP, MSHS)? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| c. assess T/TA needs differently for different key areas (such as teaching practices, parent/family engagement,)? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 8 <input type="checkbox"/> |

6. After your Head Start program’s T/TA plan is developed who is usually responsible for implementing the plan? Select all that apply.

- EHS/HS Program Director.....1
- Individual center directors.....2
- Education managers/coordinators.....3
- Family and community services managers/coordinators.....4
- Coaches5
- Health, mental health, and safety managers/coordinators.....6
- Program management/human resources/fiscal operations managers.....7
- Mental health consultants 8
- Individual family services staff9
- Disability coordinators.....10
- Professional development coordinator (not specific to education).....11
- Education staff (individual teachers, home visitors or other direct service staff).....12
- Someone else13

7. In a typical year, how often do you update your Head Start program’s T/TA plan?

- Once a year or less.....1
- Twice a year.....2
- Quarterly.....3
- Monthly.....4
- More often than monthly5

8. Which of the following types of T/TA plan does your Head Start program usually prepare?

| | Yes | No |
|--|----------------------------|----------------------------|
| a. A basic T/TA plan, as required and submitted to OHS..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. A more detailed operational plan that is used internally within our agency..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. A single-year plan..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. A multi-year plan..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. A needs-focused plan..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. A goal or outcomes-focused plan..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

9. When you make decisions about which staff and stakeholders will receive T/TA, which of the following sources of information do you usually take into consideration?

| | Yes | No |
|--|----------------------------|----------------------------|
| a. Five-year program goals | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Needs analyses (across the program)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Specific staff needs or requests..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Input from the Board of Directors..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Input from the Policy Council..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Input from directors and/or senior leadership..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Input from content managers/coordinators, including coaches and child development specialists | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. Input from consultants (i.e., mental health/child care health consultants) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| i. OHS priorities..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

10. Do you decide which staff and stakeholders will receive T/TA based on any of the following objectives?

| | Yes | No |
|--|----------------------------|----------------------------|
| a. To help all staff build capacity in an area(s)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. To help some staff build capacity in an area(s)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. To introduce new policies or practices..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. To improve existing policies or practices..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. To meet individual staff professional development needs..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. To meet Head Start program need for specific expertise (HSPPS)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Other (specify)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

11. Does your agency do any of the following to help staff obtain T/TA?

| | Yes | No |
|--|----------------------------|----------------------------|
| a. Pay fees or tuition..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Pay travel and lodging..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Reimburse for T/TA expenses..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Pay for preparation/planning time..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Provide incentives for T/TA participation | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Pay for substitute staffing | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Other (specify)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

12. Which of the following sources does your agency use to pay for T/TA? Please include paying for direct costs as well as for staff time.

| | Yes | No |
|---|----------------------------|----------------------------|
| a. OHS funds for T/TA (PA20, PA21)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. OHS operational funds (PA22, PA25)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Other federal funding sources..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Regional, local and/or tribal funding sources..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Private funding sources (i.e., foundations, individual donations)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Other (specify)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

13. What program activities are supported by OHS T/TA funds (e.g., PA20, PA21)?

| | Yes | No |
|--|----------------------------|----------------------------|
| a. Consultants for onsite professional development..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Individual mentoring or coaching..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Registration for conferences or workshops..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Staff wellness/employee recognition | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Supports that enable staff to attend professional development events..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Travel for conference or workshops..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Tuition assistance for degree coursework..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. Other (specify) _____ | | |

14. Who is most responsible for deciding how your agency's OHS T/TA funds are used?

Please select one only.

| | SELECT ONE ONLY |
|--|----------------------------|
| a. Board of Directors..... | 1 <input type="checkbox"/> |
| b. Policy Council..... | 1 <input type="checkbox"/> |
| c. EHS/HS Program Director | 1 <input type="checkbox"/> |
| d. Fiscal Officer | 1 <input type="checkbox"/> |
| e. Coordinators/Managers..... | 1 <input type="checkbox"/> |
| f. Center director(s) | 1 <input type="checkbox"/> |
| g. Human Resources Staff | 1 <input type="checkbox"/> |
| h. Education Staff (i.e., teachers, coaches, home visitors)..... | 1 <input type="checkbox"/> |
| i. Parents | 1 <input type="checkbox"/> |
| j. Other (specify) | 1 <input type="checkbox"/> |

T/TA 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 (Fiscal Operations, Early Childhood Development and Education, Family and Community Services, and Health, Mental Health and Safety) 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 T/TA needs can vary within Head Start programs.

15. For each of the four content areas, which strategies and resources does your Head Start program use to share knowledge and build skills.

| | | 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. | Communities of practice or learning cohorts | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. | Conferences or workshops | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. | Coursework for certificate or credit | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. | Group discussion/peer learning | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. | Individual coaching/mentoring | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. | Online modules | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. | Reviewing written resources | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. | Webinars | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

16. Please list any other strategies that your Head Start program uses to share knowledge and build skills.

17. Would you say that knowledge-sharing and skill-building tends to be done uniformly across centers in the following content areas?

| CONTENT AREAS | | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|----------------------------------|----------------------------|----------------------------|
| Fiscal Operations | | | Early Childhood Development and Education | | | Family and Community Services | | | Health, Mental Health and Safety | | |
| Uniformly | Not Uniformly | N/A | Uniformly | Not Uniformly | N/A | Uniformly | Not Uniformly | N/A | Uniformly | Not Uniformly | N/A |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 0 <input type="checkbox"/> |

18. In the last program year (2018-2019), did your program use...

| | In the last program year (2018-2019) did your program use T/TA from... | In 2018-19 approximately how much did your program pay for T/TA from... | (IF > \$0 PAID, ASK:) Were any OHS T/TA dollars used to pay for T/TA from...? | (IF > \$0 PAID, ASK:) Were any OHS operational dollars used to pay for T/TA from...? | Which of the following content areas did this T/TA address? <i>Please select all that apply.</i> |
|--|--|---|---|--|---|
| a. Associations or professional associations (e.g., NHSA, NAEYC) | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |
| b. Child care resource and referral agencies | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |

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| | In the last program year (2018-2019) did your program use T/TA from... | In 2018-19 approximately how much did your program pay for T/TA from... | (IF > \$0 PAID, ASK:) Were any OHS T/TA dollars used to pay for T/TA from...? | (IF > \$0 PAID, ASK:) Were any OHS operational dollars used to pay for T/TA from...? | Which of the following content areas did this T/TA address? <i>Please select all that apply.</i> |
|---|--|---|--|---|---|
| c. | | | | | |
| Conferences and workshops (offsite or virtual) | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |
| d. | | | | | |
| Consultants or onsite trainers (includes mental health and child care health consultants) | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |
| e. | | | | | |
| Courses for certificate or credit | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |
| f. | | | | | |
| Curriculum | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood |

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| | In the last program year (2018-2019) did your program use T/TA from... | In 2018-19 approximately how much did your program pay for T/TA from... | (IF > \$0 PAID, ASK:) Were any OHS T/TA dollars used to pay for T/TA from...? | (IF > \$0 PAID, ASK:) Were any OHS operational dollars used to pay for T/TA from...? | Which of the following content areas did this T/TA address? <i>Please select all that apply.</i> |
|--|--|---|---|--|---|
| um/product vendors | | No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | | | <input type="checkbox"/> Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |
| g. Early Childhood Learning and Knowledge Center (OHS website) | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |
| h. Local T/TA or offsite community partners | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |
| i. Non-Head Start federally funded T/TA | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |

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| | In the last program year (2018-2019) did your program use T/TA from... | In 2018-19 approximately how much did your program pay for T/TA from... | (IF > \$0 PAID, ASK:) Were any OHS T/TA dollars used to pay for T/TA from...? | (IF > \$0 PAID, ASK:) Were any OHS operational dollars used to pay for T/TA from...? | Which of the following content areas did this T/TA address? <i>Please select all that apply.</i> |
|---|--|---|---|--|---|
| j. OHS National T/TA Centers | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |
| k. OHS Regional T/TA Specialists | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |
| l. Online learning networks | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |
| m. State/County/City offices (e.g., ECE, education, health, | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |

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| | In the last program year (2018-2019) did your program use T/TA from... | In 2018-19 approximately how much did your program pay for T/TA from... | (IF > \$0 PAID, ASK:) Were any OHS T/TA dollars used to pay for T/TA from...? | (IF > \$0 PAID, ASK:) Were any OHS operational dollars used to pay for T/TA from...? | Which of the following content areas did this T/TA address? <i>Please select all that apply.</i> |
|--|--|---|---|--|---|
| social services) | | | | | |
| n. State Quality Rating and Improvement System | Yes <input type="checkbox"/> No <input type="checkbox"/> | \$ _____ — No payments made <input type="checkbox"/> Not sure <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Another content area |

19. Some staff in your agency may participate in T/TA 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 T/TA, 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 T/TA, while others participate in neither.

19_1. During the last program year (2018-2019), in which content areas did [TYPE OF STAFF] participate in T/TA led by providers outside of your agency? Select all that apply.

19_2. During the last program year (2018-2019), in which content areas did [TYPE OF STAFF] participate in T/TA led by providers who are on staff in your agency? 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. Center directors | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety |

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| | | |
|--|--|--|
| | <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know | <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know |
| b. Coaches who provide T/TA | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know |
| c. Disability Coordinator(s) | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know |
| d. Education/child development staff (i.e., teachers, co-teachers, assistant teachers, home visitors, family child care providers, coaches, or other direct service staff) | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know |
| e. Family and community services staff | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know |
| f. Health services staff | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know |
| g. Managers/Supervisors/Coordinators | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None |

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| | | |
|------------------------------|--|--|
| | <input type="checkbox"/> Don't Know | <input type="checkbox"/> Don't Know |
| h. Mental health consultants | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know |
| i. All other staff | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know | <input type="checkbox"/> Fiscal Operations <input type="checkbox"/> Early Childhood Development and Education <input type="checkbox"/> Family and Community Services <input type="checkbox"/> Health, Mental Health, Safety <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Don't Know |

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

In this section, we first ask about your goals and experiences in the last program year (2018-2019), and then about your goals and experiences in the current program year (2019-2020). 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 (2018-2019), please select your agency's three highest priority Head Start program goal areas.

Select the top three priority areas.

- Financial.....1
- Facilities, space or other operations.....2
- Staff qualifications.....3
- Staff retention.....4

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- Classroom instruction and teaching practices.....5
- Home visiting practices.....6
- Community partnerships/engagement.....7
- Equity and inclusiveness.....8
- Integration of culturally and linguistically responsive practices9
- 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 (2018-2019). 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. In the last program year (2018-2019), did T/TA from each of the following help your Head Start program make progress in meeting the [XXX] goal?

| | Yes | No |
|---|----------------------------|----------------------------|
| a. Associations or professional associations (e.g., NHSA, NAEYC)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Child care resource and referral agencies..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Conferences and workshops (offsite or virtual)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Consultants or onsite trainers (includes mental health and child care health consultants)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Courses for certificate or credit)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Curriculum/product vendors..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Early Childhood Learning and Knowledge Center (OHS website) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

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| | Yes | No |
|--|----------------------------|----------------------------|
| h. Local T/TA or offsite community partners..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| i. Non-Head Start federally funded T/TA..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| j. OHS National T/TA Centers..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| k. OHS Regional T/TA Specialists..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| l. Online learning networks..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| m. State/County/City offices (e.g., ECE, education, health, social services) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| n. State Quality Rating and Improvement System..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

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

DRAFT

23. In the last program year (2018-2019), which of the following challenges hindered your efforts to achieve your Head Start program's key goals? Please select the top five challenges you faced in the last program year.

| | SELECT THE TOP FIVE CHALLENGES |
|---|--------------------------------|
| a. Time constraints | 3 <input type="radio"/> |
| c. Staff salaries not high enough for the job demands | 3 <input type="radio"/> |
| d. Lack of support staff | 3 <input type="radio"/> |
| e. Not enough T/TA options for building staff capacity | 3 <input type="radio"/> |
| f. Not enough support and communication from administration/agency leadership | 3 <input type="radio"/> |
| g. Not enough support and communication from key stakeholders (such as parent advisory councils, external funders, other authorities outside of the agency) | 3 <input type="radio"/> |
| h. Not enough funds for supplies and activities | 3 <input type="radio"/> |
| i. Dealing with a challenging population | 3 <input type="radio"/> |
| j. Staff turnover | 3 <input type="radio"/> |
| k. Lack of parent support | 3 <input type="radio"/> |
| l. Lack of qualified education staff | 3 <input type="radio"/> |
| m. Lack of bilingual staff | 3 <input type="radio"/> |
| n. Other (please specify): _____ | |

The next questions ask about your goals and T/TA plans for the current program year (2019-2020).

24. For this program year (2019-2020), please select your agency's three highest priority Head Start program goal areas.

Select up to three.

- 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 practices9
- Support for dual language learners.....10
- Services for children with disabilities.....11

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- 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
- No (additional) goals

25. For this program year (2019-2020), which of the following have you identified to assist your Head Start program in meeting its goals?

| | Yes | No | Not certain yet |
|---|----------------------------|----------------------------|----------------------------|
| a. Associations or professional associations (e.g., NHSA, NAEYC)..... | | | |
| b. Child care resource and referral agencies..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| c. Conferences and workshops (offsite or virtual)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| d. Consultants or onsite trainers (includes mental health and child care health consultants)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| e. Courses for certificate or credit)..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| f. Curriculum/product vendors..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| g. Early Childhood Learning and Knowledge Center (OHS website) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| h. Local T/TA or offsite community partners..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| i. Non-Head Start federally funded T/TA..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| j. OHS National T/TA Centers..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| k. OHS Regional T/TA Specialists..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| l. Online learning networks..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| m. State/County/City offices (e.g., ECE, education, health, social services) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| n. State Quality Rating and Improvement System..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 9 <input type="checkbox"/> |

26. For this program year (2019-2020), in reviewing the available resources to support your agency'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 T/TA.

27. Please rate each of the following on the quality of the T/TA they provide.

| | |
|--|--|
| | |
| a. Associations or professional associations (e.g., NHSA, NAEYC) | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| b. Child care resource and referral agencies | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| c. Conferences and workshops (offsite or virtual) | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| d. Consultants or onsite trainers (includes mental health and child care health consultants) | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| e. Courses for certificate or credit | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| f. Curriculum/product vendors | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| g. Early Childhood Learning and Knowledge Center (OHS website) | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| h. Local T/TA or offsite community partners | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| i. Non-Head Start federally funded T/TA | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| j. OHS National T/TA Centers | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| k. OHS Regional T/TA Specialists | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| l. Online learning networks | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
| m. State/County/City offices (e.g., ECE, education, health, social services) | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |

| | |
|--|--|
| n. State Quality Rating and Improvement System | <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low |
|--|--|

The next questions are about your experiences with different types of communications from OHS for you and your staff.

28. How useful is [TEXTFILL GRID ITEM] from OHS for you and your staff to learn best practices, program requirements, and how to meet your program goals?

| | <i>a. Learning about best practices</i> | <i>b. Learning about program requirements</i> | <i>c. Meeting program goals</i> |
|---|---|---|---|
| a. Apps (like ELOF2go) | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all |
| b. Emails | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all |
| c. ECLKC print resources (e.g., checklists, activity sheets, documents) | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all |
| d. ECLKC interactives (like Coaching Companion) | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all |
| e. MyPeers learning communities | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all |
| f. OHS-sponsored conferences or meetings | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all |
| g. ECLKC regulations or frameworks | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all |
| h. Social media (Facebook or Twitter) | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all |
| i. Text messages | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all |
| j. Vlogs | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all | <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all |

k. Other (Specify)

| | | |
|--|--|--|
| | | |
|--|--|--|

29. To what extent has any T/TA from the OHS T/TA system helped your agency:

| | How helpful? | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| | Not At All | A little | Some | A Great Deal |
| a. provide more culturally and linguistically responsive services to children and families? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. support the full and effective participation of children who are dual language learners and their families? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. provide services for children with disabilities and their families? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

The OHS T/TA provides training and technical assistance (T/TA) to Head Start-funded grantees. The system includes regional T/TA specialists, National Centers, and ECKLC online resources.

30. How can OHS T/TA improve to support your program?

31. We will be conducting a follow-up survey to learn about your agency’s T/TA experiences in one of the four content areas — Fiscal Operations, Early Childhood Development and Education, Family and Community Services, and Health, Mental Health and Safety. Please identify the person in your agency most knowledgeable about your agency’s practices and use of T/TA for each of these content areas. (The same person may be listed for multiple areas, including yourself.)

| Content Areas | Name of Manager/ Coordinator <i>Please provide a First and Last name</i> | Staff Title(s) | Contact Information | |
|--|---|----------------|--|--|
| | | | email address <i>Please provide a full email address: "xxx@xxx.xxx"</i> | phone number <i>Please provide a full phone number, including area code: "xxxxxxxxxx"</i> |
| 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 (T/TA). We appreciate your attention to this important topic. You will receive a \$25 honorarium for your participation in this survey.

Please let us know if you would prefer your honorarium delivered to you via email or mail. Please note that the delivery times differ between the Giftcode (Amazon) and Giftcard (Visa):

1. **Giftcode from Amazon:** *This will be emailed to you immediately.*
2. **Visa Giftcard:** *This will be mailed to you within two-three weeks.*
3. I would prefer not to receive an honorarium.

[if Visa Giftcard selected]

Please provide your mailing address to receive the Visa Giftcard honorarium within two-three weeks:

First and Last Name: _____

Street 1: _____

Street 2: _____

City: _____

State: _____

Zipcode: _____

[if Amazon Giftcode selected]

Please provide your preferred email address to receive the Amazon Giftcode honorarium:

Email address: _____

Below is your Amazon giftcode number for your \$25 honorarium. You will also receive this giftcode via email.

[GIFTCODE]