

## Survey of Head Start Grantees on Training and Technical Assistance

### Head Start Manager/Coordinator Survey (Wave 2): Health, Mental Health, and Safety

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#### INTRODUCTION

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).

**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.

**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 privacy 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

This questionnaire will focus on **health, mental health, and safety** related to your agency's Head Start grants, including activities you may have in Head Start, Early Head Start, Migrant and Seasonal Head Start, and/or Early Head Start Child Care Partnerships (referred to in this survey as "Head Start programs"). Throughout this questionnaire, "agency" refers to the larger organization of which your Head Start program is a part.

If you would like more information about the study, please call 1-xxx-xxx-xxxx or send an email to [HeadStart-TTA@norc.org](mailto:HeadStart-TTA@norc.org). If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

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### **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. Structure and Staffing in Domain

Let's begin with some questions about your own role and how **health, mental health, and safety** are staffed in your Head Start program.

I.1. Please tell me your job title related to **health, mental health, and safety** activities:

\_\_\_\_\_

I.2. Some of the major areas of **health, mental health, and safety** activities in Head Start programs are listed below. For each one, please tell me how much you are involved in those activities:

SELECT ONE IN EACH ROW			
	Primarily Responsible For The Activity	Involved But Not Primarily Responsible For The Activity	Not Involved In The Activity
a. <b>Active supervision</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. <b>Early childhood mental health consultation</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. <b>Staff wellness</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. <b>Emergency preparedness</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Other, specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

These next questions are about these activities: **active supervision**.

I.3\_1. How much are the following types of personnel responsible for active supervision in your Head Start programming?

SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Specialized staff for health, mental health or safety	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Center directors	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other employees of our organization	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
e. Contract workers (for example, through a staffing firm)	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Partner organizations or vendors such as a <a href="#">mental health provider</a>	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Volunteers	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. EHS/HS program director	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.4\_1. How much would you say that **procedures** for [active supervision](#) vary across your agency?

SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.5\_1. How much would you say that [active supervision practices](#) vary across your agency?

SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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		SELECT ONE IN EACH ROW				
		NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
c.	Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d.	Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.6\_1. How are decisions made about the training or technical assistance that staff will receive related to [active supervision](#)? CODE ALL THAT APPLY

- I don't recall recent training or technical assistance on this topic.....1
- An organization-wide decision is made.....2
- Center directors decide for their staff.....3
- Staff members are free to select their own.....4
- As a manager, I work with staff to determine.....5
- Coordinators or supervisors decide based on individual development plans.....6
- Based on staff reviews.....7
- Based on data analysis.....8
- Other (specify).....9

These next questions are about the activities: [early childhood mental health consultation](#).

I.3\_2. How much are the following types of personnel responsible for implementing early childhood mental health consultation in your Head Start programming?

		SELECT ONE IN EACH ROW				
		NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a.	Classroom teachers, assistants and aides	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b.	Specialized staff for <a href="#">Health</a>	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
c. Center directors	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other employees of our organization	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract workers (for example, through a staffing firm)	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Partner organizations or vendors such as a <a href="#">mental health provider</a>	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Volunteers		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.4\_2. How much would you say that **procedures** for [early childhood mental health consultation](#) vary across your agency?

SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.5\_2. How much would you say that [early childhood mental health consultation practices](#) vary across your agency?

SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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		SELECT ONE IN EACH ROW				
		NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
or staff						
b.	Across different centers	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c.	Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h.	Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.6\_2. How are decisions made about the training or technical assistance that staff will receive related to [early childhood mental health consultation](#)? CODE ALL THAT APPLY

- I don't recall recent training or technical assistance on this topic.....1
- An organization-wide decision is made.....2
- Center directors decide for their staff.....3
- Staff members are free to select their own.....4
- As a manager, I work with staff to determine.....5
- Coordinators or supervisors decide based on individual development plans.....6
- Based on staff reviews.....7
- Based on data analysis.....8
- Other (specify).....9

These next questions are about the activities: [staff wellness](#)

I.3\_3. How much are the following types of personnel responsible for implementing staff wellness in your Head Start programming?

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SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Specialized staff for <b>Health</b>	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Center directors	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other employees of our organization	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract workers (for example, through a staffing firm)	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Partner organizations or vendors such as a <b>mental health provider</b>	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Volunteers		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.4\_3. How much would you say that **procedures** for **staff wellness** vary across your agency?

SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.5\_3. How much would you say that **staff wellness practices** vary across your agency?



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SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.6\_3. How are decisions made about the training or technical assistance that staff will receive related to [staff wellness](#)? CODE ALL THAT APPLY

- I don't recall recent training or technical assistance on this topic.....1
- An organization-wide decision is made.....2
- Center directors decide for their staff.....3
- Staff members are free to select their own.....4
- As a manager, I work with staff to determine.....5
- Coordinators or supervisors decide based on individual development plans.....6
- Based on staff reviews.....7
- Based on data analysis.....8
- Other (specify).....9

These next questions are about the activities: [emergency preparedness](#).

I.3\_4. How much are the following types of personnel responsible for implementing [emergency preparedness](#) in your Head Start programming?

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	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Specialized staff for <b>Health</b>	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Center directors	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other employees of our organization	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract workers (for example, through a staffing firm)	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Partner organizations or vendors such as a <b>mental health provider</b>	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Volunteers		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.4\_4. How much would you say that **procedures** for **emergency preparedness** vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.5\_4. How much would you say that **emergency preparedness practices** vary across your agency?

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SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	VERY LITTLE	SOME	A GREAT DEAL
a. Within centers across classrooms or staff	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other, specify:	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I.6\_4. How are decisions made about the training or technical assistance that staff will receive related to [emergency preparedness](#)? CODE ALL THAT APPLY

- I don't recall recent training or technical assistance on this topic.....1
- An organization-wide decision is made.....2
- Center directors decide for their staff.....3
- Staff members are free to select their own.....4
- As a manager, I work with staff to determine.....5
- Coordinators or supervisors decide based on individual development plans.....6
- Based on staff reviews.....7
- Based on data analysis.....8
- Other (specify).....9

## Section II. Recent Training/Technical Assistance Experiences in Domain

II.1. Please think about the trainings or technical assistance activities your agency has experienced in **health, mental health, and safety** in the past 12 months. For these next questions, please choose one training or technical assistance activity that you think has been most useful to your agency. You may choose training or technical assistance received by a group of your staff or a single individual.

[Continue to select]

[Cannot recall such an activity in past 12 months]

II.2. What was the topic of that training?

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II.3. What was the primary mode of the training?

- In-person (ask 4a)..... 1
- On-line/webinar (ask 4b)..... 2
- Telephone calls (ask 4c)..... 3
- Other (please specify):..... 4

II.4.a. [if in-person training] Which of these best describes the type of in-person training this was?

- Conference..... 1
- Workshop..... 2
- Office of Head Start (OHS) Regional institute, academy or cluster training..... 3
- On-site training..... 4
- Mentoring or coaching..... 5
- College or university course..... 6
- .....
- Some other format (specify)..... 7

II.4.b. [if on-line] Which of these best describes the type of on-line training this was?

- Peer learning group where participants learn mostly from one another ..... 1
- On-line with only on-line interaction with the trainer or other trainees, such as an interactive webinar or an on-line college course..... 2
- On-line with on-line and other interaction with the trainer or other trainees, such as an interactive webinar or an on-line college course with phone or in-person supplementation..... 3
- On-line with no interaction with the trainer or other trainees, such as a self-guided course or downloaded webinar..... 4

II.4.c. [if by phone] Which of these best describes the type of phone training this was?

- Mentoring or coaching..... 1
- Peer learning group where participants learn mostly from one another.....2
- Workshop or group conference call.....3

II.5. Was there planned follow-up with the trainer or within your agency to build on this training?

- Yes..... 1
- No ..... 2

II.6. Does your agency have an on-going relationship with this trainer?

- Yes..... 1
- No ..... 2

II.6.a. Was the training customized to the participants' needs and abilities?

- Yes..... 1
- No ..... 2

II.6.b. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of the children and families you serve?

- Very Much..... 1
- Somewhat ..... 2
- A little ..... 3
- Not at all ..... 4

II.6.b.1. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of your staff?

- Very Much..... 1
- Somewhat ..... 2
- A little ..... 3
- Not at all ..... 4

II.7. How many hours total did you receive this training, not including time spent doing homework or reading materials?

\_\_\_\_\_ hours

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II.8. Over how many separate sessions did the training take place? For example, did you spend 1 hour each week for 3 weeks (i.e., 3 sessions), or was it one 90-minute webinar (i.e., 1 session)?

\_\_\_\_\_ # of sessions

II.9. What best describes the person or organization that provided the training?

- Federal OHS program specialists.....1
- OHS regional T/TA specialists.....2
- OHS National Center staff.....3
- OHS regional T/TA specialists and National Center staff.....4
- Head Start staff from outside of your agency.....5
- QRIS or other organizations helping licensed providers in your state.....6
- Curriculum company, software company, or other company providing materials for working with children.....7
- Local college or university staff.....8
- A consultant or other private organization or individual.....9
- Other governmental resources, including school districts.....10
- Other resource.....11

II.10. Did your agency incur any costs so that staff could receive this training?

- Yes.....1
- No .....2

II.10a. What was the primary source of these funds?

- OHS discretionary T/TA funds.....1
- OHS operational funds.....2
- Other sources, such as grants or other restricted funds.....3
- Unknown.....4

II.11. What are the roles or job titles of the people from your agency who participated in the training?

\_\_\_\_\_

II.12. Did your agency have a specific goal in having staff participate in this training, for example, to develop a new policy or improve particular practices?

- Yes.....1
- No .....2

II.12.a. How would you describe the specific goals for having staff participate in this training?

**MARK (X) YES OR NO  
IN EACH ROW**

	Yes	No
a. All staff need to build capacity in this area	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Some staff need to build capacity in this area	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Establishing new program policies and procedures	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Implementing a new practice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Strengthening existing practice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Required to meet regulations	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Required for continued funding	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Developing better techniques for a specific situation	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. General program functioning or employee skills not related to early childhood (e.g. communication among staff, information technology skill, managing budgets, etc.)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

II.13.a. Have there been any follow-up steps from this training or activity?

- Yes..... 1
- No ..... 2

II.13.b. What follow-up steps have you taken from this training or activity?

\_\_\_\_\_

II.14. What are the top two reasons you found this training useful to your agency? PLEASE INDICATE 1 AND 2 FOR THE TWO TOP REASONS.

- Well executed..... 1
- Helped us meet requirements..... 2
- Spoke to a particular problem we have..... 3
- Was just at the right level for our organization..... 4
- Had concrete steps we could implement..... 5
- Was something we are committed to..... 6
- We have a champion in the organization to help us implement..... 7
- We had the necessary resources to implement..... 8
- It got us thinking about our work..... 9



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- We were able to get many people trained.....10
- Other (specify):..... 11

II.15.a. For these next questions, please choose a training or technical assistance activity that your agency has received but was not able to apply to improve practice.

[Continue to select]

[Cannot recall such an activity in past 12 months]

II.15.b. What was the topic of that training or technical assistance activity?

\_\_\_\_\_

II.16. What was the primary mode of the training or technical assistance?

- In-person.....1
- On-line with no interaction with others, such as a self-guided course.....2
- Online interacting with others, such as a discussion group.....3
- Telephone calls.....4
- Other (specify):.....5

II.17.a. [if in-person] Which of these best describes the type of in-person training this was?

- Conference .....1
- Workshop.....2
- OHS Regional institute, academy or cluster training.....3
- On-site Training.....3
- Mentoring or coaching .....4
- College or university course.....5
- Other format (specify):.....6

II.17.b. [if on-line] Which of these best describes the type of on-line training this was?

- Peer learning group where participants learn mostly from one another .....1
- On-line with only on-line interaction with the trainer or other trainees, such as an interactive webinar or an on-line college course.....2
- On-line with on-line and other interaction with the trainer or other trainees, such as an interactive webinar or an on-line college course with phone or in-person supplementation.....3
- On-line with no interaction with the trainer or other trainees, such as a self-guided course or downloaded webinar.....4

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II.17.c. [if by phone] Which of these best describes the type of phone training this was?

- Mentoring or coaching..... 1
- Peer learning group where participants learn mostly from one another.....2
- Workshop or group conference call.....3

II.18. Was there planned follow-up with the trainer or within your agency to build on this training?

- Yes..... 1
- No ..... 2

II.18.a. Does your agency have an on-going relationship with this trainer?

- Yes..... 1
- No ..... 2

II.19. Was the training customized to the participants' needs and abilities?

- Yes..... 1
- No ..... 2

II.19.b. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of the children and families you serve?

- Very Much..... 1
- Somewhat ..... 2
- A little ..... 3
- Not at all ..... 4

II.19.b.1. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of your staff?

- Very Much..... 1
- Somewhat ..... 2
- A little ..... 3
- Not at all ..... 4

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II.20. How many hours total did you receive this training, not including time spent doing homework or reading materials?

\_\_\_\_\_ hours

II.21. Over how many separate sessions did the training take place? For example, did you spend 1 hour each week for 3 weeks (i.e., 3 sessions), or was it one 90-minute webinar (i.e., 1 session)?

\_\_\_\_\_ # of sessions

II.22. What best describes the person or organization that provided the training?

- Federal OHS program specialists.....1
- OHS regional T/TA specialists.....2
- OHS National Center staff.....3
- OHS regional T/TA specialists and National Center staff.....4
- Head Start staff from outside of your agency.....5
- Staff from within your agency.....6
- QRIS or other organizations helping licensed providers in your state.....7
- Curriculum company, software company, or other company providing materials for working with children.....8
- Local college or university staff.....9
- A consultant or other private organization or individual.....10
- Other governmental resources, including school districts.....11

II.23. Did your agency incur any costs so that staff could receive this training?

- Yes.....1
- No .....2

II.23a. What was the primary source of these funds?

- OHS discretionary T/TA funds.....1
- OHS operational funds.....2
- Other sources, such as grants or other restricted funds.....3
- Unknown.....4

II.24. What are the roles or job titles of the people from your agency who participated in the training?

\_\_\_\_\_

II.25. Did your agency have a specific goal in having staff participate in this training, for example, to develop a new policy or improve particular practices?

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- Yes..... 1
- No ..... 2

II.25.a. How would you describe the specific goals for having staff participate in this training?

	MARK (X) YES OR NO IN EACH ROW	
	Yes	No
a. All staff need to build capacity in this area	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Some staff need to build capacity in this area	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Establishing new program policies and procedures	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Implementing a new practice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Strengthening existing practice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Required to meet regulations	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Required for continued funding	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Developing better techniques for a specific situation	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. General program functioning or employee skills not related to early childhood (e.g. communication among staff, information technology skill, managing budgets, etc.)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

II.26.a. Have there been any follow-up steps from this training or activity?

- Yes..... 1
- No ..... 2

II.26.b. What follow-up steps have you taken from this training or activity?

\_\_\_\_\_

II.27. What is the main reason you found this training hard for your agency to apply to its **health, mental health, and safety** work?

- Training addressed an issue we don't have..... 1
- Our organization is not ready to implement the ideas or actions from the training..... 2
- Our organization had already been implementing the ideas or actions from the training..... 3
- It was difficult to find concrete next steps to implement..... 4
- We do not have the resources to implement..... 5
- Not a high enough priority for the organization..... 6
- We are too busy..... 7
- Other (specify)..... 8

### Section III. Selected Practice Area within Domain

These next questions focus on specific practices within Health, Mental Health, and Safety: [Mental Health Consultation](#)

III.1.

MARK (X) YES  
OR NO

	Yes	No	Not Applicable
Does your agency have a mental health consultant (MHC) available to provide support to staff?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
Do teachers in center-based programs request support from the mental health consultant?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
Do home-based providers request support from the mental health consultant?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	

III.2a. About how often does the mental health consultant engage in the following practices?

	SELECT ONE IN EACH ROW				SELECT ONE	
	About how often does the mental health consultant do the following?				Is this level of support adequate?	
	NOT AT ALL	A FEW TIMES A YEAR	ABOUT MONTHLY	MORE THAN ONCE A MONTH	YES	NO
a. Conduct classroom observations?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Help teachers develop strategies for behavior management?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Share behavior management strategies with parents?						
d. Provide follow-up support for teachers?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Provide referrals for parent or child mental health consultation?						
f. Support teachers engaging in reflective practice?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Provide support on staff wellness such as self-care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

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strategies?						
h. Other support provided (specify): _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

III.2b. About how much is budgeted per year for a mental health consultant(s) to provide services?

- Less than \$1,000..... 1
- Between \$1,000 and \$5,000.....2
- Between \$5,000 and \$10,000.....3
- Between \$10,000 and \$20,000.....4
- Over \$20,000.....5

III.2c. In the past year, have you asked a parent to pick up a child early because of problems with the child's behavior?

- 1  Yes
- 2  No

III.2d. In the past three months, have you moved a child from one program option to another (such as from a center-based to a home-based option) because of problems with the child's behavior?

- 1  Yes
- 2  No

III.3. How much would you say **early childhood mental health consultation** varies across your agency?

- Highly uniform across the organization.....1
- Some variation but mostly consistent across the organization.....2
- Considerable variation across the organization.....3
- I do not know the extent of variation across our organization in this practice.....4

III.4. Please think about your agency's **early childhood mental health consultation services** during the 2017-2018 program year (two years ago). Which of the following best describe any changes between that year and the current year:

- Our early childhood mental health consultation services** are about same as they were two years ago..... 1
- In the past two years, we have **expanded or improved our early childhood mental health consultation services**.....2
- In the past **two years, we have decreased the amount of early childhood mental health services we have been able to provide**.....3

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- In the past two years, there has been no change to the **amount of early childhood mental health services** we have been able to provide.....4

[If no change, then SKIP to III.6]

III.5. What is the main source that has informed the agency's changes to its **early childhood mental health consultation** in the past two years?

- Increased spending..... 1
- Received training or technical assistance.....2
- Followed regulatory requirements or guidance.....3
- Had a resource within the organization who championed the change.....4
- Other (specify)..... 5

III.5a. What is the main source that has supported or enabled the agency's changes to its **early childhood mental health consultation** in the past two years?

- Increased spending..... 1
- Received training or technical assistance.....2
- Followed regulatory requirements or guidance.....3
- Had a resource within the organization who championed the change.....4
- Other (specify)..... 5

III. 6. What are the two main challenges the agency has faced or currently faces in **how it provides early childhood mental health consultation**?

- Our caseload assignments are too large for our staff to do as much consultation as we would like**..... 1
- Our current practice requires a great deal of staff time.....2
- Current practice requires large financial expenditures.....3
- We do not have the technical expertise or materials.....4
- Legal or logistical challenges.....5
- The current practice is not working well for us.....6
- Families have too many challenges that we are not able to support everyone as well as we would like to**.....7
- Staff turnover in our centers.....8
- Other (specify)..... 9



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III.7. (If III.5=2 or III.5a=2, then skip to III.8. else ask:) **Last year**, did your agency receive any training or technical assistance on **early childhood mental health consultation**?

- Yes..... 1
- No..... 2

III.8. What individuals or organizations provided that training or technical assistance? SELECT ALL THAT APPLY.

- Federal OHS program specialists..... 1
- OHS regional T/TA specialists..... 2
- OHS National Center staff..... 3
- OHS regional T/TA specialists and National Center staff..... 4
- Other Head Start staff such as from national or regional Head Start Associations..... 5
- QRIS or other organizations helping licensed providers in your state..... 6
- Curriculum company, software company, or other company providing materials that support service implementation..... 7
- Local college or university staff..... 8
- A consultant or other private organization or individual..... 9
- Other governmental resources, including school districts..... 10
- Other resource..... 11

III.9. Did your agency incur any costs so that staff could receive this training?

- Yes..... 1
- No ..... 2

III.9a. What was the primary source of these funds?

- OHS discretionary T/TA funds..... 1
- OHS operational funds..... 2
- Other sources, such as grants or other restricted funds..... 3

III.10. What are the roles or job titles of the people from your agency who participated in the training?

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III.11. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of the children and families you serve?

- Very much..... 1
- Somewhat..... 2
- A little..... 3
- Not at all..... 4

III.11a. Was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of your staff?

- Very much..... 1
- Somewhat..... 2
- A little..... 3
- Not at all..... 4

III.12. How well did the level of the training or technical assistance match the level of your agency's participants?

- Training/technical assistance was too basic for our participants..... 1
- Training/technical assistance was just right for our participants..... 2
- Training/technical assistance was too advanced for our participants..... 3

III.13. Thinking about this training or technical assistance, how satisfied were you with...

	SELECT ONE IN EACH ROW			
	NOT AT ALL SATISFIED	SOMEWHAT SATISFIED	SATISFIED	VERY SATISFIED
a. The quality of the instruction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The instructors' knowledge and expertise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The materials provided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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SELECT ONE IN EACH ROW				
	NOT AT ALL SATISFIED	SOMEWHAT SATISFIED	SATISFIED	VERY SATISFIED
d. The content of the information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Other, specify:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

III.14. Did your agency have a specific goal for participating in that training or technical assistance?

- Yes (ask III.15)..... 1
- No (skip to III.16)..... 2

III.15. How well was your agency able to achieve that goal through the training or technical assistance?

- Completely achieved..... 1
- Partially achieved..... 2
- Not achieved..... 3

III.16. What other investments did the agency make to supporting the training or technical assistance?

	MARK (X) YES OR NO IN EACH ROW	
	Yes	No
a. Substitutes for teaching staff	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Travel or other expenses other than training costs	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Costs for purchasing equipment or materials	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Follow-up trainings to implement what was learned in the original training activity	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Additional trainings to implement what was learned in the original training activity	1 <input type="checkbox"/>	0 <input type="checkbox"/>

III.17. Do you feel that additional training or technical assistance would help your agency improve its **early childhood mental health consultation**?

- Yes..... 1
- Maybe .....2
- Probably Not .....3

### Section IV. Training/Technical Assistance Needs in Domain

IV.1. For the current program year, what are your agency’s main training or technical assistance priorities in **health, mental health, and safety**? Please include professional development for individual staff as well as organizational technical assistance or training priorities.

\_\_\_\_\_ [PLEASE RECORD UP TO FOUR PRIORITIES]

IV.2. Please indicate whether any of the listed priorities can be described as follows:

	<b>MARK (X) YES OR NO IN EACH ROW</b>	
	<b>Yes</b>	<b>No</b>
a. All staff need to build capacity in this area	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Some staff need to build capacity in this area	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Establishing new program policies and procedures	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Implementing a new practice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Strengthening existing practice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Required to meet regulations	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Required for continued funding	1 <input type="checkbox"/>	0 <input type="checkbox"/>

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h. Developing better techniques for a specific situation	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. General program functioning or employee skills not related to early childhood (e.g. communication among staff, information technology skill, managing budgets, etc.)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

IV.3. How confident are you that your agency will be able to achieve its training and technical assistance priorities for **health, mental health, and safety** this year?'

- Very confident..... 1
- Somewhat confident..... 2
- Not very confident..... 3
- Not at all confident..... 4

IV.4. What challenges does your agency encounter in its efforts to obtain the training and technical assistance it would like for **health, mental health, and safety**? To what extent do each of the following factors make it difficult for your agency to get the training and technical assistance it would like for **health, mental health, and safety**?

	SELECT ONE IN EACH ROW			
	NOT AT ALL	NOT VERY MUCH	SOMEWHAT	A GREAT DEAL
a. Available trainings are too expensive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Difficult to make staff time for trainings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Not very many trainings available in our area	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Trainings are far away or at inconvenient times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. We do not have staff time or budget implement what the training recommended	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Do not like the quality of the trainings that are available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

IV.5. Please think about your agency's goals for **health, mental health, and safety**. How satisfied are you with the training and technical assistance available to help you achieve these goals?

- Very satisfied..... 1
- Somewhat satisfied..... 2

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- Not very satisfied.....3
- Not at all satisfied.....4

IV.6. How satisfied you are with different types of training and technical assistance providers that may be available to help your agency achieve its goals related to **health, mental health, and safety**? Some of these provider types may not be available to you.

	SELECT ONE IN EACH ROW				
	NOT AT ALL	NOT VERY MUCH	SOME WHAT	A GREAT DEAL	NOT AVAILABL E TO US
a. Federal OHS program specialists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. OHS regional T/TA specialists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. OHS National Center staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Other Head Start staff such as from national or regional Head Start Associations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. QRIS or other organizations helping licensed providers in your state	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Curriculum company, software company, or other company providing materials for working with children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Local college or university staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. A consultant or other private organization or individual	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Other: specify _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

IV.7. Is there a type of training or technical assistance in **health, mental health, and safety** that you would like to get for your agency but you have not been able to obtain?

- Yes.....1
- No (skip to IV.11).....2

IV.8. Please list one type of training or technical assistance you would like to get but have not been able to obtain:

\_\_\_\_\_

IV.9. Would you describe the training or technical assistance you were unable to obtain on (INSERT TEXT FROM iv.8) as ...

	MARK (X) YES OR NO IN EACH ROW	
	Yes	No
a. All staff need to build capacity in this area	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Some staff need to build capacity in this area	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Establishing new policies and standards	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Implementing a new practice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Strengthening existing practice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Required to meet regulations	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Required for continued funding	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Developing better techniques for a specific situation	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. General program functioning or employee skills not related to early childhood (e.g. communication among staff, information technology skill, managing budgets, etc.)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

IV.10. What is the main reason you have not been able to obtain this training

- Available trainings are too expensive.....1
- Difficult to make staff time for trainings.....2
- Not very many trainings available in our area.....3
- General schedule obstacles.....4
- Trainings are far away or at inconvenient times.....5
- We do not have the resources to support work after the training.....6
- Do not like the quality of the trainings that are available.....7
- Limited access to technology.....8
- Other (specify).....9

IV.11. Do you have any other comments about the training and technical assistance available to your agency for [health, mental health, and safety](#) activities?

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Thank you for sharing your experiences and opinions about training and technical assistance for [health, mental health, and safety](#) activities in Head Start programs.

