Survey of Head Start Grantees on Training and Technical Assistance

Head Start Manager/Coordinator Survey (Wave 2):

Early Childhood Development and Education

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).

The Head Start/Early HS director at your agency, [agency name], or his or her designee, has already completed Wave 1 of the survey. In the first wave, we collected information about how Head Start programs use and experience T/TA services offered by various providers. NORC has received your name to complete the Wave 2 survey, which will give us further information about early childhood development and education related to your agency's Head Start grants. Your responses will help the Office of Head Start and the Administration for Children and Families ensure that the OHS T/TA system meets program needs.

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.

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

This questionnaire will focus on early childhood development and education 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").

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.

If you would like more information about the study, please call 1-1-877-324-4157or send an email to 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.

Section I. Structure and Staffing in Early Childhood Development and Education

Let's begin with some questions about your own role and how early childhood development and education are staffed in your Head Start program.

I.1. Please enter your job title related to early childhood development and education:

_____

I.2. Some of the major areas of early childhood development and education in Head Start programs are listed below. For each one, please indicate how much you are involved in the following:

	SELECT ONE IN EACH ROW		
	I am Primarily Responsible	I am Involved But Not Responsible	I am Not Involved
a. Curriculum implementation	1 ☐	2 ☐	3 ☐
b. Coaching/professional development	1 ☐	2 ☐	3 ☐
c. Teaching practices/Early Learning Outcomes Framework (ELOF) implementation	1 ☐	2 ☐	3 ☐
d. Inclusive environments for children with disabilities	1 ☐	2 ☐	3 ☐
e. Other, specify:	1 ☐	2 ☐	3 ☐

These next questions are about curriculum implementation.

I.3_1. How much are the following types of staff responsible for curriculum implementation in your Head Start programming?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Specialized staff for education	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Center directors	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other employees of our agency	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. Contract workers (e.g., through a staffing firm)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. Partner organizations or vendors such as a local university teacher training program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. Volunteers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h. EHS/HS program director	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
i. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.4_1. How much would you say that **procedures** for curriculum implementation vary across your program?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers in a program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	**NOT AT ALL**	**A LITTLE**	**SOME**	**A GREAT DEAL**
programs					
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.5_1. How much would you say that **practices** for curriculum implementation vary across your program?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	**NOT AT ALL**	**A LITTLE**	**SOME**	**A GREAT DEAL**
a. Across classrooms within one center	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers in a program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.6_1. How are decisions made about the training or technical assistance that staff will receive related to curriculum implementation? CHECK ALL THAT APPLY

☐ I don't know..1

☐ A program-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

☐ Not applicable...10

These next questions are about coaching/professional development.

I.3_2. How much are the following types of staff responsible for implementing coaching/professional development in your Head Start programming?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Specialized staff for education	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Center directors	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other employees of our agency	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. Contract workers (e.g., through a staffing firm)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. Partner organizations or vendors such as a local university teacher training program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. Volunteers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h. EHS/HS program director	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
i. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.4_2. How much would you say that **procedures** for coaching/professional development vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers in a	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

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

I.5_2. How much would you say that **practices** for coaching/professional development vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers in a program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.6_2. How are decisions made about the training or technical assistance that staff will receive related to coaching/professional development? CHECK ALL THAT APPLY

☐ I don't know..1

☐ A program-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

☐ Not applicable...10

These next questions are about teaching practices/ELOF implementation

I.3_3.   How much are the following types of staff responsible for teaching practices /ELOF implementation in your Head Start programming?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Specialized staff for education	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Center directors	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other employees of our agency	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. Contract workers (e.g., through a staffing firm)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. Partner organizations or vendors such as a local university teacher training program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. Volunteers		1 ☐	2 ☐	3 ☐	4 ☐
h. EHS/HS program director		1 ☐	2 ☐	3 ☐	4 ☐
i. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.4_3. How much would you say that procedures for teaching practices/ELOF implementation vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers in a program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	**NOT AT ALL**	**A LITTLE**	**SOME**	**A GREAT DEAL**
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.5_3. How much would you say that practices for teaching practices/ELOF implementation vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	**NOT AT ALL**	**A LITTLE**	**SOME**	**A GREAT DEAL**
a. Across classrooms within one center	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers in a program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/ Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.6_3. How are decisions made about the training or technical assistance that staff will receive related to teaching practices/ELOF implementation? CHECK ALL THAT APPLY

☐ I don't know..1

☐ A program-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

☐ Not applicable..10

These next questions are about inclusive environments for children with disabilities.

I.3_4.   How much are the following types of staff responsible for inclusive environments for children with disabilities in your Head Start programming?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Classroom teachers, assistants and aides	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Specialized staff for education	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Center directors	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other employees of our organization	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. Contract workers (e.g., through a staffing firm)	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. Partner organizations or vendors such as a local university teacher training program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
g. Volunteers	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
h. EHS/HS program director	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
i. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.4_4. How much would you say that procedures for inclusive environments for children with disabilities vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers in a program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
programs					
h. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.5_4. How much would you say that practices for inclusive environments for children with disabilities vary across your agency?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. Across different centers in a program	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. Across our different Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start/Child Care Partnership programs	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Other, specify:	99 ☐	1 ☐	2 ☐	3 ☐	4 ☐

I.6_4. How are decisions made about the training or technical assistance that staff will receive related to inclusive environments for children with disabilities? CHECK ALL THAT APPLY

☐ I don't know..1

☐ An program-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)...10

☐ Not applicable...11

Section II. Recent Training/Technical Assistance Experiences in Early Childhood Development and Education

II.1. Please think about the trainings or technical assistance activities your program has experienced in early childhood development and education 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 program. You may choose training or technical assistance received by a group of your staff or a single individual.

[Continue]

[I cannot recall such an activity in past 12 months]

II.2. What was the topic of that T/TA?

_____

II.3. What was the primary mode of the T/TA?

- ☐ In-person (ask 4a)..1
- ☐ Online (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 T/TA 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 online training this was?

- ☐ Peer learning group where participants learn mostly from one another.............1
- ☐ Online only interaction with the trainer or other trainees.................................2
- ☐ Online with follow-up phone or in-person supplementation..............................3
- ☐ Online 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 T/TA 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 T/TA?

    ☐ 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 T/TA customized to the participants' needs and abilities?

    ☐ Yes..1

    ☐ No 2

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

    ☐ A great deal..1

    ☐ Somewhat 2

    ☐ A little 3

    ☐ Not at all 4

II.6.b.1. To what extent was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of **your staff**?

    ☐ A great deal..1

    ☐ Somewhat 2

    ☐ A little 3

    ☐ Not at all 4

II.7.   Approximately, how many hours of T/TA were received per person, not including time spent doing homework or reading materials?

    _____ hours

II.8.   Over how many separate sessions did the T/TA take place? For example, 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 T/TA?

☐ Associations or professional associations (e.g., NHSA, NAEYC)............................1

☐ Child care resource and referral agencies...2

☐ Conferences and workshops (offsite or virtual)..3

☐ Consultants or onsite trainers (includes mental health and child care health consultants)...4

☐ Courses for certificate or credit..5

☐ Curriculum/product vendors...6

☐ Early Childhood Learning and Knowledge Center (OHS website).........................7

☐ Local T/TA or offsite community partners...8

☐ Non-Head Start federally funded T/TA..9

☐ OHS National T/TA Centers...10

☐ OHS Regional T/TA Specialists...11

☐ Online learning networks..12

☐ State/County/City offices (e.g., ECE, education, health, social services)..............13

☐ State Quality Rating and Improvement System...14

II.10.   Did your program incur any costs for this T/TA?

☐ 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 is the role(s) or job title(s) of the people from your program who participated in the T/TA?

_____

II.12.   Did your program have a specific goal in having staff participate in this T/TA, 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 T/TA?

MARK (X) YES OR NO IN EACH ROW

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

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

☐ Yes...1

☐ No 2

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

_____

II.14.a. What are the top two reasons you found this T/TA useful to your program? 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 program..4

☐ Had concrete steps we could implement..5

    ☐   Was something we are committed to...6

    ☐   We have a champion in the program to help us implement..............................7

    ☐   We had the necessary resources to implement...8

    ☐   It got us thinking about our work...9

    ☐   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 program has received but was <u>not</u> able to apply to improve practice.

[Continue]

[I cannot recall such an activity in past 12 months]

II.15.b. What was the topic of that T/TA?

_____

II.16.   What was the primary mode of the T/TA?

    ☐   In-person...1

    ☐   Online...2

    ☐

    ☐   Telephone calls..4

    ☐   Other (please specify):..5

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

    ☐   Conference 1

    ☐   Workshop...2

    ☐   OHS Regional institute, academy or cluster training...3

    ☐   On-site Training...4

    ☐   Mentoring or coaching 5

    ☐   College or university course...6

    ☐   Other format (specify):..7

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

    ☐   Peer learning group where participants learn mostly from one another.............1

    ☐   Online only interaction with the trainer or other trainees..................................2

    ☐   Online with follow-up 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.17.c. [if by phone] Which of these best describes the type of phone T/TA 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 T/TA?

☐ 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 T/TA customized to the participants' needs and abilities?

☐ Yes..1

☐ No 2

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

☐ A great deal..1

☐ Somewhat 2

☐ A little 3

☐ Not at all 4

II.19.b.1. To what extent was the training or technical assistance inclusive and responsive to cultural,
language, and ability differences of **your staff**?

☐ A great deal..1

☐ Somewhat 2

☐ A little 3

☐ Not at all 4

II.20. Approximately, how many total hours of T/TA were received per person, not including time spent doing homework or reading materials?

_____ hours

II.21. Over how many separate sessions did the T/TA take place? For example, 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?

☐ Associations or professional associations (e.g., NHSA, NAEYC)............................1

☐ Child care resource and referral agencies...2

☐ Conferences and workshops (offsite or virtual).......................................3

☐ Consultants or onsite trainers (includes mental health and child care health consultants)..4

☐ Courses for certificate or credit...5

☐ Curriculum/product vendors...6

☐ Early Childhood Learning and Knowledge Center (OHS website).........................7

☐ Local T/TA or offsite community partners...8

☐ Non-Head Start federally funded T/TA...9

☐ OHS National T/TA Centers...10

☐ OHS Regional T/TA Specialists..11

☐ Online learning networks...12

☐ State/County/City offices (e.g., ECE, education, health, social services).............13

☐ State Quality Rating and Improvement System..14

II.23. Did your program incur any costs for this T/TA?

☐ 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 is the role(s) or job title(s) of the people from your agency who participated in the T/TA?

_____

II.25.   Did your program 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.25.a. How would you describe the specific goals for having staff participate in this T/TA?

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

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

    ☐ Yes...1

    ☐ No 2

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

_____

II.27. What is the main reason you found this T/TA hard for your program to apply to its early childhood development and education work?

☐   T/TA addressed an issue we don't have...1

☐   Our program is not ready to implement the ideas or actions from the T/TA...2

☐   Our program had already been implementing the ideas or actions from the T/TA...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 program..6

☐   We are too busy...7

☐   Other (specify)...8

Section III. Selected Practice Area within Early Childhood Development and Education

These next questions focus on a specific practice within early childhood development and education: Teaching practices/Early Learning Outcomes Framework (ELOF) implementation

III.1.a. When you meet with your education staff, how often do you consult the ELOF for guidance on the following?

SELECT ONE IN EACH ROW

	NOT AT ALL	A FEW TIMES A YEAR	ABOUT ONCE A MONTH	MORE THAN ONCE A MONTH
a. **To review curriculum and effective instruction and/or assessment practices.**	1 □	2 □	3 □	4 □
b. **To identify training needs and plan for training and development.**	1 □	2 □	3 □	4 □

III.1.b. During this program year (2019-2020), about what percentage of your education staff have opportunities to receive:

SELECT ONE IN EACH ROW

	NONE	Less than 50%	50-75%	More than 75%
a. **Coaching on responsive adult-child interactions**	1 □	2 □	3 □	4 □
b. **Leadership and/or professional development support for reviewing and interpreting data (such as student assessment data, observation data)**	1 □	2 □	3 □	4 □

III.2. During this program year (2019-2020), about how often does your education staff have opportunities to engage in the following practices?

SELECT ONE IN EACH ROW

	NOT AT ALL	A FEW TIMES A YEAR	ABOUT ONCE A MONTH	MORE THAN ONCE A MONTH
a. **Review assessment data to differentiate child learning goals**	1 □	2 □	3 □	4 □

and instructional activities.	
b. **Review classroom /home visiting observation data to adapt children's physical learning environments.**	1 ☐ 2 ☐ 3 ☐ 4 ☐

III.3. How much would you say teaching practices/ELOF implementation varies across your program?

☐ Highly uniform across the program...1

☐ Some variation but mostly consistent across the program.................................2

☐ Considerable variation across the program..3

☐ I do not know the extent of variation across our program in this practice..........4

III.4. Please think about your agency's teaching practices/ELOF implementation 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 teaching practices/ELOF implementation are about same as they were two years ago
....1

☐ In the past two years, we have improved our teaching practices/ELOF implementation..2

☐ In the past two years, we have had to weaken our teaching practices/ELOF implementation we provide..3
....
I don't know...

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

III.5. What is the main source that has <u>informed</u> the program's changes to its teaching practices/ELOF implementation 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 agency who championed the change........................4

☐ Staff turnover in our centers..5

☐ Other (specify)...6

III.5a. What is the main source that has <u>supported or enabled</u> the program's changes to its teaching practices/ELOF implementation 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 agency who championed the change.......................4
- ☐ Staff turnover in our centers...5
- ☐ Other (specify)..6

III.6. What are the two main challenges the agency has faced or currently faces in its teaching practices/ELOF implementation?

- ☐ Our workload is too large for our staff to implement teaching practices/ELOF implementation as well 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
- ☐ Staff turnover in our centers...7
  ....
- ☐ Other (specify)..8

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 teaching practices/ELOF implementation?

- ☐ Yes...1
- ☐ No..2

III.8. What best describes who provided the training or technical assistance? SELECT ALL THAT APPLY.

- ☐ Associations or professional associations (e.g., NHSA, NAEYC)...........................1
- ☐ Child care resource and referral agencies..2
- ☐ Conferences and workshops (offsite or virtual).....................................3

☐ Consultants or onsite trainers (includes mental health and child care health consultants)...4

☐ Courses for certificate or credit...5

☐ Curriculum/product vendors..6

☐ Early Childhood Learning and Knowledge Center (OHS website)........................7

☐ Local T/TA or offsite community partners...8

☐ Non-Head Start federally funded T/TA...9

☐ OHS National T/TA Centers...10

☐ OHS Regional T/TA Specialists...11

☐ Online learning networks..12

☐ State/County/City offices (e.g., ECE, education, health, social services)............13

☐ State Quality Rating and Improvement System..14

III.9.　Did your program incur any costs for this T/TA?

☐ Yes...1

☐ No 2

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

☐ OHS discretionary T/TA funds..3

☐ OHS operational funds..4

☐ Other sources, such as grants or other restricted funds....................................5

III.10.　What is the role(s) or job title(s) of the people from your program who participated in the T/TA?

_____

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

☐ A great deal..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?

    ☐ A great deal..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 ☐	2 ☐	3 ☐	4 ☐
b. The instructors' knowledge and expertise	1 ☐	2 ☐	3 ☐	4 ☐
c. The materials provided	1 ☐	2 ☐	3 ☐	4 ☐
d. The content of the information	1 ☐	2 ☐	3 ☐	4 ☐
e. Other, specify:	1 ☐	2 ☐	3 ☐	4 ☐

III.14. Did your program have a specific goal in having staff participate in this T/TA, for example, to develop a new policy or improve particular practices?

    ☐ Yes (ask III.15)...1

    ☐ No (skip to III.16)..2

    ....

III.15 How well was your program 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 program make to support the training or technical assistance?

	Yes	No
	MARK (X) YES OR NO IN EACH ROW	
a. Substitutes for teaching staff	1 ☐	0 ☐
b. Travel or other expenses other than training costs	1 ☐	0 ☐
c. Costs for purchasing equipment or materials	1 ☐	0 ☐
d. Follow-up T/TA to implement what was learned in the original T/TA activity	1 ☐	0 ☐
e. Additional T/TA to implement what was learned in the original T/TA activity	1 ☐	0 ☐
f. Other (specify):	1 ☐	0 ☐

III.17. Do you feel that additional training or technical assistance would help your agency improve its teaching practices/ELOF implementation?

☐ Yes...1

☐ Maybe 2

☐ Probably Not 3

Section IV. Training/Technical Assistance Needs in Early Childhood Development and Education

IV.1.   For the current program year (2019-2020), what are your program's main training or technical assistance priorities in early childhood development and education? Please include professional development for individual staff as well as program 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:

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

IV.3.   How confident are you that your agency will be able to achieve its training and technical assistance priorities for early childhood development and education 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 early childhood development and education? 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 early childhood development and education?

	SELECT ONE IN EACH ROW			
	NOT AT ALL	**NOT VERY MUCH**	**SOMEWHAT**	**A GREAT DEAL**
a. Available T/TA are too expensive	1 ☐	2 ☐	3 ☐	4 ☐
b. Difficult to make staff time for T/TA	1 ☐	2 ☐	3 ☐	4 ☐
c. Not very much T/TA available in our area	1 ☐	2 ☐	3 ☐	4 ☐
d. T/TA are far away or at inconvenient times	1 ☐	2 ☐	3 ☐	4 ☐
e. We do not have staff time or budget to implement what the T/TA recommended	1 ☐	2 ☐	3 ☐	4 ☐
f. Do not like the quality of the T/TA that are available	1 ☐	2 ☐	3 ☐	4 ☐

IV.5.   Please think about your program's goals for early childhood development and education. How satisfied are you with the training and technical assistance available to help you achieve these goals?

☐ Very satisfied..1

☐ Somewhat satisfied..2

☐ 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 program achieve its goals related to early childhood development and education? Some of these provider types may not be available to you.

	SELECT ONE IN EACH ROW					
	NOT AT ALL	**NOT VERY MUCH**	**SOMEWHAT**	**A GREAT DEAL**	**NOT AVAILABLE TO US**	**DON'T KNOW**
a. Associations or professional associations (e.g., NHSA, NAEYC	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
b. Child care resource and referral agencies	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
c. Conferences and workshops (offsite or virtual)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐

	SELECT ONE IN EACH ROW					
	NOT AT ALL	NOT VERY MUCH	SOMEWHAT	A GREAT DEAL	NOT AVAILABLE TO US	DON'T KNOW
d. Consultants or onsite trainers (includes mental health and child care health consultants)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
e. Courses for certificate or credit	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
f. Curriculum/product vendors	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
g. Early Childhood Learning and Knowledge Center (OHS website	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
h. Local T/TA or offsite community partners	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
i. i. Non-Head Start federally funded T/TA	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
j. OHS National T/TA Centers	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
k. OHS Regional T/TA Specialists	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
l. Online learning networks	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
m. State/County/City offices (e.g., ECE, education, health, social services)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐
n. State Quality Rating and Improvement System	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	77 ☐

IV.7.   Is there a type of training or technical assistance in early childhood development and education that you would like to get for your program 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 area of 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 ☐	0 ☐
b. Some staff need to build capacity in this area	1 ☐	0 ☐
c. Establishing new policies and standards	1 ☐	0 ☐
d. Implementing a new practice	1 ☐	0 ☐
e. Strengthening existing practice	1 ☐	0 ☐
f. Required to meet regulations	1 ☐	0 ☐
g. Required for continued funding	1 ☐	0 ☐
h. Developing better techniques for a specific situation	1 ☐	0 ☐
i. General program functioning or employee skills not related to early childhood (e.g. communication among staff, information technology skill, managing budgets, etc.)	1 ☐	0 ☐

IV.10.   What is the main reason you have not been able to obtain this T/TA?

☐   Available T/TA are too expensive...1

☐   Difficult to make staff time for T/TA...2

☐   Not very many T/TA available in our area..3

☐   General schedule obstacles...4

☐   T/TA are far away or at inconvenient times..5

☐   We do not have the resources to support work after the T/TA..........6

☐   Do not like the quality of the T/TA 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 program for early childhood development and education activities?

OUTRO.

Thank you for sharing your experiences and opinions about training and technical assistance for early childhood development and education activities in Head Start programs. **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):

[Programming: Single selection from the choices below]

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 <u>not</u> to receive an honorarium.**

[if Visa Giftcard selected on OUTRO]
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 on OUTRO]
Please provide your preferred email address to receive the Amazon Giftcode honorarium:

Email address: _____

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

[GIFTCODE DISPLAYED HERE]