

Survey of Head Start Grantees on Training and Technical Assistance

Head Start Manager/Coordinator Survey (Wave 2):

Health, Mental Health, and Safety

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 [health, mental health, and safety](#) 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 [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 (throughout this survey we refer to these programs collectively as "Head Start programs").

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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 1-877-324-4157 or 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.

Paperwork Reduction Act Statement

The described collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for the described information collection is 0970-0532 and the expiration date is 07/31/2020. If you have questions about this data collection, please contact Carol Hafford, Ph.D. at 877-324-4157 or at HeadStartTTA@norc.org.

Section I. Structure and Staffing in Health, Mental Health, and Safety

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 enter your job title related to [health, mental health, and safety](#):

I.2. Some of the major areas of [health, mental health, and safety](#) 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. Active supervision	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Early childhood mental health consultation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Staff wellness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Emergency preparedness	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 [active supervision](#).

I.3_1. How much are the following types of staff responsible for [active supervision](#) 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 <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 director(s)	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 agency	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract workers (e.g., through a staffing firm)	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	A LITTLE	SOME	A GREAT DEAL
f. Partner organizations or vendors such as a mental health provider	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"/>
j. 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 program?

SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers in a program	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 **practices** for **active supervision** 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 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers in a program	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	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	A LITTLE	SOME	A GREAT DEAL
Seasonal Head Start, and Early Head Start/Child Care Partnership programs					
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](#)? 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)..... 10
- Not applicable..... 11

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

I.3_2. How much are the following types of staff responsible for [early childhood mental health consultation](#) 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 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Specialized staff for Health	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Center director(s)	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	A LITTLE	SOME	A GREAT DEAL
d. Other employees of our agency	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Contract workers (e.g., 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 mental health provider	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"/>
j. 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 program?

SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers in a program	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 **practices** for [early childhood mental health consultation](#) vary across your program?

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SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers in a program	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_2. How are decisions made about the training or technical assistance that staff will receive related to [early childhood mental health consultation](#)? 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).....10
- Not applicable.....11

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

I.3_3. How much are the following types of staff responsible for [implementing staff wellness](#) in your Head Start programming?

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	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A 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	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Center director(s)	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 agency	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 mental health provider	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"/>
j. 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 program?

	SELECT ONE IN EACH ROW				
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers in a program	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 **practices** for **staff wellness** vary across your program?

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SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers in a program	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](#)? 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).....10
- Not applicable.....11

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

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

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SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	A 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	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Center director(s)	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 agency	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 mental health provider	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"/>
j. 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 program?

SELECT ONE IN EACH ROW					
	NOT APPLICABLE	NOT AT ALL	A LITTLE	SOME	A GREAT DEAL
a. Across classrooms within one center	99 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers in a program	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 **practices** for **emergency preparedness** 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 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Across different centers in a program	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**? 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

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- Other (specify)..... 10
- Not applicable..... 11

Section II. Recent Training/Technical Assistance Experiences in Health, Mental Health, and Safety

II.1. Please think about the trainings or technical assistance activities your program 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 program**. 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 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) (ask 5):..... 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 online] 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 pre-recorded webinar 4

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

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- 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 program to build on this T/TA?

- Yes..... 1
- No 2

II.6. Does your program have an ongoing 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 total hours of T/TA were received per person, not including time spent doing homework or reading materials?

_____ hours

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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
- No2

II.10a. [If yes] 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?

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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
- No2

II.12.a. [If yes] How would you describe the specific goals for having staff participate in this T/TA?

	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 T/TA or activity?

- Yes..... 1
- No2

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

II.14. **[Show only for first loop “good”]** 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

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- 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. **[Show only for second loop “bad”]** For these next questions, please choose a training or technical assistance activity that your program has received in the past 12 months, 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 T/TA?

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

- In-person..... 1
- Online.....2
- Telephone calls.....3
- Other (please specify):.....4

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 coaching5
- College or university course.....6
- Some other format (specify):.....7

II.17.b. [if online] 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

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- Online with no interaction with the trainer or other trainees, such as a self-guided course or pre-recorded 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 another2
- Workshop or group conference call.....3

II.18. Was there planned follow-up with the trainer or within your program to build on this T/TA?

- Yes..... 1
- No 2

II.18.a. Does your program have an ongoing 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

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

- Yes.....1
- No2

II.23a. [If yes] 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 program who participated in the T/TA?

II.25. 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.25.a. [If Yes] How would you describe the specific goals for having staff participate in this T/TA?

	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 T/TA or activity?

- Yes..... 1
- No 2

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

II.27. **[Show only for second loop “bad”]** What is the main reason this T/TA was hard for your program to apply to its **health, mental health, and safety** 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 Health, Mental Health, and Safety

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

III.1.

	Yes	No	Not Applicable
Does your program have a mental health consultant (MHC) available to provide support to staff?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	<input type="checkbox"/>
Do teachers in your center-based programs request support from the mental health consultant?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	<input type="checkbox"/>
Do home-based providers request support from the mental health consultant?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	<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 ONCE A MONTH	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?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
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?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
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 to your program?

- 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 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 program'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 improved **our early childhood mental health consultation services**..... 2
- In the past two years, we have had to weaken **the amount of early childhood mental health services we have been able to provide**..... 3

- I don't know (ask III.6).....4
- [If no change (first choice is selected, or I don't know), then SKIP to III.6]

III.5. What is the main source that has informed the program'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 agency who championed the change.....4
- Staff turnover in our centers.....5
- Other (specify).....6

III.5a. What is the main source that has supported or enabled the program'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 agency who championed the change.....4
- Staff turnover in our centers.....5
- Other (specify).....6

III. 6. What are the two main challenges the program 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

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- Staff turnover in our centers.....8
- Other (specify)..... 9

- III.7. (If III.5=2 or III.5a=2, then skip to III.8. else ask:) **Last year**, did your program receive any training or technical assistance on [early childhood mental health consultation](#)?
- 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. [If yes] What was the primary source of these funds?
- OHS discretionary T/TA funds..... 1

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- OHS operational funds.....2
- Other sources, such as grants or other restricted funds.....3
- Unknown.....4

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. 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
-

III.12. How well did the level of the training or technical assistance match the level of your program'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...

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	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"/>
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 program have a specific goal for participating 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. [If III.14 = Yes] 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
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 T/TA to implement what was learned in the original T/TA	1 <input type="checkbox"/>	0 <input type="checkbox"/>

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activity		
e. Additional T/TA to implement what was learned in the original T/TA activity	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Other (specify): _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

III.17. Do you feel that additional training or technical assistance would help your program improve its [early childhood mental health consultation](#)?

- Yes..... 1
- Maybe2
- Probably Not3

Section IV. Training/Technical Assistance Needs in Health, Mental Health, and Safety

IV.1. For the current program year (2019-2020), what are your program’s main training or technical assistance priorities in **health, mental health, and safety**? Please include professional development for individual staff as well as program technical assistance or training priorities.

PLEASE RECORD UP TO FOUR PRIORITIES]

1. _____
2. _____
3. _____
4. _____

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

	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"/>
j. Other (specify): _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

IV.3. How confident are you that your program 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

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

IV.4. What challenges does your program 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 program 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 T/TA 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 T/TA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Not very much T/TA available in our area	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. T/TA 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 to implement what the T/TA 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 T/TA 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 program’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
- Not very satisfied.....3
- Not at all satisfied.....4

IV.6. How satisfied are you with different types of training and technical assistance providers that may be available to help your program 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					DON'T KNOW
	NOT AT ALL	NOT VERY MUCH	SOMEWHAT	A GREAT DEAL	NOT AVAILABLE TO US	
a. Associations or professional associations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	77 <input type="checkbox"/>

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

	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 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 [health, mental health, and safety](#) 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 not 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]

[Programming: No Back button on this screen]