**MEMORANDUM**

**TO**: Josh Brammer and Daniel Cline

Office of Information and Regulatory Affairs (OIRA)

Office of Management and Budget (OMB)

**FROM**: Ann Rivera, PhD

Office of Planning Research and Evaluation (OPRE)

Administration for Children and Families (ACF)

**DATE**:  January 31, 2020

**SUBJECT:** Request for Non-Substantive Change: Survey of Head Start Grantees on Training and Technical Assistance (T/TA) Head Start Manager/Coordinator survey (Wave 2) (OMB# 0970-0532)

The Administration for Children and Families (ACF) received Office of Management and Budget approval for the Survey of Head Start Grantees on Training and Technical Assistance (T/TA) on July 24, 2019. This memo documents non-substantive changes proposed for the four Wave 2 survey questionnaires since the initial submission date. These changes come primarily from: 1) feedback from partner agencies regarding questionnaire content, 2) recent analyses of OHS administrative data in development of the sampling frame to support survey administration, and 3) review of the questionnaire once programmed as a web-based survey.

Our request is only for changes to the questionnaires that would allow us to collect high quality data from Head Start Managers/Coordinators that can support the research objectives of the Survey of Head Start Grantees on Training and Technical Assistance (T/TA). The tables below describe the specific non-substantive changes submitted with this request. The majority of the changes apply to all four questionnaires. A subset of changes apply to domain-specific questions (I.e., Education; Family and Community Services; Fiscal Operations; and Health). Domain-specific changes are noted on pages 15-16. Clean copies of the four questionnaires are also provided. These revisions have no impact on estimated burden.

**Table 1. Summary of proposed modifications to T/TA Wave 2 instrument**

|  |  |
| --- | --- |
|  **Section** | **Modification proposed** |
| Introduction | Revised the description and introduction text to clarify the agency name and focus of the Wave 2 survey. Provided definitions for commonly used terms in the survey. |
| Section I | No new questions. Minor revisions to text and re-ordering of grid questions to appear in alphabetical order, consistent with the formatting for the Head Start Director Survey (Wave 1). |
| Section II | No new questions. Minor revisions to text and re-ordering of grid questions to appear in alphabetical order, consistent with the formatting for the Wave 1 survey. |
| Section III | No new questions. Minor revisions to text and re-ordering of grid questions to appear in alphabetical order, consistent with the formatting for the Wave 1 survey. |
| Section IV | Minor revisions to text and re-ordering of grid questions to appear in alphabetical order, consistent with the formatting for the Wave 1 survey. New questions ask respondents for their preferences on mode of receiving their honorarium. |

**Table 2. Proposed revisions to the Survey of Head Start Grantees on Training and Technical Assistance (T/TA) Wave 2**

| **Questionnaire Section** | **Domains Impacted** | **Summary of Revision** | **Specific Questions and Text Edits** |
| --- | --- | --- | --- |
| **Throughout Questionnaire** |  |  |  |
| T/TA abbreviations | All | General change from “training and/or technical assistance” to “T/TA” after first occurrence.  | Changed in every section. |
| Paperwork Reduction Act Statement  | All | Added contact information for the respondent to reach out to Principal Investigator, Carol Hafford, Ph.D. Also added the OMB number and expiration date. | 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. |
| **Introduction** | **Domains Impacted** |  |  |
| About the survey | All | Deleted: Purpose of survey description.Added: Description of the survey purpose, previous administration of Wave 1 survey, and how contact information was collected.  | **Deleted:**~~Thank you for responding to this survey for [HEAD START GRANTEE], which is the recipient of the following grants from the Office of Head Start in the Administration for Children and Families:~~ ~~(LIST OF GRANTS RECEIVED).~~**~~About the survey.~~** ~~NORC at the University of Chicago is conducting the Survey of Head Start Grantees on Training and Technical Assistance (T/TA) under a contract with the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (DHHS). The purpose of the survey is to inform ACF about three aspects of Head Start grantees’ T/TA experience: 1) search and selection of T/TA; 2) receipt of T/TA; 3) and potential relationships between T/TA received and perceived changes in practice.~~ **Added: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 [domain-based textfill] 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. |
| How long it will take | All | Included additional instruction text for “Save & Exit” use to save work in progress. | **~~How long it will take.~~** ~~The survey will take about 45 minutes to complete. This includes time to review instructions, search existing data resources, gather the data needed, and complete and review the survey.~~ 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. |
|  | All | Added: Honorarium information.  | **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.** |
| Survey directions and definitions | All | Added definitions of terms and references. Minor text edits. | ~~(referred to in this survey as “Head Start programs”). Throughout this questionnaire, “agency” refers to the larger organization of which your Head Start program is a part.~~(throughout this survey we refer to these programs collectively as “Head Start programs”). **A note about terms.** As noted above, T/TA is meant to support programs in delivering high-quality Head Start services. It has two components. **Training** is instruction or professional development to teach key concepts. It is delivered in small or large group settings, in-person or online.**Technical Assistance** is targeted consulting for an individual or program. It is delivered in-person or online, and can include targeted resources. |
|  | All | Added: phone number to contact the project hotline. | 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. |
| **Section I** | **Domains Impacted** |  |  |
|  | All | Matched text to programmed version. | I.1. Please ~~tell me~~ enter your job title related to [domain-based textfill] ~~activities~~: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | All | Grid header update for clarification. Question text edit to match text to programmed version. | I.2. Grid headers: Primarily Responsible For The Activity 🡪 I am Primarily Responsible ~~For The Activity~~ Involved But Not Primarily Responsible For The Activity 🡪 I am Involved But Not ~~Primarily~~ Responsible ~~For The Activity~~Not Involved In The Activity 🡪 I am Not Involved ~~In The Activity~~Question text edits:I.2. Some of the major areas of [domain-based textfill] ~~activities~~ in Head Start programs are listed below. For each one, please indicate ~~tell me~~ how much you are involved in the following:  |
|  | All | Matched text to programmed version. | I.3\_1 – I.3\_4. These next questions are about ~~these activities:~~ [domain-based textfill] |
|  | All | Text edit. | I.3\_1 – I.3\_4. How much are the following types of ~~personnel~~ staff responsible for [domain-based textfill] in your Head Start programming?  |
|  | All | Grid item text edits, Grid header update, and update to numbering on Grid items.Revised text from organization vs agency. | I.3\_1 – I.3\_4. Grid headers: ~~VERY~~ LITTLE 🡪 A LITTLEI.3\_1 – I.3\_4. Grid items text edits:c. Center director(s)d. Other employees of our ~~organization~~ agencye. Contract workers (~~for example~~ e.g., through a staffing firm)h. EHS/HS program directorj. Other, specifyNote: Item “a” appears in the Education questionnaire but not the other three. They start with item “b.” |
|  | All | Text edit. Revised text to clarify Head Start program vs agency. | I.4\_1 – I.4\_4. How much would you say that **procedures** for [domain-based textfill] vary across your ~~agency~~ program? |
|  | All | Grid item text edits, Grid header update. Revised text to clarify Head Start program. | I.4\_1 – I.4\_4. Grid headers: ~~VERY~~ LITTLE 🡪 A LITTLEI.4\_1 – I.4\_4. Grid items text edits:a. ~~Within centers~~ A~~a~~cross classrooms ~~or staff~~ within one centerb. Across different centers in a program |
|  | All | Text edit and moved placement of domain-based textfill.Revised text to clarify Head Start program vs agency. | I.5\_1 – I.5\_4. How much would you say that ~~[domain-based textfill]~~ **practices** for [domain-based textfill] vary across your ~~agency~~ program? |
|  | All | Grid item text edits. Grid header update. Revised text to clarify Head Start program. | I.5\_1 – I.5\_4. Grid headers: ~~VERY~~ LITTLE 🡪 A LITTLEI.5\_1 – I.5\_4. Grid items text edits:a. ~~Within centers~~ A~~a~~cross classrooms ~~or staff~~ within one centerb. Across different centers in a program |
|  | Health | Updated instruction text. | I.6\_1 – I.6\_4. How are decisions made about the training or technical assistance that staff will receive related to [domain-based textfill]? ~~CODE~~ CHECK ALL THAT APPLY |
|  | All | Revised response options to better distinguish between categories and align with other data sources. Added an additional response option. Updated all numbering. Revised text to clarify Head Start program vs agency. | I.6\_1 – I.6\_4. Response option updates:🞏 I don’t ~~recall recent training or technical assistance on this topic~~ know 1 🞏 A~~n~~ ~~agency~~program-wide decision is made 2 * Based on data analysis\* 8

🞏 Other (specify) 10 🞏 Not applicable 11NOTES: \* The Education questionnaire was missing “Based on data analysis.” It was changed to be consistent with the other domains. The Fiscal questionnaire has an additional response item (“Chief Financial Officer”). |
| **Section II** | **Domains Impacted** |  |  |
|  | All | Text edit.Used bolding and increased type size in programmed instrument for emphasis. Revised text to clarify Head Start program vs agency. | II.1. Please think about the trainings or technical assistance activities your ~~agency~~ program has experienced in [domain-based textfill] in the past 12 months. For these next questions, please choose one training or technical assistance activity that you think has **been most useful to your ~~agency~~program.** You may choose training or technical assistance received by a group of your staff or a single individual. |
|  | All | Global replacement of “training” with “T/TA” in question text.Programming instruction added for clarity: [If Yes] | II.2. What was the topic of that ~~training~~T/TA?II.4.a. [if in-person training] Which of these best describes the type of in-person ~~training~~T/TA this was?II.4.c. [if by phone] Which of these best describes the type of phone ~~training~~T/TA this was?II.6.a. Was the ~~training~~T/TA customized to the participants’ needs and abilities?II.9. What best describes the person or organization that provided the ~~training~~T/TA?II.12.a. [If yes] How would you describe the specific goals for having staff participate in this ~~training~~T/TA?II.13.a. Have there been any follow-up steps from this ~~training~~T/TA or activity?II.13.b. [If Yes] What follow-up steps have you taken from this ~~training~~T/TA or activity?II.15.b. What was the topic of that ~~training or technical assistance activity~~T/TA?II.16. What was the primary mode of the ~~training or technical assistance~~T/TA?II.17.a. [if in-person] Which of these best describes the type of in-person ~~training~~T/TA this was?II.17.c. [if by phone] Which of these best describes the type of phone ~~training~~T/TA this was?II.19. Was the ~~training~~T/TA customized to the participants’ needs and abilities?II.21. Over how many separate sessions did the ~~training~~T/TA take place? For example, did you spend 1 hour each week for 3 weeks (i.e., 3 sessions), or was it one 90-minute webinar (i.e., 1 session)?II.22. What best describes the person or organization that provided the ~~training~~T/TA?II.25.a. [If Yes] How would you describe the specific goals for having staff participate in this ~~training~~T/TA? II.26.a. Have there been any follow-up steps from this ~~training~~T/TA or activity?II.26.b. [If Yes] What follow-up steps have you taken from this ~~training~~T/TA or activity? |
|  | All | Response option modification to clarify programming instruction and removal of miscellaneous text and hyphenation.Global replacement of “training” with “T/TA” in question text. | II.3. What was the primary mode of the ~~training~~T/TA?🞏 In-person (ask 4a) 1 🞏 On~~-~~line~~/webinar~~ (ask 4b) 2 🞏 Telephone calls (ask 4c) 3 🞏 Other (please specify) (ask 5): 4  |
|  | All | Revised categories to be more distinctive. | 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 🞏 On~~-~~line ~~with~~ only ~~on-line~~ interaction with the trainer or other trainees~~, such as an interactive webinar or an on-line collect course~~ 2🞏 On~~-~~line ~~with on-line and other interaction with the trainer or other trainees, such as an interactive webinar or an on-line college course~~ with 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 pre-recorded ~~downloaded~~ webinar 4 |
|  | All | Revised text to clarify Head Start program vs agency.Global replacement of “training” with “T/TA” in question text.Programming instruction included for II.14 to indicate the programming loop it should appear within. | II.5. Was there planned follow-up with the trainer or within your ~~agency~~program to build on this ~~training~~T/TA?II.6. Does your ~~agency~~program have an ongoing relationship with this trainer?II.12. Did your ~~agency~~program have a specific goal in having staff participate in this ~~training~~T/TA, for example, to develop a new policy or improve particular practices?II.14. **[Programming Instruction: Show only for first loop “good”]** What are the top two reasons you found this ~~training~~T/TA useful to your ~~agency~~program? PLEASE INDICATE 1 AND 2 FOR THE TWO TOP REASONS.II.18. Was there planned follow-up with the trainer or within your ~~agency~~program to build on this ~~training~~T/TA?II.18.a. Does your ~~agency~~program have an ongoing relationship with this trainer?II.25. Did your ~~agency~~program have a specific goal in having staff participate in this ~~training~~T/TA, for example, to develop a new policy or improve particular practices? |
|  | All | Revised response option text to be consistent with text used in Wave 1 survey. Question text modified and bolding/underlining for emphasis on the question focus.  | II.6.b. To what extent ~~W~~was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of the **children and families you serve**? 🞏 ~~Very Much~~ A Great Deal 1 🞏 Somewhat 2 🞏 A little 3 🞏 Not at all 4 II.6.b.1. To what extent ~~W~~was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of **your staff?** 🞏 ~~Very Much~~ A Great Deal 1 🞏 Somewhat 2 🞏 A little 3 🞏 Not at all 4  |
|  | All | Provided an approximation instruction to the question text and clarification on collecting total hours of T/TA per person.  | II.7. Approximately, ~~H~~how many ~~hours~~ total hours of T/TA were received per person, ~~did you receive this training~~ not including time spent doing homework or reading materials? |
|  | All | Removal of text to clarify that the focus is not on a particular individual.Global replacement of “training” with “T/TA” in question text. | II.8. Over how many separate sessions did the ~~training~~T/TA take place? For example, ~~did you spend~~ 1 hour each week for 3 weeks (i.e., 3 sessions), or was it one 90-minute webinar (i.e., 1 session)? |
|  | All | Updated response options to reflect options used in Wave 1 survey for consistency. | II.9.Deleted: ~~🞏 Federal OHS program specialists 1~~ ~~🞏 OHS regional T/TA specialists 2~~ ~~🞏 OHS National Center staff 3~~ ~~🞏 OHS regional T/TA specialists and National Center staff 4~~ ~~🞏 Head Start staff from outside of your agency 5~~ ~~🞏 QRIS or other organizations helping licensed providers in your state 6~~ ~~🞏 Curriculum company, software company, or other company providing materials for working with children 7~~ ~~🞏 Local college or university staff 8~~ ~~🞏 A consultant or other private organization or individual 9~~ ~~🞏 Other governmental resources, including school districts 10~~ ~~🞏 Other resource 11~~ Replaced with:🞏 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 |
|  | All | Global replacement of “training” with “T/TA” in question text.Revised text to clarify Head Start program vs agency. | II.10. Did your ~~agency~~program incur any costs for this ~~training~~T/TA? |
|  | All | Global replacement of “training” with “T/TA” in question text.Revised text to clarify Head Start program vs agency.Other small text modifications for grammatical correctness. | II.11. What ~~are~~is the role(s) or job title(s) of the people from your ~~agency~~program who participated in the ~~training~~T/TA? |
|  | All | Removed extra text from screen to reduce cognitive burden. | II.12.a. & II.25.a. Grid header text: “~~MARK (X) YES OR NO IN EACH ROW~~” |
|  | All | Revised response option text to clarify Head Start program vs organization. | II.14.🞏 Well executed 1 🞏 Helped us meet requirements 2 🞏 Spoke to a particular problem we have 3 🞏 Was just at the right level for our ~~organization~~program 4 🞏 Had concrete steps we could implement 5 🞏 Was something we are committed to 6 🞏 We have a champion in the ~~organization~~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 |
|  | All | Revised text to clarify Head Start program vs agency.Added emphasis to “not.” Added timeline for clarification. | II.15.a. **[Programming Instruction: Show only for second loop “bad”]** For these next questions, please choose a training or technical assistance activity that your ~~agency~~program has received in the past 12 months, but was **not** able to apply to improve practice.  |
|  | All | Revised categories to be more distinctive. | II.16.🞏 In-person 1 🞏 On~~-~~line ~~with no interaction with others, such as a self guided course~~ 2~~🞏 Online interacting with others, such as a discussion group 3~~ 🞏 Telephone calls 3 🞏 Other (please specify): 4  |
|  | All | Revised categories to be more distinctive. | 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 🞏 On~~-~~line ~~with~~ only ~~on-line~~ interaction with the trainer or other trainees~~, such as an interactive webinar or an on-line collect course~~ 2🞏 On~~-~~line ~~with on-line and other interaction with the trainer or other trainees, such as an interactive webinar or an on-line college course~~ with 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 pre-recorded ~~downloaded~~ webinar……………………………………………………………………………….4 |
|  | All | Revised response option text to be consistent with text used in Wave 1 survey. Question text modified and bolding/underlining for emphasis on the question focus.  | II.19.b. To what extent ~~W~~was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of the **children and families you serve**? 🞏 ~~Very Much~~ A Great Deal 1 🞏 Somewhat 2 🞏 A little 3 🞏 Not at all 4 II.19.b.1. To what extent ~~W~~was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of **your staff?** 🞏 ~~Very Much~~ A Great Deal 1 🞏 Somewhat 2 🞏 A little 3 🞏 Not at all 4  |
|  | All | Providing an approximation instruction to the question text and clarification on collecting total hours of T/TA per person.  | II.20. Approximately, ~~H~~how many ~~hours~~ total hours of T/TA were received per person, ~~did you receive this training~~ not including time spent doing homework or reading materials? |
|  | All | Removed text to clarify that the focus is not on a particular individual.Global replacement of “training” use with “T/TA” in question text. | II.21. Over how many separate sessions did the ~~training~~T/TA take place? For example, ~~did you spend~~ 1 hour each week for 3 weeks (i.e., 3 sessions), or was it one 90-minute webinar (i.e., 1 session)? |
|  | All | Updated response options to reflect options used in Wave 1 survey for consistency. | II.22.Deleted: ~~🞏 Federal OHS program specialists 1~~ ~~🞏 OHS regional T/TA specialists 2~~ ~~🞏 OHS National Center staff 3~~ ~~🞏 OHS regional T/TA specialists and National Center staff 4~~ ~~🞏 Head Start staff from outside of your agency 5~~ ~~🞏 QRIS or other organizations helping licensed providers in your state 6~~ ~~🞏 Curriculum company, software company, or other company providing materials for working with children 7~~ ~~🞏 Local college or university staff 8~~ ~~🞏 A consultant or other private organization or individual 9~~ ~~🞏 Other governmental resources, including school districts 10~~ ~~🞏 Other resource 11~~ Replaced with:🞏 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 |
|  | All | Revised text to clarify Head Start program vs agency.Global replacement of “training” use with “T/TA” in question text. | II.23. Did your ~~agency~~program incur any costs for ~~so that staff could receive~~ this ~~training~~T/TA? |
|  | All | Revised text to clarify Head Start program vs agency.Global replacement of “training” use with “T/TA” in question text.Other small text modifications for grammatical correctness. | II.24. What ~~are~~is the role(s) or job title(s) of the people from your ~~agency~~program who participated in the ~~training~~T/TA? |
|  | All | Revised text to clarify Head Start program vs agency & organization vs program usage.Global replacement of “training” use with “T/TA” in question text.Programming instruction added to indicate the programming loop it should appear within. | II.27. **[Programming Instruction: Show only for second loop “bad”]** What is the main reason ~~you found~~ this ~~training~~T/TA was hard for your ~~agency~~program to apply to its [domain-based textfill] work?🞏 ~~training~~T/TA addressed an issue we don’t have 1 🞏 Our ~~organization~~program is not ready to implement the ideas or actions from the ~~training~~T/TA 2 🞏 Our ~~organization~~program had already been implementing the ideas or actions from the ~~training~~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 ~~organization~~program 6 🞏 We are too busy 7 🞏 Other (specify) 8  |
| **Section III** | **Domains Impacted** |  |  |
|  | All | Removed extra text from screen to reduce cognitive burden | III.1. & III.2.a. (*Fiscal only*) & III.16. Grid header text removed: “MARK (X) YES OR NO IN EACH ROW” |
|  | Health | Grid text updates: Revised text to clarify Head Start program vs agency.Added one missing word (your).  | III.1.1. Does your ~~agency~~program have a mental health consultant (MHC) available to provide support to staff?
2. Do teachers in your center-based programs request support from the mental health consultant?
 |
|  | Education | Grid header update | III.1.a. Grid headers: ABOUT ~~MONTHLY~~ 🡪 ABOUT ONCE A MONTH |
|  | Education | Grid header update | III.2. Grid headers: ABOUT ~~MONTHLY~~ 🡪 ABOUT ONCE A MONTH |
|  | Fiscal | Revised text to clarify Head Start program vs agency.  | III.1.a. How much would you say each of the following describes your ~~agency’s~~program’s fiscal operations practices? III.1.b. About how often does your ~~agency~~program engage in the following ~~activities~~? III.2. b. Within the last 3 years, how many clean audits did your ~~agency~~program have?  |
|  | Health | Grid header update | III.2a. Grid headers: ABOUT ~~MONTHLY~~ 🡪 ABOUT ONCE A MONTH |
|  | Health  | Additional question text added for clarification. | III.2b. About how much is budgeted per year for a mental health consultant(s) to provide services to your program?  |
|  | All | Revised text to clarify Head Start program vs agency & organization vs program usage. | III.3. How much would you say [domain-based textfill] varies across your ~~agency~~program?🞏 Highly uniform across the ~~organization~~program 1 🞏 Some variation but mostly consistent across the ~~organization~~program 2 🞏 Considerable variation across the ~~organization~~program 3 🞏 I do not know the extent of variation across our ~~organization~~program in this practice 4  |
|  | All | Revised text to clarify Head Start program vs agency. Added “I don’t know option” and revised categories to be more distinctive. Programming instruction added. | III.4. Please think about your ~~agency’s~~program’s [domain-based textfill] during the 2017-2018 program year (two years ago). Which of the following best describe any changes between that year and the current year:* [domain-based textfill] are about same as they were two years ago 1

🞏 In the past two years, we have ~~expanded or~~ improved [domain-based textfill] 2 🞏 In the past two years, we have had to weaken the ~~decreased the~~ [domain-based textfill] 3 ~~🞏 In the past two years, there has been no change to the [domain-based textfill] we have been able to provide 4~~ 🞏 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]  |
|  | All | Revised text to clarify Head Start program vs agency and agency vs organization. Added one additional response option for consistency across all domains (i.e., Education, Family Services, Fiscal, Health).  | III.5. What is the main source that has informed the ~~agency’s~~program’s changes to its [domain-based textfill] in the past two years? 🞏 Increased spending 1 🞏 Received training or technical assistance 2 🞏 Followed regulatory requirements or guidance 3 🞏 Had a resource within the ~~organization~~agency who championed the change 4 🞏 Staff turnover in our centers 5 🞏 Other (specify) 6III.5a. What is the main source that has supported or enabled the ~~agency’s~~program’s changes to its [domain-based textfill] in the past two years? 🞏 Increased spending 1 🞏 Received training or technical assistance 2 🞏 Followed regulatory requirements or guidance 3 🞏 Had a resource within the ~~organization~~agency who championed the change 4 🞏 Staff turnover in our centers 5 🞏 Other (specify) 6  |
|  | All | Revised text to clarify Head Start program vs agency. Added additional programming instruction. | III. 6. What are the two main challenges the ~~agency~~program has faced or currently faces in [domain-based textfill]?III.7. (If III.5=2 or III.5a=2, then skip to III.8. else ask:) **Last year**, did your ~~agency~~program receive any training or technical assistance on [domain-based textfill]?III.12. How well did the level of the training or technical assistance match the level of your ~~agency’s~~program’s participants?III.15. [If III.14 = Yes] How well was your ~~agency~~program able to achieve that goal through the training or technical assistance?III.16. What other investments did the ~~agency~~program make to support~~ing~~ the training or technical assistance? III.17. Do you feel that additional training or technical assistance would help your ~~agency~~program improve its [domain-based textfill]? |
|  | All | Updated response options to reflect options used in Wave 1 survey for consistency.Added text to the question text for further clarification. | III.8. What best describes who provided ~~individuals or organizations provided that~~ the training or technical assistance? SELECT ALL THAT APPLY.Deleted: ~~🞏 Federal OHS program specialists 1~~ ~~🞏 OHS regional T/TA specialists 2~~ ~~🞏 OHS National Center staff 3~~ ~~🞏 OHS regional T/TA specialists and National Center staff 4~~ ~~🞏 Head Start staff from outside of your agency 5~~ ~~🞏 QRIS or other organizations helping licensed providers in your state 6~~ ~~🞏 Curriculum company, software company, or other company providing materials for working with children 7~~ ~~🞏 Local college or university staff 8~~ ~~🞏 A consultant or other private organization or individual 9~~ ~~🞏 Other governmental resources, including school districts 10~~ ~~🞏 Other resource 11~~ Replaced with:🞏 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 |
|  | All | Global replacement of “training” use with “T/TA” in question text.Revised text to clarify Head Start program vs agency | III.9. Did your ~~agency~~program incur any costs ~~so that staff could receive~~ for this ~~training~~T/TA? |
|  | All | Added additional response option. | III.9a.🞏 OHS discretionary T/TA funds 1 🞏 OHS operational funds 2 🞏 Other sources, such as grants or other restricted funds 3 🞏 Unknown 4 |
|  | All | Global replacement of “training” use with “T/TA” in question text.Revised text to clarify Head Start program vs agency.Other small text modifications for grammatical correctness. | III.10. What ~~are~~is the role(s) or job title(s) of the people from your ~~agency~~program who participated in the ~~training~~T/TA? |
|  | All | Revised response option text to be consistent with text used in Wave 1 survey. Question text modified and bolding/underlining for emphasis on the question focus.  | III.11. To what extent ~~W~~was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of the **children and families you serve**? 🞏 ~~Very Much~~ A Great Deal 1 🞏 Somewhat 2 🞏 A little 3 🞏 Not at all 4 III.11a. To what extent ~~W~~was the training or technical assistance inclusive and responsive to cultural, language, and ability differences of **your staff?** 🞏 ~~Very Much~~ A Great Deal 1 🞏 Somewhat 2 🞏 A little 3 🞏 Not at all…………………………………………………………………………………………………………..4  |
|  | All | Global replacement of “training” use with “T/TA” in question text.Revised text to clarify Head Start program vs agency.Modified text to provide an example.  | III.14. Did your ~~agency~~program have a specific goal for participating in ~~that~~this ~~training of technical assistance~~ T/TA, for example, to develop a new policy or improve particular practices?  |
|  | All | Grid text edited for global replacement of “training” use with “T/TA” in question text. Added Other (specify) grid item. | III.16.

|  |
| --- |
| d. Follow-up ~~trainings~~T/TA to implement what was learned in the original ~~training~~T/TA activity  |
| e. Additional ~~trainings~~T/TA to implement what was learned in the original ~~training~~T/TA activity  |
| f. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
| **Section IV** | **Domains Impacted** |  |  |
|  | All | Specified program year explicitly.Revised text to clarify Head Start program vs agency & organization vs program usage. | IV.1. For the current program year (2019-2020), what are your ~~agency’s~~program’s main training or technical assistance priorities in [domain-based textfill]? Please include professional development for individual staff as well as ~~organizational~~program technical assistance or training priorities.  |
|  | All | Removed extra text from screen to reduce cognitive burden | IV.2. & IV.9. Grid header text removed: “MARK (X) YES OR NO IN EACH ROW” |
|  | All | Added Other (specify) choice to grid on IV.2 | IV.2. Please indicate whether any of the listed priorities can be described as follows:

|  |  |  |
| --- | --- | --- |
| j. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 □ | 0 □ |

 |
|  | All | Revised text to clarify Head Start program vs agency. One minor word placement change (from “you are” to “are you”). | IV.3. How confident are you that your ~~agency~~program will be able to achieve its training and technical assistance priorities for [domain-based textfill] this year?IV.4. What challenges does your ~~agency~~program encounter in its efforts to obtain the training and technical assistance it would like for [domain-based textfill]? To what extent do each of the following factors make it difficult for your ~~agency~~program to get the training and technical assistance it would like for [domain-based textfill]? IV.5. Please think about your ~~agency’s~~program’s goals for [domain-based textfill]. How satisfied are you with the training and technical assistance available to help you achieve these goals?IV.6. How satisfied ~~you~~ are you with different types of training and technical assistance providers that may be available to help your ~~agency~~program achieve its goals related to [domain-based textfill]? Some of these provider types may not be available to you. IV.7. Is there a type of training or technical assistance in [domain-based textfill] that you would like to get for your ~~agency~~program but you have not been able to obtain?IV.11. Do you have any other comments about the training and technical assistance available to your ~~agency~~program for [domain-based textfill] activities?  |
|  | All | Grid text edited for global replacement of “training” use with “T/TA”.  | IV.4.

|  |
| --- |
| a. Available ~~trainings~~T/TA are too expensive |
| b. Difficult to make staff time for ~~trainings~~T/TA |
| c. Not very ~~many~~much ~~trainings~~T/TA available in our area |
| d. ~~trainings~~T/TA are far away or at inconvenient times |
| e. We do not have staff time or budget to implement what the ~~training~~T/TA recommended  |
| f. Do not like the quality of the ~~trainings~~T/TA that are available |

 |
|  | All | Added a “Don’t Know” option on this grid question.Updated response options to reflect options used in Wave 1 survey for consistency. | IV.6.Deleted: ~~🞏 Federal OHS program specialists 1~~ ~~🞏 OHS regional T/TA specialists 2~~ ~~🞏 OHS National Center staff 3~~ ~~🞏 OHS regional T/TA specialists and National Center staff 4~~ ~~🞏 Head Start staff from outside of your agency 5~~ ~~🞏 QRIS or other organizations helping licensed providers in your state 6~~ ~~🞏 Curriculum company, software company, or other company providing materials for working with children 7~~ ~~🞏 Local college or university staff 8~~ ~~🞏 A consultant or other private organization or individual 9~~ ~~🞏 Other governmental resources, including school districts 10~~ ~~🞏 Other resource 11~~ Replaced with:🞏 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………..……………………………………….14Response Options:NOT AT ALLNOT VERY MUCHSOMEWHATA GREAT DEALNOT AVAILABLE TO USDON’T KNOW |
|  | All | Added additional text to clarify focus of question. | IV.9. Would you describe the area of training or technical assistance you were unable to obtain on (INSERT TEXT FROM iv.8) as … |
|  | All | Edited question and response option text for global replacement of “training” with “T/TA”.  | IV.10. What is the main reason you have not been able to obtain this ~~training~~T/TA🞏 Available ~~trainings~~T/TA are too expensive 1 🞏 Difficult to make staff time for ~~trainings~~T/TA 2 🞏 Not very many ~~trainings~~T/TA available in our area 3 🞏 General schedule obstacles 4 🞏 ~~Trainings~~T/TA are far away or at inconvenient times 5 🞏 We do not have the resources to support work after the ~~training~~T/TA 6 🞏 Do not like the quality of the ~~trainings~~T/TA that are available 7🞏 Limited access to technology 8🞏 Other (specify) 9 |
|  | All | OUTRO (i.e., end of survey) section updated with honorarium selection questions to collect respondent preferences for receiving a giftcode or giftcard (or neither) and mode of delivery | OUTRO. Thank you very much for your participation in the Survey of OHS Grantees on Training and Technical Assistance (T/TA). We appreciate your attention to this important topic. You will receive a $25 honorarium for your participation in this survey. Please let us know if you would prefer your honorarium delivered to you via email or mail. Please note that the delivery times differ between the Giftcode (Amazon) and Giftcard (Visa):[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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Below is your Amazon giftcode number for your $25 honorarium. You will also receive this giftcode via email.  |