



Instrument 4: Head Start Education Manager: Culture of Continuous Learning Landscape Study

Culture of Continuous Learning Landscape Study: Head Start Education Manager Survey

This survey is intended to gather information regarding the ways in which states, territories, and Head Start regions design, implement, and evaluate their early care and education (ECE) quality improvement delivery systems. For the purpose of this survey, please consider the term “quality improvement” to include a variety of activities like training or professional development, technical assistance, coaching and consultation, and other quality improvement activities. We realize these systems can look different across states, territories, and Head Start regions; we are reaching out to you to help fill in our understanding of the landscape of quality improvement delivery systems across the U.S. Thank you for sharing information on this topic!

This one-time, online survey should take no more than 20 minutes to complete. You can skip any question and you can stop the survey at any time. There are no right or wrong answers to any of our questions. Your name and contact information will not be shared outside our project team, and they will not be identified in any reports of study findings. Your responses will not be shared with your employer or have any impact on your employment status. Your answers will be combined with information from others who complete the survey. As a thank you for completing the survey, you will receive a **\$20 gift card**.

There is no direct benefit to you for completing this survey. We hope that the information you provide will benefit the early child care and education field.

If you would like a copy of this information or have questions, please email our IRB at irbparticipant@childtrends.org or by phone at 1-855-288-3506.

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to help fill in our understanding of the landscape of quality improvement delivery systems across the U.S. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 and expiration date for this collection are OMB #: 0970-0356, Exp: 02/29/2024. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Kathryn Tout, ktout@childtrends.org or Child Trends, 708 N 1st Suite #333, Minneapolis, MN 55401 Attention: Kathryn Tout.

Screening

Please confirm your location and job title below.

1. Do you work for [REGION]?
 - a. IF Yes -> continue to next question
 - b. IF No -> end survey text. Thank you for your response!

2. Are you the [REGION] [JOB TITLE]?
 - a. IF Yes -> continue to next question
 - b. IF No -> end survey text
 END survey text -> Thank you for your response. If you know the contact information for the [REGION] [JOB TITLE] please provide their name and work email address below. If you do not know the contact information for the [REGION] [JOB TITLE] please click "Submit" to end the survey.
 Name _____
 Email address _____

3. Is this position an interim role or a permanent position?
 - a. Interim
 - b. Permanent

Quality Improvement Infrastructure

4. In addition to annual appropriations of federal Head Start funds, what sources of funding has your Head Start program(s) used to support their professional development and quality improvement in the past 12 months? *For the purpose of this survey, please consider the term "quality improvement" to include a variety of activities like training or professional development, technical assistance, coaching and consultation, and other quality improvement activities. Select all that apply.*
 - a. State Head Start funds
 - b. Early Head Start-Child Care Partnership funds
 - c. Child Care Development Fund (CCDF) funds
 - d. Public PreK funds
 - e. Preschool Development Grants funds
 - f. TANF funds
 - g. Other public funds not specified here
 - h. Private funding
 - i. Something else _____ (please describe)
 - j. I don't know

5. What information does your program(s) use to plan, monitor implementation, or evaluate the effectiveness of professional development and quality improvement activities? *For each option, select if you use it for planning, monitoring or evaluation, or that you do not use that type of information for these purposes.*

Information source	Use to plan, monitor or evaluate effectiveness of activities	Not applicable/ Do not use
Data about adherence to federal, state, or local regulations (e.g.,		

<i>licensing regulations)</i>		
Compliance with requirements set by a privately funded initiative		
Data from statewide needs assessments		
Data from local community needs assessments		
Data from tribal needs assessments		
Data from Migrant and Seasonal needs assessments		
Data from a quality rating and improvement system (e.g., changes in quality ratings over time)		
Input from teachers/providers (e.g., surveys, interviews, focus groups, listening sessions)		
Input from families (e.g., surveys, interviews, focus groups, listening sessions)		
Input from center directors/program leaders (e.g., surveys, interviews, focus groups, listening sessions)		
Input from community members and leaders (including leaders in local social service agencies, schools, advocacy organizations, etc.) (e.g., surveys, interviews, focus groups, listening sessions)		
Data about children's development (e.g., child assessments; teacher/provider surveys about children)		
Data from observations of classrooms and family child care programs		
Training attendance or participation		

information		
Training or technical assistance evaluations		
Web analytics/Web traffic information		
Something else _____ (please describe)		
I don't know		

6. Have any of the following agencies or organizations asked you or your program to provide input and feedback on training and technical assistance?

- a. Office of Head Start
- b. Regional Head Start Office
- c. Head Start National Training and Technical Assistance Centers
- d. State Head Start Collaboration Office Director
- e. National Head Start Association
- f. State Head Start Association
- g. State Department of Human Services or Social Services
- h. State Department of Health
- i. State Department of Education
- j. A state early childhood advisory council or board
- k. A training organization
- l. Someone else _____ (please describe)
- m. No, neither me or my program have been asked to provide input or feedback
- n. I don't know

7. In addition to the national Training and Technical Assistance Centers, and regional Head Start centers and specialists, who provides training and technical assistance to your program? *Select all that apply.*

- a. National Head Start Association
- b. State Head Start Association
- c. State Department of Human Services or Social Services
- d. State Department of Health
- e. State Department of Education
- f. Another state-level agency
- g. Private, for profit, organizations
- h. Private, non-profit, organizations
- i. Colleges and universities
- j. Independent consultants
- k. I provide training or technical assistance
- l. Someone else in my program provides training or technical assistance
- m. Someone else _____ (please describe)
- n. I don't know

IF any response other than "I don't know" to QX -> Of these organizations or individuals, which are the top 2 providers in supplying training and technical assistance to programs? Select the top two.

- a. *Pipe in responses from QX*
- b. *Pipe in responses from QX*
- c. *Pipe in responses from QX*
- ...

8. In the last 12 months, have you had staff from other programs attend training provided by your program or grantee? *Select all that apply.*

- a. Yes, these staff were from other Head Start or Early Head Start programs.
- b. Yes, these staff were from school-based programs.
- c. Yes, these staff were from community-based child care or family child care programs.
- d. Yes, but I don't know where the other staff were from.
- e. No, we have not had staff from other programs attend our trainings.
- f. I don't know

9. Is your program rated in a state Quality Rating and Improvement System (sometimes called a QRIS or QIS)?

- a. Yes, we have a rating
- b. Not yet, but we have applied for a rating
- c. No, our state or county has a QRIS, but Head Start is not eligible to be rated
- d. No, we do not have a QRIS in our state or county
- e. I don't know

IF a or b to QX -> In the past 12 months, which of these supports has your program accessed through QRIS?

- a. Trainings or webinars
- b. Coaching supports for teachers
- c. Coaching or technical assistance for directors or leaders
- d. Financial incentives or grants
- e. Quality assessments or observations
- f. Something else_____ (please describe)
- g. Program is eligible, but did not use any supports offered through QRIS
- h. Program is not eligible for any of these supports offered through QRIS
- i. I don't know

10. Do you feel as though your program's wants and needs related to professional development and quality improvement are being met?

- a. Yes
- b. No
 - i. Why or why not? In what ways are they or are they not being met? [open ended]

Equity in Quality Improvement

11. Has [REGION] or your state done any of the following to improve equity in its quality improvement activities? *By improving equity in quality improvement activities, we mean working towards fair inclusion of all providers, especially those who have historically and persistently been marginalized by systemic inequities from opportunities, and prioritizing input from families and communities about the quality improvement system. Select all that apply.*

- a. Revised the QRIS (or begin a revision process) to update the quality standards
- b. Improve equity of access to financial supports (i.e., grants, quality awards) for providers
- c. Created or continued using established race equity-related goals for quality improvement implementation
- d. Created or continued using established equity-related goals for quality improvement implementation (other than race equity)
- e. Examined ECE program characteristics data to understand patterns of participation in quality improvement and access to quality improvement resources
- f. Collected data from ECE professionals to learn how the QRIS or other quality improvement initiatives have affected them in their programs
- g. Collected data from families to understand their perspective on quality improvement initiatives
- h. Collected data from community partners to understand their perspective on quality improvement initiatives
- i. Collected data related to equity-related goals
- j. Reported disaggregated data by race or ethnicity
- k. Reported disaggregated data by another characteristic (other than race or ethnicity)
- l. Offered equity-related content in training and technical assistance activities
- m. Made efforts to recruit quality improvement staff that are representative of children and families in your area
- n. Increased staff time dedicated to meeting equity-related goals
- o. Something else _____ (please describe)
- p. I don't know
- q. None of these

Types of Quality Improvement Activities

12. The boxes below are types of training or coaching that might be available to you. For each topic listed below, please indicate which type(s) of training or coaching is currently available to you or has been available your program in the past 12 months that you are aware of. If it would be helpful, you could review language in contracts with professional development partners or vendors to answer this question. *Select all that apply.*

Topic area	Training for individuals <i>Staff register and attend on their own. May or may not attend with anyone else they work</i>	Training for organizations <i>Program staff are trained in a group, and typically attend all together.</i>	Coaching for individuals <i>Staff receive one-on-one coaching or technical assistance. Goals may be</i>	Coaching for organizations <i>Program staff receive support for their classroom or program. Coaching is directed at</i>	Something else <i>Please describe.</i>	I don't know	None of these offered for this topic

	<i>with.</i>		<i>set by the coach or the individual teacher/staff member.</i>	<i>multiple staff from the program working on a shared goal.</i>			
Business practices	Yes No	Yes No	Yes No	Yes No			
Child screening & assessments	Yes No	Yes No	Yes No	Yes No			
Children with disabilities and inclusion practices	Yes No	Yes No	Yes No	Yes No			
Using curriculum	Yes No	Yes No	Yes No	Yes No			
Family engagement	Yes No	Yes No	Yes No	Yes No			
Community engagement	Yes No	Yes No	Yes No	Yes No			
Nutrition & physical health	Yes No	Yes No	Yes No	Yes No			
Mental, emotional, behavioral health	Yes No	Yes No	Yes No	Yes No			
Health & safety	Yes No	Yes No	Yes No	Yes No			
Social emotional learning	Yes No	Yes No	Yes No	Yes No			
Language & literacy	Yes No	Yes No	Yes No	Yes No			
Math & science	Yes No	Yes No	Yes No	Yes No			
Dual language learners	Yes No	Yes No	Yes No	Yes No			
Diversity, equity, & inclusion	Yes No	Yes No	Yes No	Yes No			
Staff wellness	Yes No	Yes No	Yes No	Yes No			
Pyramid Model	Yes No	Yes No	Yes No	Yes No			
Something else _____(please describe)	Yes No	Yes No	Yes No	Yes No			

Pyramid Model Implementation

13. Does your program support the use of Pyramid Model materials or require use of the Pyramid Model framework? *Pyramid Model is a framework designed to promote social and emotional learning/development among young children.*

- a. Yes
- b. No
- c. I don't know

IF Yes to QX -> In what ways does your program(s) use the Pyramid Model framework?

	Head Start
Use written resources about the Pyramid Model	Yes No I don't know
Use video resources or webinars about the Pyramid Model	Yes No I don't know
Observe teachers on Pyramid Model practices (e.g., with the Teaching Pyramid Observation Tool, TPOT)	Yes No I don't know
Participate in official Leadership Training for program-wide implementation of Pyramid Model	Yes No I don't know
Something else ____ (please describe)	Yes No I don't know

IF any "yes" is selected for QX -> What do you think your program needs to help teachers use more or get better at practices promoted in the Pyramid Model? Select all that apply.

- a. More training opportunities
- b. More or better materials to help implement Pyramid Model
- c. More opportunities for observation and feedback
- d. More time for coaching conversations about their Pyramid Model related goals
- e. Policy changes at the program
- f. "Moral support" from director or leadership
- g. Having a program-wide approach to implementing Pyramid Model
- h. Support from families
- i. More collaboration from teaching partners (like assistants or classroom helpers)
- j. Something else ____ (please describe)
- k. None of these/My program does not have unmet needs in this area.
- l. I don't know

Recent and Future Changes to QI Opportunities

14. Are there any changes [REGION] will make to its quality improvement systems in the next 1-3 years in any of the following ways?

Implementation of quality improvement opportunities	Yes, we will make these changes	We have made these recent changes to the QRIS system since 2020	No	Exploring this idea	I don't know
About training					
Changes in the mode of training delivery (i.e., in-person, virtual, or hybrid options)					
Changes to waivers of training requirements					
Changes to training costs to participants (i.e., decreased or increased)					
Changes in availability of training					
Changes to the availability of training in multiple languages					
Changes to training topics					
Changes in training staff					
About coaching					
Changes in the mode of coaching delivery (i.e., in-person, virtual, or hybrid options)					
Changes to waivers of coaching requirements					
Changes to coaching costs to participants (i.e., decreased or increased)					
Changes in availability of coaching					
Changes to coaching topics					
Changes in coaching staff					
Other potential changes					
Changes in resources on racial justice or culturally responsive care					
Changes in the frequency of cross-agency collaboration					
Something else ____ (please describe)					

IF Yes to a QX response option -> What changes will [REGION] make to its implementation of QI activities in the next 1-3 years? [PIPE IN RESPONSE OPTIONS]

Implementation of QI opportunities			
Availability of trainings or coaches	Fewer options available	More options available	I don't know
Availability of resources on racial justice or culturally responsive care	Fewer options available	More options available	I don't know
Variety of training or coaching topics	Fewer options available	More options available	I don't know
Frequency of collaboration	Less collaboration	More collaboration	I don't know

Demographics

- How long have you been in your current position?
 - Drop-down, number of years
- What role(s) do you currently have within the Head Start or ECE system in [REGION]? *Select all that apply.*

Role	Currently have
CCDF administrator	
Head Start Collaboration Office director	
Head Start Education Manager	
Head Start Regional Program Manager	
Head Start Regional Manager	
State PreK director	
Local PreK administrator	
Child care licensing staff	
QRIS staff	
Child care subsidy staff	
Part C or Part B of IDEA staff (early childhood special education)	
Child Care Resource & Referral staff	
Professional development/consultant/trainer	
University or community college ECE instructor	
Work at a professional association	
Work in a school district	
Work in an advocacy organization	
Work in a child care center or was a home-based care provider	

Work in a Head Start program	
Other direct service with children and families (e.g., home visitor, nurse, social worker, parent educator)	
Other policy work related to children and families (e.g., health care)	
Something else ____ (please describe)	

3. Which of the following best describes your gender identity?
 - a. Female
 - b. Male
 - c. Non-binary, Gender fluid, or Gender expansive
 - d. Transgender
 - e. A gender not listed here
 - f. I prefer not to answer

4. Are you of Hispanic, Latino/a, or Spanish origin?
 - a. No, not of Hispanic, Latino/a, or Spanish origin
 - b. Yes, Mexican, Mexican American, Chicano/a
 - c. Yes, Puerto Rican
 - d. Yes, Cuban
 - e. Yes, Another Hispanic, Latino/a, or Spanish origin
 - f. I prefer not to answer

5. What is your race? (select one or more)
 - a. American Indian or Alaska Native
 - b. Asian Indian
 - c. Chinese
 - d. Filipino
 - e. Japanese
 - f. Korean
 - g. Vietnamese
 - h. Other Asian
 - i. Black or African American
 - j. Native Hawaiian
 - k. Guamanian or Chamorro
 - l. Samoan
 - m. Other Pacific Islander (please specify) _____
 - n. White
 - o. Another race (please specify) _____
 - p. I prefer not to answer