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**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]?
   1. *IF Yes* -> continue to next question
   2. *IF No* -> end survey text. Thank you for your response!
2. Are you the [REGION] [JOB TITLE]?
   1. *IF Yes* -> continue to next question
   2. *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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is this position an interim role or a permanent position?
   1. Interim
   2. Permanent

**Quality Improvement Infrastructure**

1. 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.*
   1. State Head Start funds
   2. Early Head Start-Child Care Partnership funds
   3. Child Care Development Fund (CCDF) funds
   4. Public PreK funds
   5. Preschool Development Grants funds
   6. TANF funds
   7. Other public funds not specified here
   8. Private funding
   9. Something else\_\_\_\_\_\_ (please describe)
   10. I don’t know
2. 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., licensing regulations)* |  |  |
| 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 |  |  |

1. Have any of the following agencies or organizations asked you or your program to provide input and feedback on training and technical assistance?
2. Office of Head Start
3. Regional Head Start Office
4. Head Start National Training and Technical Assistance Centers
5. State Head Start Collaboration Office Director
6. National Head Start Association
7. State Head Start Association
8. State Department of Human Services of Social Services
9. State Department of Health
10. State Department of Education
11. A state early childhood advisory council or board
12. A training organization
13. Someone else \_\_\_\_\_\_\_(please describe)
14. No, neither me or my program have been asked to provide input or feedback
15. I don’t know
16. 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.*
17. National Head Start Association
18. State Head Start Association
19. State Department of Human Services or Social Services
20. State Department of Health
21. State Department of Education
22. Another state-level agency
23. Private, for profit, organizations
24. Private, non-profit, organizations
25. Colleges and universities
26. Independent consultants
27. I provide training or technical assistance
28. Someone else in my program provides training or technical assistance
29. Someone else \_\_\_\_\_\_(please describe)
30. I don’t know

*IF any response other than “I don’t know” to Q*X -> 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*

. *. .*

1. In the last 12 months, have you had staff from other programs attend training provided by your program or grantee? *Select all that apply.*
2. Yes, these staff were from other Head Start or Early Head Start programs.
3. Yes, these staff were from school-based programs.
4. Yes, these staff were from community-based child care or family child care programs.
5. Yes, but I don’t know where the other staff were from.
6. No, we have not had staff from other programs attend our trainings.
7. I don’t know
8. Is your program rated in a state Quality Rating and Improvement System (sometimes called a QRIS or QIS)?
9. Yes, we have a rating
10. Not yet, but we have applied for a rating
11. No, our state or county has a QRIS, but Head Start is not eligible to be rated
12. No, we do not have a QRIS in our state or county
13. 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?

1. Trainings or webinars
2. Coaching supports for teachers
3. Coaching or technical assistance for directors or leaders
4. Financial incentives or grants
5. Quality assessments or observations
6. Something else\_\_\_\_\_\_\_(please describe)
7. Program is eligible, but did not use any supports offered through QRIS
8. Program is not eligible for any of these supports offered through QRIS
9. 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?
    1. Yes
    2. No
       1. Why or why not? In what ways are they or are they not being met? [open ended]

**Equity in Quality Improvement**

1. 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.*
2. Revised the QRIS (or begin a revision process) to update the quality standards
3. Improve equity of access to financial supports (i.e., grants, quality awards) for providers
4. Created or continued using established race equity-related goals for quality improvement implementation
5. Created or continued using established equity-related goals for quality improvement implementation (other than race equity)
6. Examined ECE program characteristics data to understand patterns of participation in quality improvement and access to quality improvement resources
7. Collected data from ECE professionals to learn how the QRIS or other quality improvement initiatives have affected them in their programs
8. Collected data from families to understand their perspective on quality improvement initiatives
9. Collected data from community partners to understand their perspective on quality improvement initiatives
10. Collected data related to equity-related goals
11. Reported disaggregated data by race or ethnicity
12. Reported disaggregated data by another characteristic (other than race or ethnicity)
13. Offered equity-related content in training and technical assistance activities
14. Made efforts to recruit quality improvement staff that are representative of children and families in your area
15. Increased staff time dedicated to meeting equity-related goals
16. Something else\_\_\_\_\_\_\_\_\_(please describe)
17. I don’t know
18. None of these

**Types of Quality Improvement Activities**

1. 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**  *Staff register and attend on their own. May or may not attend with anyone else they work with.* | **Training for organizations**  *Program staff are trained in a group, and typically attend all together.* | **Coaching for individuals**  *Staff receive one-on-one coaching or technical assistance. Goals may be set by the coach or the individual teacher/staff member.* | **Coaching for organizations**  *Program staff receive support for their classroom or program. Coaching is directed at multiple staff from the program working on a shared goal.* | **Something else**  *Please describe.* | **I don’t know** | **None of these offered for this topic** |
| 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**

1. 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.*
   1. Yes
   2. No
   3. 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.*

1. More training opportunities
2. More or better materials to help implement Pyramid Model
3. More opportunities for observation and feedback
4. More time for coaching conversations about their Pyramid Model related goals
5. Policy changes at the program
6. “Moral support” from director or leadership
7. Having a program-wide approach to implementing Pyramid Model
8. Support from families
9. More collaboration from teaching partners (like assistants or classroom helpers)
10. Something else\_\_\_\_\_\_(please describe)
11. None of these/My program does not have unmet needs in this area.
12. I don’t know

**Recent and Future Changes to QI Opportunities**

1. 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**

1. How long have you been in your current position?
   1. Drop-down, number of years
2. 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) |  |

1. Which of the following best describes your gender identity?
   1. Female
   2. Male
   3. Non-binary, Gender fluid, or Gender expansive
   4. Transgender
   5. A gender not listed here
   6. I prefer not to answer
2. Are you of Hispanic, Latino/a, or Spanish origin?
   1. No, not of Hispanic, Latino/a, or Spanish origin
   2. Yes, Mexican, Mexican American, Chicano/a
   3. Yes, Puerto Rican
   4. Yes, Cuban
   5. Yes, Another Hispanic, Latino/a, or Spanish origin
   6. I prefer not to answer
3. What is your race? (select one or more)
4. American Indian or Alaska Native
5. Asian Indian
6. Chinese
7. Filipino
8. Japanese
9. Korean
10. Vietnamese
11. Other Asian
12. Black or African American
13. Native Hawaiian
14. Guamanian or Chamorro
15. Samoan
16. Other Pacific Islander (please specify) \_\_\_\_\_\_\_\_
17. White
18. Another race (please specify) \_\_\_\_\_\_\_\_
19. I prefer not to answer