



NATIONAL CENTER ON

Program Management and Fiscal Operations

OMB Control Number: 0970-0401

Expiration Date: 06/30/2024

Thank you for participating in the *Region III Recruit, Retain, Sustain* series. To help ensure the quality of our services, we ask that you complete the following feedback survey. This brief survey is voluntary, and all feedback will be kept private. To further protect your privacy please refrain from including personally identifiable information in open-ended responses.

Please note that some survey items use a multi-point scale. If you are taking the survey on your phone, you may have to scroll down to see the entire scale. When finished, click the "Submit" button at the bottom of the final page to record your responses. You are free to move throughout the survey and change responses until you click "Submit".

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The purpose of this information collection is to improve future service delivery. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact Alma Bartnik at abartnik@donahue.umass.edu.

Overall Experience with Region III *Recruit, Retain, Sustain* Series

Q1. What is your primary organizational affiliation?

- o Head Start or Early Head Start Grantee/Recipient
- o Not a Head Start or Early Head Start Grantee/Recipient
- o I'm not sure

[Q2a only displayed if "Head Start or Early Head Start Grantee/Recipient" is selected in Q1. Drilldown options in italics and green font for each response category in Q2a will be only displayed if associated response option is selected.]

Q2a. What is your primary role within your organization?

- o CEO, CFO, or Executive
- o Director (please specify)
 - o *Program Director of Head Start or Early Head Start program*
 - o *Center Director*
 - o *Site Director*
- o Assistant Director or Associate Director (please specify)
 - o _____
- o Manager or Coordinator (please specify)
 - o *Fiscal*
 - o *Education*
 - o *Health*
 - o *Mental Health*
 - o *Nutrition*
 - o *Disability Services*
 - o *Infants and Toddlers*
 - o *Family Services*
- o Non-Managerial Fiscal/Accounting Staff
- o Family Advocate / Family Services
- o Other (please specify)
 - o *Governing Body (i.e., Board of Directors)*
 - o *Tribal Council*
 - o *Policy Council*
 - o *Specialist or Consultant (please specify)*
 - *Fiscal*
 - *Education*
 - *Health*
 - *Mental Health*
 - *Nutrition*
 - *Disability Services*
 - *Infants and Toddlers*
 - *Family Services*

- o Program Support or Administrative Assistant*
- o Teacher*
- o Coach / Mentor*
- o Home Visitor*
- o Parent / Guardian*
- o Volunteer*
- o Other _____*

[Q2b only displayed if “Not a Head Start or Early Head Start Grantee/Recipient” is selected in Q1. Drilldown options in italics and green font for each response category in Q2b will are only displayed if associated response option is selected.]

Q2b. What is your primary role within your organization?

- o Federal Staff (please specify)*
 - o Central Office*
 - o Regional Office*
- o Regional TTA Team/Specialist*
- o Other (please specify)*
 - o State Head Start Collaboration Office*
 - o State Agency Staff*
 - o State Head Start Association*
 - o Regional Head Start Association*
 - o National Head Start Association*
 - o Office of Child Care (please specify)*
 - Contracting Officer*
 - Regional Office*
 - State Capacity Building Center (SCBC)*

[Q2c only displayed if “I’m not sure” is selected in Q1.]

Q2c. What is your primary role within your organization?

Respondent would see all the above as shown in Q2a and Q2b.

Q3. How many years have you served in this role?

- ☐ Less than 1 year
- ☐ 1 to 4 years
- ☐ 5 to 9 years
- ☐ 10 or more years

Q4. Please check all of the training sessions and cohort meetings within this series that you attended.

- Recruitment Training September 28, 2021
- Cohort Meeting #1 October 13, 2021
- Recruitment Deeper Dive Training November 3, 2021
- Cohort Meeting #2 December 1, 2021
- Retention and Wellness Training December 15, 2021
- Cohort Meeting #3 January 19, 2021
- Retention and Wellness Deeper Dive Training February 9, 2022
- Cohort Meeting #4 March 2, 2022
- Succession Planning Training March 16, 2022
- Cohort Meeting #5 April 13, 2022
- Succession Planning Deeper Dive Training May 25, 2022
- Cohort Meeting #6 June 8, 2022

The following questions ask about what you learned from the training sessions offered during this series. Please think about the training sessions that you attended.

[Display if Q5 and Q6 if respondent indicated that they attended Recruitment Training or Recruitment Deeper Dive Training in Q4.]

Q5. In thinking about the Recruitment session(s) you attended, please indicate the extent to which your knowledge level and work has changed as a result of participating in this series.

	To a large extent	To a moderate extent	To a small extent	Not at all	NA
a. I increased my awareness of recruitment issues.	☐	☐	☐	☐	☐
b. I learned about different approaches and tools for recruiting staff.	☐	☐	☐	☐	☐
c. The resources and materials related to staff recruitment were useful to me.	☐	☐	☐	☐	☐
d. I have incorporated concepts I learned about recruitment into my work.	☐	☐	☐	☐	☐

Q6. As a result of your participation in the Recruitment session(s) and related cohort meetings (if applicable), to what extent were you able to:

	To a large extent	To a moderate extent	To a small extent	Not at all	NA
a. Identify <u>short-term</u> strategies for staff recruitment	☐	☐	☐	☐	☐
b. Implement <u>short-term</u> strategies for staff recruitment	☐	☐	☐	☐	☐
c. Identify <u>long-term</u> strategies for staff recruitment	☐	☐	☐	☐	☐
d. Implement <u>long-term</u> strategies for staff recruitment	☐	☐	☐	☐	☐

[Display Q7 if respondent indicates “not at all” in response to any item in Q6.]

Q7. What factors inhibited your development and implementation of these changes and/or strategies?

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[Display Q8 and Q9 if respondent indicated that they attended Retention and Wellness Training or Retention Deeper Dive Training in Q4.]

Q8. In thinking about the Retention and Wellness session(s) you attended, please indicate the extent to which your knowledge level and work has changed as a result of participating in this series.

	To a large extent	To a moderate extent	To a small extent	Not at all	NA
a. I learned more about staff retention and wellness issues.	☐	☐	☐	☐	☐
b. I learned about different approaches for retaining staff.	☐	☐	☐	☐	☐
c. The resources and materials related to staff retention and wellness were useful to me.	☐	☐	☐	☐	☐
d. I have incorporated concepts I learned about retention and wellness into my work.	☐	☐	☐	☐	☐

Q9. As a result of your participation in the Retention and Wellness training(s) and the related cohort meetings (if applicable), to what extent were you able to:

	To a large extent	To a moderate extent	To a small extent	Not at all	NA
a. Identify <u>short-term</u> strategies for staff retention and wellness	☐	☐	☐	☐	☐
b. Implement <u>short-term</u> strategies for staff retention and wellness	☐	☐	☐	☐	☐
c. Identify <u>long-term</u> strategies for staff retention and wellness	☐	☐	☐	☐	☐
d. Implement <u>long-term</u> strategies for staff retention and wellness	☐	☐	☐	☐	☐

[Display Q10 if respondent indicates “not at all” in response to any item in Q9.]

Q10. What factors inhibited your development and implementation of these changes and/or strategies?

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[Display Q11 and Q12 if respondent indicated that they attended Succession Planning Training or Succession Planning Deeper Dive Training in Q4.]

Q11. In thinking about the Succession Planning training(s) you attended, please indicate the extent to which your knowledge level and work has changed as a result of participating in this series.

	To a large extent	To a moderate extent	To a small extent	Not at all	NA
a. I became more aware of the importance of succession planning.	☐	☐	☐	☐	☐
b. I learned about different approaches for succession	☐	☐	☐	☐	☐

planning.					
c. The resources and materials related to succession planning were useful to me.	☐	☐	☐	☐	☐
d. I have incorporated concepts I learned about succession planning into my work.	☐	☐	☐	☐	☐

Q12. As a result of your participation in the Succession Planning trainings and related cohort meetings (if applicable), to what extent were you able to:

	Yes	Partially	No	NA
a. Initiate a succession planning process	☐	☐	☐	☐
b. Enhance a succession planning process	☐	☐	☐	☐

[Display Q13 if respondent indicates "no" to any item in Q12.]

Q13. What factors inhibited your development and implementation of these changes and/or strategies?

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Peer Cohort Meetings

[Display Q14 if respondent reported attending one or more of the cohort meetings in Q4.]

The following questions ask about the Peer Cohort Meetings that took place as part of this series. Please think about the cohort meeting(s) that you attended.

Q14. In thinking about the Peer Learning Cohort meeting(s):

The Peer Learning Cohort meetings...	Strongly agree	Agree	Disagree	Strongly disagree	Unsure	NA
a. Allowed me to exchange ideas with other members of the Head Start community.	☐	☐	☐	☐	☐	☐
b. Informed the development of strategies for my organization.	☐	☐	☐	☐	☐	☐
c. Helped me think about how I would implement the strategies within my organization.	☐	☐	☐	☐	☐	☐
d. Were a valuable component of this training series.	☐	☐	☐	☐	☐	☐

Overall Satisfaction Questions:

Q15. Please think about the Region III series overall. That is, please think about ALL of the trainings and cohort meetings that you have attended as part of this series.

	Strongly agree	Agree	Disagree	Strongly disagree	NA
a. I feel more confident in my knowledge of recruitment strategies.	☐	☐	☐	☐	☐
b. I feel more confident in my knowledge of retention strategies.	☐	☐	☐	☐	☐
c. I feel more confident in my ability to identify and implement necessary changes in Human Resources practices.	☐	☐	☐	☐	☐
d. I shared the information I learned during this series with other members of my organization.	☐	☐	☐	☐	☐
e. I was satisfied with the overall quality of the training sessions offered during the series.	☐	☐	☐	☐	☐
f. I was satisfied with the overall quality of the cohort meetings offered during the series.	☐	☐	☐	☐	☐

Open-Ended Feedback on the Series

Q16. Please share how your Human Resources practices have changed as a result of taking part in the series. Be sure to provide two or three specific examples of these changes. If your practices have not changed, please elaborate.

Q17. What is the most beneficial change you have made in your work as a result of your participation in this series?

Q18. With regard to the structure of the series —alternating training sessions and cohort meetings—what worked well? What did not work well?

Q19. If you were to participate in this type of series again, what would you change about it? This could include the changes to the series structure, training content, cohort meetings, presentation styles, etc.