

OMB Control Number: 0970-0401

Expiration Date: June 30, 2024

Follow-Up Feedback Form:
*The Conversation Guide for Professionals on
Substance Use, Children, and Families Training*

Thank you for participating in *The Conversation Guide for Professionals on Substance Use, Children, and Families Training* from the National Center for Health, Behavioral Health, and Safety!

The purpose of this survey is to hear about how things have been going since you completed the training. The survey is voluntary, and you do not have to answer any questions you don't want to. The survey takes about 5 minutes to complete. This survey is anonymous. By completing this survey, you consent to have your responses shared and stored with the National Center for Health, Behavioral Health, and Safety (NCHBHS) and the Office of Head Start (OHS).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

Through this information collection, ACF is gathering information to obtain feedback following completion of the training. Public reporting burden for this collection of information is estimated to average 5 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. 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 [\[contact info to be added\]](#).

About You

1) What type of program do you work in? (Select all that apply)

- ☐ Head Start
- ☐ Early Head Start
- ☐ Early Head Start – Child Care Partnership (EHS-CCP)
- ☐ Child care
- ☐ American Indian and Alaska Native Program
- ☐ Migrant and Seasonal Head Start Program
- ☐ Other (please specify): _____

2) Select your program's setting. (Select all that apply)

- ☐ Center-based
- ☐ Family child care
- ☐ Home-based
- ☐ Other (please specify): _____

3) What is your role? (Select the option that most closely describes your role)

- ☐ Parent/Family Member
- ☐ Federal Staff
- ☐ TA Provider/Coach
- ☐ State, Territorial, or Tribal Agency Staff, including licensors
- ☐ Program Manager, which includes:
 - Directors
 - Center Managers
 - Coordinators (including site coordinators, service coordinators, education coordinators, and health coordinators)
 - Health Managers and Health Specialists
- ☐ Consultant or Health Care Provider, which includes:
 - Nurses
 - Child care health consultants
 - Infant and Early Childhood Mental Health Consultants
 - Nutrition consultants
 - Dental hygienists
 - Doctors
- ☐ Frontline Staff, which includes:
 - Home visitors
 - Teachers, Teacher aides, and Teacher assistants
 - Family child care providers
 - Family engagement staff (including family advocates and family service workers)
 - Bus staff
 - Health and nutrition services staff
 - Facilities staff
- ☐ Other (please specify): _____

Your Feedback

4) Please rate your agreement with the following statement:

"I feel confident engaging families in discussions about substance use and child safety."

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

5) In your work, please indicate about how many families you have engaged with on the following topics:

[Response options (4-point scale): None; a few; about half; most or all]

- ☐ Safely storing substances or products that may be harmful to children
- ☐ Safe caregiving practices
- ☐ Selecting a safe caregiver for the child(ren) in your home
- ☐ Family well-being and child safety

6) In your work, please indicate about how many families you have provided the following materials:

**Note: These materials were mailed to you following the Conversation Guide Training.*

[Response options (4-point scale + N/A option): None; a few; about half; most or all; N/A-I do not have this material.]

- ☐ The Safe Storage Bag (child-proof bag meant to store potentially harmful substances or products)
- ☐ Smart Choices Safe Kids informational brochure

7) What do you find challenging when engaging families in conversations about substance use, child safety, and family well-being?

8) What additional resources or supports could we provide to help you feel more comfortable and confident talking with families about substance use, child safety, and family well-being?

9) What changes, if any, would you recommend to the Conversation Guide Training or materials to make them more appropriate or relevant for the families you serve?

Additional Information

The final section of this feedback form includes questions about your identity. All questions are entirely voluntary and you may choose to skip or leave any of the following questions blank.

The purpose of these questions is to better understand the identities represented within our educational programming and to address disparities that may exist in our programming's reach.

10) Please select the response that most closely matches your gender from the following list:

- ☐ Male
- ☐ Female
- ☐ Transmale/Transman/FTM (female to male)
- ☐ Transfemale/Transwoman/MTF (male to female)
- ☐ Genderqueer/Gender-non-conforming
- ☐ Different identity (please state):
- ☐ Prefer not to answer

11) What is your ethnicity? (Select one)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

12) What is your race? (Select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other (please specify):

13) What language do you speak at home the most? (Select one)

- ☐ English
- ☐ Spanish
- ☐ Other (please specify):

Thank you for completing this post-training survey for *The Conversation Guide for Professionals on Substance Use, Children, and Families* Training!

Your feedback will be used to inform improvements to this training.