



Instrument 2: CCR&R or QI Delivery Contractor Survey: Culture of Continuous Learning Landscape Study

Culture of Continuous Learning Landscape Study: CCR&R or QI Delivery Contractor 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 [ORGANIZATION]?

- a. *IF Yes -> continue to next question*
- b. *IF No -> end survey text*

2. Are you the [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 [ORGANIZATION] [JOB TITLE] please provide their name and work email address below. If you do not know the contact information for the [ORGANIZATION] [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

Background

4. Is your organization considered any of the following? *Select all that apply.*

- a. Non-profit
- b. For-profit
- c. Affiliated with a college/university
- d. Tribal government
- e. Local government (i.e., county or city)
- f. Child care resource & referral agency
- g. Something else _____ (please explain)
- h. None of these

About the Quality Improvement Infrastructure

5. What services does your organization provide? *Select all that apply.*

- a. Training/workshops *if not selected, end survey text*
- b. Technical assistance including coaching or consultation *if not selected, end survey text*
- c. Peer learning or peer mentoring *if not selected, end survey text*
- d. Professional development advising
- e. Leadership supports for child care program directors/owners/family child care providers
- f. Financial incentives or grants to ECE programs
- g. Quality observations or assessments

- h. Equity-related assistance
- i. Early learning/Early care and education services directly to families
- j. Connections/referrals to other services
- k. Something else _____ (please explain)
- l. None of these

IF a) training/workshops selected for Q5 -> What are the eligibility criteria for participating in your training/workshops services? Select all that apply.

- a. Programs receiving CCDF subsidies
- b. Programs receiving Head Start funding
- c. Programs receiving IDEA funding
- d. Licensed center-based programs
- e. Licensed home-based programs
- f. License-exempt center-based programs
- g. License-exempt home-based programs
- h. Programs seeking a rating/currently rated in QRIS
- i. Programs implementing the Pyramid Model framework
- j. Program meeting specific "readiness" criteria indicating their capacity to participate
- k. Program or individual staff located in a particular location/geographic area
- l. Programs serving high priority populations defined for the state/region
- m. Something else _____(please describe)
- n. We do not have eligibility criteria for these supports

IF b) Technical assistance including coaching or consultation selected for Q5 -> What are the eligibility criteria for your technical assistance services, including coaching or consultation? Select all that apply.

- a. Programs receiving CCDF subsidies
- b. Programs receiving Head Start funding
- c. Programs receiving IDEA funding
- d. Licensed center-based programs
- e. Licensed home-based programs
- f. Legally non-licensed center-based programs
- g. Legally non-licensed home-based programs
- h. Programs seeking a rating/currently rated in QRIS
- i. Programs implementing the Pyramid Model framework
- j. Program meeting specific "readiness" criteria indicating their capacity to participate
- k. Program or individual staff located in a particular location/geographic area
- l. Programs serving high priority populations defined for the state/region
- m. Something else _____(please describe)
- n. We do not have eligibility criteria for these supports

Types of Quality Improvement Activities

6. Thinking about all of the training and technical assistance your organization provides for grantees and programs across a variety of topics, please select the type of delivery strategies your organization has provided in the past 12 months for each topic. *Response categories differ based on whether training or*

coaching is the delivery strategy for each topic and whether the training or coaching are directed at individuals or at staff across a program. 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 with.</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 set by the coach or the individual teacher/staff member.</i> | Coaching for organizations <i>Program staff receive support for their classroom or program. Coaching is directed at multiple staff from the program working on a shared goal.</i> | Something else <i>Please describe.</i> | 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 | | | |

IF any response other than "I don't know" to QX -> Of these types of support, which are the top 2 where your organization invests the most funds ? Select the top two.

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

IF any YES response to "Coaching for Organizations" above -> What factors influence whether a program can participate in organizational coaching? Select all that apply.

- a. Program type _____(please describe)
- b. Program location _____(please describe)
- a. Funding source _____(please describe)
- b. Part of a pilot initiative _____(please describe)
- c. Another type _____(please describe)
- d. I don't know
- e. None of these

IF any YES response to "Coaching for Organizations" above -> Are you able to provide a website where our research team can learn more? Alternatively, you may upload a document that describes coaching for organizations. [text box with file upload option]

7. We are interested in learning how your organization makes decisions about the professional development and quality improvement activities you are offering (or planning to offer) and how you learn about the effectiveness of the activities (i.e., through monitoring or evaluating the activities). The following table provides a list of information sources and asks whether each is used to plan professional development and quality improvement activities in your organization, monitor implementation, or evaluate effectiveness. *If the information sources are not used, please check the final column (not applicable/do not use).*

| 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 | | |

8. What do you think your organization does well to meet the training, technical assistance, and coaching needs for the programs you support? (open ended)

9. Are there any training, technical assistance, or coaching needs that your organization cannot meet for the programs you support?

- a. Yes _____ (please explain)
- b. No
- c. I don't know

10. What features has [ORGANIZATION] put in place to encourage participation in quality improvement activities? *Select all that apply.*

- a. Fee reduction as needed/no fee for training itself
- b. Providing food and refreshments during training
- c. Reimbursing or providing upfront funds to people for travel costs, parking fees, etc.
- d. Offering opportunities in multiple languages
- e. Offering opportunities offered at varying times of the day/week (i.e., nights, weekends, etc.)
- f. Offering opportunities in a variety of formats (i.e., in-person, virtual, hybrid)
- g. Offering trainings on-site (e.g., at a child care program) or near work-site
- h. Offering trainings at community sites (e.g., community centers, schools, churches, etc.)
- i. Offering opportunities as part of the workday (i.e., participants are paid as they would for regular work activity)
- j. Offering pay to cover substitute staff
- k. Using multiple forms of outreach and marketing to advertise opportunities
- l. Providing training series or options for participants to progress from entry level to more advanced content
- m. Something else _____ (please describe)
- n. I don't know
- o. None of these

Equity in Quality Improvement

11. Has your organization 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. Collect 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

Recent and Future Changes to QI Systems

13. Are there any changes [ORGANIZATION] 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 | No | Exploring this idea | I don't know |
|---|---------------------------------|--|----|---------------------|--------------|
| | | | | | |

| | | 2020 | | | |
|--|--|------|--|--|--|
| 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 [ORGANIZATION] 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 | Fewer options available | More options available | I don't |

| | | | |
|----------------------------|--------------------|--------------------|--------------|
| or coaching topics | | | know |
| Frequency of collaboration | Less collaboration | More collaboration | I don't know |

Demographics

14. How long have you been in your current position?

- c. Drop-down, number of years

15. What roles do you currently have within the Head Start or ECE system in [STATE]? *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) | |

16. 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

17. 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

18. 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