

TITLE OF INFORMATION COLLECTION: State Capacity Building Center Tailored TA State Systems Specialist Network Feedback Collection

Task 4: Targeted Survey- Tailored TA

State Capacity Building Center Feedback Survey

OMB Control No: 0970-0401

Expiration date: 5/31/2018

Instructions

We are gathering feedback on the work of the State Capacity Building Center and its work to support you in [PROVIDE SUMMARY DESCRIPTION OF THE WORK TO BE PROVIDED BY THE SSS NETWORK LEADS FOR EACH STATE], led by the State System Specialist. We appreciate your voluntary response as we work to improve the services that we provide to you.

NOTE: THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13). Public reporting burden for this collection of information is estimated to average 8 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.

Please select the organizational affiliation that most closely matches for you:

- State government- child care (e.g., part of state government child care organizational group)
- State government- health, mental health, income security, education, etc. (e.g., not part of the state government child care organizational group; could be in the same state agency as child but in a different part of the state agency)
- Statewide organization (not state government, for example, statewide resource and referral agency, statewide training center, statewide AEYC, statewide Kids Count, statewide professional association)
- Local or regional organization (not state government, for example, child care center or family child care home, Head Start program, Pre-K program, local or regional professional development organization, local or regional professional association, local or regional AEYC, local or regional higher education, local county or municipal government)

| Please rate the performance of the SCBC staff who worked with you. | Excellent | Good | Fair | Poor | Not applicable |
|--|-----------|------|------|------|----------------|
| Overall approach to working with you. | 1 | 2 | 3 | 4 | N/A |
| Informed you of | 1 | 2 | 3 | 4 | N/A |

| Please rate the performance of the SCBC staff who worked with you. | Excellent | Good | Fair | Poor | Not applicable |
|--|-----------|------|------|------|----------------|
| webinars, peer learning forums or other opportunities to support your project. | | | | | |
| Connected you to resources or products to support your project. | 1 | 2 | 3 | 4 | N/A |
| Experience and know-how to support your State's project | 1 | 2 | 3 | 4 | N/A |
| Is well-prepared and knowledgeable. | 1 | 2 | 3 | 4 | N/A |
| Is responsive. | 1 | 2 | 3 | 4 | N/A |
| Is effective. | 1 | 2 | 3 | 4 | N/A |
| Understands our state context. | 1 | 2 | 3 | 4 | N/A |
| Helps my state reach our desired outcome. | 1 | 2 | 3 | 4 | N/A |

If you rated "fair" or "poor", please explain:

| Please indicate the extent to which you agree with the statements below. Work with the State Capacity Building Center State Systems Specialist.... | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|----------|-------------------|----------------|
| Increased my knowledge in support of our project | 1 | 2 | 3 | 4 | N/A |
| Helped us identify priority and clear action steps for our project | 1 | 2 | 3 | 4 | N/A |
| Helped us implement improved strategies for our State's project. | 1 | 2 | 3 | 4 | N/A |

| | | | | | |
|--|---|---|---|---|-----|
| Helped us overcome one or more barriers to our project. | 1 | 2 | 3 | 4 | N/A |
| Contributed to our overall approach to problem identification and/or problem solving | 1 | 2 | 3 | 4 | N/A |

If you said “disagree” or “strongly disagree”, please explain:

Coordination with Other Centers

| Please indicate the extent to which you agree with the statements below. | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| If you received services from other centers as part of this project, are you satisfied with the SCBC’s coordination of these services? | 1 | 2 | 3 | 4 |

If you said “disagree” or “strongly disagree”, please explain:

- What factors if any, may prevent you and your state from benefiting from the tailored assistance being provided to you by the State Capacity Building Center? (Please check ALL that apply)
 - Lack of time
 - Limited funds or other resources to support our work
 - Lack of state policies or processes to support this effort
 - Lack of support/guidance from state leadership
 - Limited or no stakeholder buy-in
 - Other (Please describe): _____
- Which aspect(s) of these services from the State Capacity Building Center have been most useful to you?
- How could we better meet your needs?

Thank you for participating!

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future OCC technical assistance services. Public reporting burden for this collection of information is estimated to average 8 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 #: 0970-0401, Exp: 05/31/2018. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Carrie Kocot at carolyne.kocot@icf.com.