

TITLE OF INFORMATION COLLECTION: State Capacity Building Center On-Site Meeting Facilitation State Feedback Collection

Task 4 Survey – Onsite Facilitation

Protocol for Task 4 On-Site Meeting Facilitation Forms Invitation and Script

- Two weeks in advance, State Systems Specialist or Infant/Toddler Specialist emails the RA to request a survey monkey link and paper version of the evaluation form. Paper version only to be used sparingly as SCBC does not have resources to compilation of paper version.
- SSS/ITS prints a few paper copies of the evaluation form to distribute if participants cannot access survey monkey by smart phone or computer
- At the meeting, SSS/ITS displays survey monkey link during the presentation and asks participants to provide feedback. The SSS/ITS can distribute and collect paper evaluation forms from participants that do not have access to a smart phone or laptop. Or an email can be sent to the participants if their email addresses are available and will need to be sent within 24 hours. If this is the case, then the SSS/ITS will send this information to the RA who will sent out the request to respond to the survey.
- If paper copies are used, the SSS/ITS scans or mails forms to RA within a week of the training
- RA compiles data from paper forms and merges with survey monkey data
- RA sends responses to SSS/ITS and posts in TAT
- Data Compiled for Evaluation Team
- RA compiles data across all TA by 15th of the month, sends to evaluation team and network leads/posts to evaluation workspace

Text to accompany survey link

Subject Line: Your Feedback on [Resource Name]

Good Morning/Afternoon,

The State Capacity Building Center is collecting feedback regarding its on-site meeting facilitation technical assistance (TA) services. According to our records, you recently participated in the State Capacity Building Center NAME OF EVENT. We would greatly appreciate your input and will use your feedback to inform future technical assistance efforts.

To provide feedback, please respond using this form: [link to survey monkey]. The voluntary survey will only take a few minutes and all responses are anonymous.

If you would like to provide feedback, please respond to the form above by [date].

Thank you!
The State Capacity Building Center

On-site Meeting Facilitation Survey

OMB Control No: 0970-0401

Expiration date: 5/31/2018

Instructions

The State Capacity Building Center is collecting feedback regarding its on-site meeting facilitation technical assistance (TA) services. According to our records, you recently participated in the State Capacity Building Center [NAME OF EVENT]. We would greatly appreciate your input and will use your feedback to inform future technical assistance efforts. To provide feedback, please respond using this form. The voluntary survey will only take a few minutes and all responses are anonymous.

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.

Name of Meeting:

Event Date:

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 indicate the extent to which you agree with the statements below. | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|----------|-------------------|----------------|
| | | | | | |
| | | | | | |

| Please indicate the extent to which you agree with the statements below. | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|----------------|-------|----------|-------------------|----------------|
| The facilitator created and maintained a productive environment in which participants focused on achieving the goal. | 1 | 2 | 3 | 4 | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| At the completion of the meeting, the facilitator helped us to understand the decisions made, and the follow up actions to be taken, by whom and by when. | 1 | 2 | 3 | 4 | N/A |

If you selected “strongly disagree” or “disagree” for any of the statements above, please tell us why:

What was most useful to you about today’s meeting?

If this meeting had been conducted virtually, would it have had the same outcome?

How could we improve our on-site meeting facilitation to better meet your needs?

Anything else you’d like to add?

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.