

**TITLE OF INFORMATION COLLECTION:** State Capacity Building Center State Administrator Feedback Collection

## Survey – Services Overall

### Email/Invitation Script

Subject Line: Your Feedback State Capacity Building Center

Good Morning/Afternoon,

The State Capacity Building Center is collecting feedback regarding its technical assistance (TA). As the State Administrator, we would greatly appreciate your voluntary, anonymous input. We will use your feedback to inform and improve our future technical assistance services.

To provide feedback, please respond using this form: [link to survey monkey]. The 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

## State Capacity Building Center Feedback Survey

**OMB Control No: 0970-0401**

**Expiration date: 5/31/2018**

### Instructions

The State Capacity Building Center is collecting feedback regarding its technical assistance (TA). As the State Administrator, we would greatly appreciate your voluntary, anonymous input. We will use your feedback to inform and improve our future technical assistance services.

To provide feedback, please respond using this form. The 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 10 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 indicate your organizational affiliation:

- CCDF Administrator

<b>Please indicate the extent to which you agree with the statements below.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I am satisfied with the TA planning process.	1	2	3	4
The resources and technical assistance available from the ACF/Office of Child Care training and technical assistance system help my state achieve our desired outcome.	1	2	3	4

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

### **Working with the State Systems Specialist**

<b>Please indicate the extent to which you agree with the statements below.</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The State Systems Specialist has communicated about the resources and technical assistance available from the ACF/Office of Child Care training and technical assistance system.	1	2	3	4
The State Systems Specialist has let me know when there are webinars, peer learning forums or other opportunities to help my state meet our desired outcome.	1	2	3	4
The State Systems Specialist has connected me to resources or products to help my state meet our desired outcome.	1	2	3	4
I am satisfied with the frequency of communication from my State Systems Specialist.	1	2	3	4
The State Systems	1	2	3	4

Please indicate the extent to which you agree with the statements below.	Strongly Agree	Agree	Disagree	Strongly Disagree
Specialist who works with my state is well prepared and knowledgeable.				
The State Systems Specialist who works with my state is responsive.	1	2	3	4
The State Systems Specialist who works with my state is effective in helping my state meet our desired outcome.	1	2	3	4
The State Systems Specialist who works with my state understands our state context.	1	2	3	4
The amount of in-person assistance I receive from the State Systems Specialist helps my state reach our desired outcome.	1	2	3	4
The State Systems Specialist who works with my state helps us achieve our desired outcome.	1	2	3	4

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

### Working with the Infant/Toddler Specialist

Please indicate the extent to which you agree with the statements below.	Strongly Agree	Agree	Disagree	Strongly Disagree
I am satisfied with the frequency of communication from my Infant Toddler Specialist.	1	2	3	4
The Infant/Toddler Specialist who works with my state is well prepared and knowledgeable.	1	2	3	4
The Infant/Toddler Specialist who works with	1	2	3	4

Please indicate the extent to which you agree with the statements below.	Strongly Agree	Agree	Disagree	Strongly Disagree
my state is responsive.				
The Infant/Toddler Specialist who works with my state is effective in helping my state meet our desired outcome.	1	2	3	4
The Infant/Toddler Specialist who works with my state understands our state context.	1	2	3	4
The amount of in-person assistance I receive from the Infant/toddler Specialist helps my state reach our desired outcome.	1	2	3	4
The Infant/Toddler Specialist who works with my state helps us achieve our desired outcome OR	1	2	3	4

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 have received services from other centers, are you satisfied with the SCBC’s coordination of these services?	1	2	3	4

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

1. What factors if any, may prevent you and your state from benefiting from the work of 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):\_\_\_\_\_

2. Which aspect(s) of the services of the State Capacity Building Center have been most useful to you?

3. Please let us know if you have any suggestions or recommendations for us.

**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 10 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](mailto:carolyne.kocot@icf.com).