



# CHILD CARE

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## State Capacity Building Center

### Feedback Form: State Capacity Building Center Community of Practice/Peer Learning Group

**TITLE OF INFORMATION COLLECTION:** State Capacity Building Center Feedback Collection for Community of Practice/Peer Learning Group

**OMB Control No:** 0970-0401

**Expiration date:** XX/XX/XXXX

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. Date: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Caroline Faux at [caroline.faux@icf.com](mailto:caroline.faux@icf.com).

### Email Invitation/Script

Subject Line: Your Feedback on [Event Name]

Good Morning/Afternoon,

The State Capacity Building Center is collecting feedback regarding its 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 brief 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

## Feedback form

**Technical Assistance Activity: State Capacity Building Center [FILL IN PROJECT]**

**State: [PROVIDE DROP DOWN]**

**Activity Date: [DATE(S) OF EVENT]**

**Please select your role:**

- Community member
- Direct child-serving practitioner (e.g., child care center, family child care, home-based child care, preschool, home visiting, teacher)
- Family member
- Federal Office of Child Care staff (e.g., central or regional office)
- State government professional
- State level professional (not state government)
- Training and technical assistance professional (e.g., coach, infant toddler specialist, mentor, etc.)
- Tribal CCDF Lead Agency
- Other. Please describe: \_\_\_\_\_

**This [NAME] met X times from [INSERT DATE] through [INSERT DATE]. The dates of those meetings were: [INSERT DATES].**

**Thinking about your participation, how many times did you attend the Community of Practice/Peer Learning Group?**

**[INSERT SCALE OF DATES]**

**Content Relevance and Usefulness**

Please indicate the extent to which you agree with the statements below.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
The purpose was clear.	1	2	3	4	N/A
Resources were provided as needed.	1	2	3	4	N/A
The experience was useful (i.e. provided you with practical information or a practical perspective to inform your work).	1	2	3	4	N/A
The experience was relevant to my current work (i.e. pertinent to your current work).	1	2	3	4	N/A
The experience was influential (i.e. influenced your thinking; gave you “a-ha” moments; enabled you to think in a different way about your system(s), your partnerships, or other critical aspects of your work; and/or helped you analyze, synthesize, or integrate information in a new way).	1	2	3	4	N/A

**Facilitators**

Please indicate the extent to which you agree with the statements below.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
The facilitator(s) was/were well prepared.	1	2	3	4	N/A
The facilitator(s) helped the group value the contributions of each participant.	1	2	3	4	N/A
The facilitator(s) guided discussions and shared activities.	1	2	3	4	N/A

**Outcomes**

Please indicate the extent to which you agree with the statements below.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
I increased my awareness and knowledge.	1	2	3	4	N/A
I am ready to apply what I learned.	1	2	3	4	N/A
I am using what I learned.	1	2	3	4	N/A
Overall, I am satisfied with the quality, relevance and usefulness.	1	2	3	4	N/A

If you marked disagree or strongly disagree above, please take a moment to explain.

How have you used – or plan to use - what you learned from this technical assistance in your work?  
(Please select all that apply.)

- Create a strategic/action plan
- Create new or update regulation(s)
- Create or update a policy
- Discussions with advisory or other committees
- Discussions with governance bodies
- Discussions with supervisees
- Discussions with supervisors
- Establish a committee or governance structure
- Establish new partnerships
- Formalize or improve existing partnerships
- Implement a plan, policy or program
- Trainings or presentations
- Do not plan to use
- Other (please specify):

How likely are you to use the [INSERT ANY OF THE SCBC PRIORITY RESOURCES HERE THAT WERE SHARED] shared in the TA?

- Very unlikely
- Unlikely
- Somewhat likely
- Very likely
- Already using
- [If already using this resource]* Please give 1-2 examples of how you used the resource
- [If unlikely or very unlikely]* Why are you unlikely to use the resource(s) shared in the TA?

**What factors, if any, prevented you from using what you learned? (Please select all that apply)**

- Competing priorities
- COVID-19
- Lack of authority or influence to gain support for this effort
- Lack of legislative or regulatory authority needed to address issues
- Lack of state policies or processes to support this effort
- Lack of support/guidance from state leadership
- Lack of time
- Limited funds or other resources to support this effort
- Need for more TA and/or professional development
- Need more time to build buy-in from other stakeholders
- Need more time to build readiness among state leaders to support this effort
- Not enough staff
- What I've learned is not applicable to my work
- Other (Please describe): \_\_\_\_\_
- I have not faced any barriers

**What supports or resources would you need to overcome these barriers?**

**Which aspect(s) was most useful for you and why?**

**How could we improve this work to better meet your needs?**

**What other topics or resources would you like to see the State Capacity Building Center address?**

**Thank you for participating!**