



CHILD CARE

State Capacity Building Center

Feedback Form: State Capacity Building Center Fundamentals of CCDF Administration

TITLE OF INFORMATION COLLECTION: State Capacity Building Center Feedback Collection for Fundamentals of CCDF Administration

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: XX/XX/XXX . 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.

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 primary role:

- CCDF Administrator
- Communications manager or staff
- Department head (e.g., agency commissioner, secretary, etc.)
- Early Learning Council manager or staff
- Federal Office of Child Care staff (e.g., regional or central office)
- Fiscal manager or staff
- Information technology manager or staff
- Legislative manager or staff
- Legislator
- Licensing manager or staff
- Professional development manager or staff
- Quality initiatives manager or staff
- Research and evaluation manager or staff
- Subsidy manager or staff
- Other. Please describe: _____

Content Relevance and Usefulness

| Please indicate the extent to which you agree with the statements below. | Strongly Agree | Agree | Disagree | Strongly | Not Applicable |
|--|----------------|-------|----------|----------|----------------|
| The purpose and learning objectives were clear. | 1 | 2 | 3 | 4 | N/A |
| The content provided was clear. | 1 | 2 | 3 | 4 | N/A |
| The content provided was useful (i.e. provided you with practical information or a practical perspective to inform your work). | 1 | 2 | 3 | 4 | N/A |
| The content provided was relevant to my current work (i.e. pertinent to your current work). | 1 | 2 | 3 | 4 | N/A |
| The content provided 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 |

Presenters

| Please indicate the extent to which you agree with the statements below. | Strongly Agree | Agree | Disagree | Strongly | Not Applicabl |
|--|----------------|-------|----------|----------|---------------|
| The presenter(s) was well-prepared. | 1 | 2 | 3 | 4 | N/A |
| The presenter(s) had robust knowledge and experience with the content. | 1 | 2 | 3 | 4 | N/A |
| The presenter(s) was able to respond appropriately to my questions. | 1 | 2 | 3 | 4 | N/A |

Participant Outcomes

| Please indicate the extent to which you agree with the statements below. | Strongly Agree | Agree | Disagree | Strongly | Not Applicabl |
|--|----------------|-------|----------|----------|---------------|
| I increased my awareness of the content provided. | 1 | 2 | 3 | 4 | N/A |
| Overall, the event was relevant and fit my needs. | 1 | 2 | 3 | 4 | N/A |
| We discussed whether additional technical assistance would be helpful. | 1 | 2 | 3 | 4 | N/A |
| We identified additional TA that would be helpful. | 1 | 2 | 3 | 4 | N/A |
| We identified policy questions for resolution by the federal Office of Child Care. | 1 | 2 | 3 | 4 | N/A |
| I improved my knowledge base about CCDF program requirements (statutory and | 1 | 2 | 3 | 4 | N/A |
| I improved my knowledge base about the implementation of the CCDF program. | 1 | 2 | 3 | 4 | N/A |
| I improved my awareness of resources (e.g., on-line modules, resource guide) that are available to support my state's CCDF | 1 | 2 | 3 | 4 | N/A |

If you marked disagree or strongly disagree above or if you have any comments, please take a moment to give us a little more information.

We want to learn more about resources that were provided during Fundamentals of CCDF Administration

Introduction to the Fundamentals PowerPoint

| | Yes | No | Not applicable |
|---|-----|----|----------------|
| Was this presented during the part of the session you attended? | 1 | 2 | N/A |
| If presented, do you know how to access this on-line? | 1 | 2 | N/A |

Introduction to the Fundamentals PowerPoint (If presented during the part of the session you attended)

| | Very Likely | Likely | Somewhat Likely | Not Likely | Not applicable |
|---|-------------|--------|-----------------|------------|----------------|
| How likely are you to use this? | 1 | 2 | 3 | 4 | N/A |
| How likely are you to share this with others? | 1 | 2 | 3 | 4 | N/A |

Interactive online training course

| | Yes | No | Not applicable |
|---|-----|----|----------------|
| Was this presented during the part of the session you attended? | 1 | 2 | N/A |
| If presented, do you know how to access this on-line? | 1 | 2 | N/A |

Interactive online training course (If presented during session)

| | Very Likely | Likely | Somewhat Likely | Not Likely | Not applicable |
|---|-------------|--------|-----------------|------------|----------------|
| How likely are you to use this? | 1 | 2 | 3 | 4 | N/A |
| How likely are you to share this with others? | 1 | 2 | 3 | 4 | N/A |

The Fundamentals of CCDF Administration Resource Guide

| | Yes | No | Not applicable |
|---|-----|----|----------------|
| Was this presented during the part of the session you attended? | 1 | 2 | N/A |
| Do you know how to | 1 | 2 | N/A |

access this on-line?

The Fundamentals of CCDF Administration Resource Guide (If presented during session)

| | Very Likely | Likely | Somewhat Likely | Not Likely | Not applicable |
|---|-------------|--------|-----------------|------------|----------------|
| How likely are you to use this? | 1 | 2 | 3 | 4 | N/A |
| How likely are you to share this with others? | 1 | 2 | 3 | 4 | N/A |

Are there other topics or areas related to CCDF policy, program and implementation for which you need more information or support?

Overall, 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!