

Tribal Child Care Capacity Building Center  
Tribal CCDF Plan Preprint Training Questionnaire

**1. Please select your role:**

- Tribal CCDF administrator
- Tribal child care program staff member
- Tribally operated center director
- Tribal leader
- Tribal program participant (e.g., families, relatives, elders)
- Other [fill in]

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**Please indicate the extent to which you agree with the statements below.** Likert Scale Answer Options: 1) Strongly Agree, 2) Agree, 3) Disagree, 4) Strongly Disagree, or 5) N/A)

**2. Content**

The content provided helped me to understand the requirements of the Tribal CCDF Plan.

The activities provided in these sessions enhanced my understanding of the content.

The information presented was respectful, nonjudgmental, and supportive of diverse populations (i.e., free from stereotypes or bias).

The resources shared enhanced my understanding of the subject matter.

If there is anything you would like to mention about the resources shared in these sessions, please share here: [Answer: Optional Comment Box]

**3. Presenters**

The presenters were well-prepared.

The presenters had adequate knowledge of the subject matter.

The presenters were able to respond appropriately to questions from the audience.

**4. Overall**

Participating in these sessions helped me feel more prepared to support the writing process of the Tribal CCDF Plan.

Overall, these sessions met my expectations.

**5. If you selected “strongly disagree” or “disagree” for any of the statements above, please tell us how we can improve.**

[Answer: Comment Box]

The purpose of this information collection is to gather feedback from training audiences to improve future training opportunities and resource development. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact Melody Redbird-Post mredbird@mn-e.com.

**6. Which implementation stage best describes the development of your Tribal Lead Agency's FY 2023-2025 Tribal CCDF Plan?**

- No Action – Our Tribal Lead Agency has not yet reviewed our current plan.
- Exploring – Our Tribal Lead Agency has reviewed our current plan and is exploring changes based on the information provided during this training
- Developing – Our Tribal Lead Agency has determined what information we will include in our CCDF Plan, has discussed these determinations with Tribal leadership, and/or has confirmed access to CARS.
- Initial Implementation – Our Tribal Lead Agency has started completing the CCDF Plan in CARS and/or has started to update policies and procedures to support any changes to the Plan.
- Full Implementation – Our Tribal Lead Agency has completed the Tribal CCDF Plan in CARS and has notified the Certifier.

**7. Please select all sections of the Tribal CCDF Plan with which your program needs additional support.** [Option to select multiple answers]

- Section 1
- Section 2
- Section 3
- Section 4
- Section 5
- Section 6
- Section 7
- CARS
- No additional support needed.

**8. What “a-ha” moment or highlight from the Tribal CCDF Plan Preprint training would you like to share?** [Answer: Comment Box]