Tribal Child Care Capacity Building Center

Intensive and Onsite Technical Assistance Questionnaire

Thank you for participating in intensive and/or onsite technical assistance (TA) provided by the Tribal Child Care Capacity Building Center (TCBC). Please provide us with feedback on your experience by completing this form. Your feedback is valuable and greatly appreciated.

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)

1. **Overall Impressions**

I am satisﬁed with the quality of the TA provided.

The TA provided was relevant to my work and ﬁt our Tribal Lead Agency’s needs.

1. **TCBC TA Staﬀ**: Please indicate the extent to which you agree with the statements below regarding the Tribal Child Care Capacity Building Center (TCBC) TA Specialist and/or Subject Matter Expert.

I am satisﬁed with the TA Specialist’s and/or the Subject Matter Expert’s approach to working with our team.

The TA Specialist and/or the Subject Matter Expert was well-prepared and knowledgeable.

1. **TA Results**: Please indicate the extent to which you agree with the following statements regarding the TA provided by TCBC.

Increased my knowledge of the CCDF requirements.

Helped me identify priorities and action steps to implement improved strategies (i.e., practices, processes, collaborations, programs, and/or policies).

Connected me to resources that will improve our Lead Agency‘s knowledge, practices, processes, collaborations, programs, and/or policies.

As a result of the TA, our Tribal Lead Agency is more prepared to implement the CCDF requirements.

1. **If you selected “strongly disagree” or “disagree” for any of the statements above, please tell us how we can improve.** [Answer: Optional Comment Box]
2. **What “a-ha” moment or highlight from the TA provided would you like to share?** [Answer: Comment Box]
3. **How would you describe your readiness to** **implement the CCDF requirements?**

No Action: Your program has not yet considered implementing these requirements.

Exploring: Your program is aware of the requirements but has not yet acted. You are assessing your readiness to implement the requirements or are thinking about how to approach them.

Developing: Your program has started preparing to meet these requirements by gathering the resources (staff, training, written plans, etc.) that you need to move towards implementation. This can include collecting examples of forms, drafting plans, policies and procedures, composing letters, setting up financial management procedures, etc.

Initial Implementation: Your program has started to implement the requirements. You are assessing your approach, identifying, and applying strategies for improvement. Staff are trying to make necessary changes and follow the requirements. Your program has an implementation plan to meet these CCDF requirements.

Full implementation: Your program meets all components of these CCDF requirements. All components are embedded in your program’s policies, procedures, and practices. Systems are in place for monitoring, training, and communicating regarding the requirements. Staff are consistently implementing the requirements and adhering to established policies, procedures, and practices. The requirements are part of your ongoing program and staff operations. Policies, procedures, and practices are reviewed and updated regularly to ensure best practices.

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1. **What other topics for TA would be useful?** [Answer: Comment Box]
2. **Do you have anything else you would like to share?** [Answer: Optional Comment Box]