

Survey for Individual Trainers Implementing the Training in States

Instructions

The National Center for Early Childhood Quality Assurance is collecting feedback regarding the implementation of Strengthening Business Practices for Child Care Providers. You are receiving this survey because you participated in the Training-of-Trainers to implement Strengthening Business Practices for Child Care Providers. We would greatly appreciate your voluntary, private input. We will use your feedback to inform and improve the work of the State Capacity Building Center in its work to strengthen business practices for child care providers.

To provide feedback, please respond using this form. The survey will only take a few minutes.

We are collecting information about training you provided to child care providers or others in [location] in the month of [month].

1. Please provide us with the following information:
 - a. First name:
 - b. Last name:
 - c. Email address
2. Please select your role: **[mark all that apply]**
 - a. Training and technical assistance professional: Family Child Care Provider Trainer
 - b. Training and technical assistance professional: Center Provider Trainer
 - c. Other. Please describe: _____
3. For the month above, which of the modules did you implement? **[mark all that apply]**
 - a. Center Module I – Budgets, Projections, and Planning
 - b. Center Module II – Financial Reports and Internal Controls
 - c. Center Module III – Marketing Your Program
 - d. Center Module IV – Recruiting and Retaining Staff
 - e. FCC Module I – Budgets, Projections, and Planning
 - f. FCC Module II – Financial Reports and Internal Controls
 - g. FCC Module III – Marketing Your Program

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is to collect feedback from recipients participating in Training and Technical Assistance (T/TA) activities provided by the National Center on Early Childhood Quality Assurance (NCECQA). The public reporting burden for this collection of information is estimated to average 15 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. An 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 6/30/2024. If you have any comments on this collection of information, please contact Leatha Chun at leatha.chun@acf.hhs.gov.

4. If you indicated that you implemented Center Module I – Budgets, Projections, and Planning:
 - a. For the month selected, about how many people in each of the groups below did you reach? (If someone is in more than one group, please only count them once.)

Group (place check)	Number of People (insert number)
Center directors (e.g., infant, toddler, preschool, school-age)	
Center administrative/management/supervisory staff (other than director)	
Center non-administrative staff (e.g., teachers, assistant teachers, etc.)	
Family child care providers	
Trainers	
TA providers (e.g., coaches, TA specialists)	
Other (please explain)	

5. If you indicated that you implemented Center Module II – Financial Reports and Internal Controls:
 - a. For the month selected, about how many people in each of the groups below did you reach? (If someone is in more than one group, please only count them once.)

Group (place check)	Number of People (insert number)
Center directors (e.g., infant, toddler, preschool, school-age)	
Center administrative/management/supervisory staff (other than director)	
Center non-administrative staff (e.g., teachers, assistant teachers, etc.)	
Family child care providers	
Trainers	
TA providers (e.g., coaches, TA specialists)	
Other (please explain)	

6. If you indicated that you implemented Center Module III – Marketing Your Program:
- a. For the month selected, how many people in each of the groups below did you reach? (If someone is in more than one group, please only count them once.)

Group (place check)	Number of People (insert number)
Center directors (e.g., infant, toddler, preschool, school-age)	
Center administrative/management/supervisory staff (other than director)	
Center non-administrative staff (e.g., teachers, assistant teachers, etc.)	
Family child care providers	
Trainers	
TA providers (e.g., coaches, TA specialists)	
Other (please explain)	

7. If you indicated that you implemented Center Module IV – Recruiting and Retaining Staff:
- a. For the month selected, how many people in each of the groups below did you reach? (If someone is in more than one group, please only count them once.)

Group (place check)	Number of People (insert number)
Center directors (e.g., infant, toddler, preschool, school-age)	
Center administrative/management/supervisory staff (other than director)	
Center non-administrative staff (e.g., teachers, assistant teachers, etc.)	
Family child care providers	
Trainers	
TA providers (e.g., coaches, TA specialists)	
Other (please explain)	

8. If you indicated that you implemented FCC Module I – Budgets, Projections, and Planning:
- a. For the month selected, about how many people in each of the groups below did you reach? (If someone is in more than one group, please only count them once.)

Group (place check)	Number of People (insert number)
Center directors (e.g., infant, toddler, preschool, school-age)	
Center administrative/management/supervisory staff (other than director)	
Center non-administrative staff (e.g., teachers, assistant teachers, etc.)	
Family child care providers	
Trainers	
TA providers (e.g., coaches, TA specialists)	
Other (please explain)	

9. If you indicated that you implemented FCC Module II – Financial Reports and Internal Controls:

- a. For the month selected, about how many people in each of the groups below did you reach? (If someone is in more than one group, please only count them once.)

Group (place check)	Number of People (insert number)
Center directors (e.g., infant, toddler, preschool, school-age)	
Center administrative/management/supervisory staff (other than director)	
Center non-administrative staff (e.g., teachers, assistant teachers, etc.)	
Family child care providers	
Trainers	
TA providers (e.g., coaches, TA specialists)	
Other (please explain)	

10. If you indicated that you implemented FCC Module III – Marketing Your Program:

- a. For the month selected, about how many people in each of the groups below did you reach? (If someone is in more than one group, please only count them once.)

Group (place check)	Number of People (insert number)
Center directors (e.g., infant, toddler, preschool, school-age)	
Center administrative/management/supervisory staff (other than director)	
Center non-administrative staff (e.g., teachers, assistant teachers, etc.)	

Family child care providers

Trainers

TA providers (e.g., coaches, TA specialists)

Other (please explain)

11. For the month selected, we would like to hear about any additional ways you've used the content from Strengthening Business Practices for Child Care Providers. How many times have you used the Training-of-Trainers content to inform:

	0 times	1 – 5 times	6 – 10 times	Over 10 times
Coaching resource				
Curriculum development				
Other				

If you selected other, please describe:

12. What is working well for you following your participation in the Training-of-Trainers on Strengthening Business Practices for Child Care Providers?
13. What challenges have you noticed in delivering Strengthening Business Practices for Child Care Providers?
14. Please share what you're hearing from child care providers who you are reaching with Strengthening Business Practices for Child Care providers, both positive as well as any concerns.
15. Is there other technical assistance that would be helpful in your work to implement Strengthening Business Practices for Child Care Providers in your state/territory?