

The Family Child Care Workgroup

DATE

We want to learn about your experiences with the FCC Child Care Workgroup. Your answers are private and will be used to improve the Workgroup's work. Thank you for taking the time to complete this brief survey.

1. Please identify the organization(s) with whom you are affiliated:

- Independent consultant
- Direct child-serving practitioner (e.g., home based child care provider, home visitor, teacher)
- Federal staff
- Local, State or National ECE association staff (e.g., NAFCC, FCC association)
- Local, State or National TA professional (e.g., CCR&R, FCC network)
- National TA center professional
- Researcher or research organization Other
- If other, please describe _____

Please rate your agreement with the following statements about the Family Child Care Workgroup.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
Participating in the Workgroup meetings has been a good use of my time.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
Participating in the Workgroup has contributed towards stronger collaborative relationships among the Workgroup members.	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure

Please provide comments on any responses above.

Facilitator

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 3 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.

	Strongly Agree	Agree	Disagree	Strongly Disagree
The facilitator is well-prepared.	1	2	3	4
The facilitator helps the group value the contributions of each member.	1	2	3	4
The facilitator efficiently and effectively guides discussions	1	2	3	4

If you selected “strongly disagree” or “disagree” for any of the statements above, please tell us why:

What did you hope to gain from participation?

What have you gained from participation?

What recommendations do you have for the future of the Workgroup?

Additional comments