

QIS Community of Practice Survey 2023

DATE

We want to learn about your experiences with the QIS Community of Practice that is part of the National Center on Early Childhood Quality Assurance. Your answers are private and will be used to improve our work. Thank you for taking the time to complete this brief survey.

Please use this survey to provide feedback by reflecting on your participation over the past year. The brief voluntary survey will only take a few minutes and all responses are private.

Please select your role:

- ◆ QIS Administrator/Statewide
- ◆ QIS Administrator/Local
- ◆ QIS Manager/Statewide
- ◆ QIS Manager/Local
- ◆ QIS Support/Statewide
- ◆ QIS Support/Local
- ◆ Other

If other, please describe: _____

Content Relevance and Usefulness

Please indicate the extent to which you agree with the statements below.	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
The purposes of the CoP are clear.	Strongly agree	Agree	Disagree	Strongly disagree	NA
Resources are provided as needed.	Strongly agree	Agree	Disagree	Strongly disagree	NA

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.

Please indicate the extent to which you agree with the statements below.	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
The experience of being in the CoP is useful (i.e. provides you with practical information or a practical perspective to inform your work).	Strongly agree	Agree	Disagree	Strongly disagree	NA
The experience of being in the CoP is relevant to my current work (i.e. pertinent to your current work).	Strongly agree	Agree	Disagree	Strongly disagree	NA
The experience of being in the CoP is 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.)	Strongly agree	Agree	Disagree	Strongly disagree	NA

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

Facilitators

Please indicate the extent to which you agree with the statements below.	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
The facilitator is well prepared.	Strongly agree	Agree	Disagree	Strongly disagree	NA
The facilitator helps the group value the contributions of each member.	Strongly agree	Agree	Disagree	Strongly disagree	NA
The facilitator helps guide discussions and share activities about our shared interest.	Strongly agree	Agree	Disagree	Strongly disagree	NA

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

Benefits

Please indicate the extent to which you agree with the statements below.	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
I am	Strongly	Agree	Disagree	Strongly	NA

Please indicate the extent to which you agree with the statements below.	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
increasing my awareness and knowledge by participating in the CoP.	agree			disagree	
I feel ready to apply new resources or ideas shared to my work.	Strongly agree	Agree	Disagree	Strongly disagree	NA
Overall, the experience is relevant and fits my needs.	Strongly agree	Agree	Disagree	Strongly disagree	NA

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

What barriers, if any, has your participation in the QIS Community of Practice helped you overcome?

Which aspect(s) of the QIS Community of Practice was most useful for you and why?

How could we improve this work to better meet your needs?

Thank you!