



April 2024

# Feedback Form: Child Care State Capacity Building Center Communities of Practice and Peer Learning Groups

**TITLE OF INFORMATION COLLECTION:** Child Care State Capacity Building Center Feedback on Communities of Practice and Peer Learning Groups

**OMB control number:** 0970-0401

**Expiration date:** May 31, 2027

## Email Invitation/Script

Subject line: Your Feedback on [Event Name]

Good morning/afternoon,

The Child Care State Capacity Building Center (SCBC) is collecting feedback about its technical assistance services. According to our records, you recently participated in SCBC's [NAME OF EVENT]. We would like to get your feedback so that we can improve our future technical assistance efforts.

If you want to provide feedback, please respond to this short, voluntary survey using this link by [DATE]: [LINK TO SURVEY].

Information will be kept private and the survey is estimated to take about 7 minutes.

Thank you!

The Child Care State Capacity Building Center

## Feedback Form

Technical Assistance Activity: Child Care State Capacity Building Center Communities of Practice and Peer Learning Groups

Question Number	Question/Prompt	Response Options
	<p><b>Demographics</b></p> <p>The following questions aim to help SCBC better understand the diverse needs of its audience and better tailor its services.</p>	
1	Please select your role:	<ul style="list-style-type: none"> <li>• Community member</li> <li>• Consultant (e.g., mental health, health)</li> <li>• Direct service provider (child care staff, home visiting staff, etc.)</li> <li>• Federal Office of Child Care staff (Central or Regional Office)</li> <li>• Higher education professional</li> <li>• Partner organization, government professional (not a Child Care and Development Fund [CCDF] Lead Agency)</li> <li>• State/territory CCDF Lead Agency staff</li> <li>• State-level coach or specialist</li> <li>• Tribal CCDF Lead Agency staff</li> <li>• Technical assistance specialist (federal/National Center staff)</li> <li>• Training and technical assistance professional (coach, specialist, mentor, etc.)</li> <li>• Other role (please describe):</li> </ul>
2	How many years have you held your current role?	<ul style="list-style-type: none"> <li>• Less than 1 year</li> <li>• 1–2 years</li> <li>• 3–5 years</li> <li>• More than 5 years</li> </ul>
3	<p>This [NAME] met [X] times from [INSERT DATE] through [INSERT DATE]. The dates of those meetings were: [INSERT DATES].</p> <p>How many times did you attend the community of practice/peer learning group?</p>	INSERT SCALE BASED ON NUMBER OF MEETINGS
	<p><b>Delivery of Technical Assistance</b></p> <p>The following questions aim to get your feedback about SCBC's delivery of technical assistance (TA).</p>	

Question Number	Question/Prompt	Response Options
	<b>Content Relevance</b>	
4	Please indicate your level of agreement or disagreement with the statements below. 1. The content/experience was/is relevant to my current work.	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree N/A = Not applicable
5	Was the training content too simple, too advanced, or just about right for you?	1 = Far too advanced 2 = A bit too advanced 3 = About right 4 = A bit too simple 5 = Far too simple
	<b>Satisfaction</b>	
6	Please indicate the extent to which you agree or disagree with the statements below. 1. Overall, I am happy/satisfied with the quality and content of the Community of Practice (CoP) or Peer Learning Group (PLG). 2. I felt welcomed, respected and supported in the CoP or PLG.	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree N/A = Not applicable
12	Which aspects of the TA were most useful for you?	<i>Open-ended response</i>
13	What could SCBC do to improve future CoPs/PLGs?	<i>Open-ended response</i>
	<b>Facilitator(s)</b>	
8	Please indicate the extent to which you agree with the statements below. 1. The facilitator(s) was knowledgeable and experienced with the content. 2. The facilitator(s) gave clear explanations and examples. 3. The facilitator(s) valued/values the contributions of each participant. 4. The facilitator(s) fostered connections among the participants.	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree N/A = Not applicable
	<b>Impact of Technical Assistance</b> The following questions aim to get your feedback about the impact of the TA provided by SCBC.	

Question Number	Question/Prompt	Response Options
9	Indicate the extent to which you agree with the statements below. <ol style="list-style-type: none"> <li>1. The TA increased/is increasing my awareness and knowledge of [INSERT MAIN TOPIC/FOCUS OF PRESENTATION].</li> <li>2. I can use the TA or resources to make my work better or easier.</li> <li>3. I learned something during the session that I can use in my current work.</li> </ol>	1 = Strongly disagree 2 = Disagree 3 = Agree 4 = Strongly agree N/A = Not applicable
10	Indicate how likely you are to do each of the following <ol style="list-style-type: none"> <li>1. Review the suggested TA materials or resources.</li> <li>2. Use strategies or information learned in the presentation.</li> <li>3. Share what I learned from the CoP or PLG with my colleagues.</li> </ol>	1 = Very unlikely 2 = Unlikely 3 = Likely 4 = Very likely 5 = Already using
11	Please share any examples of how you used or plan to use what you learned from this CoP/PLG.	<i>Open-ended response</i>
12	What factors, if any, may prevent you from using what you learned from this community of practice/CoP? <i>Select all that apply.</i>	<ul style="list-style-type: none"> <li>• Competing priorities of my role</li> <li>• Lack of authority or influence to make changes</li> <li>• Lack of buy-in or support from state leaders, colleagues, or other partners</li> <li>• Lack of funds or financial resources</li> <li>• Lack of staffing</li> <li>• Lack of time</li> <li>• Need additional TA support, professional development, or both</li> <li>• I don't see any barriers</li> <li>• Other (please describe):</li> </ul>
13	What TA supports or resources would help you overcome these barriers?	<i>Open-ended response</i>
10	Indicate how likely you are to use the [INSERT THE SCBC PRIORITY RESOURCES THAT WERE SHARED] shared in the TA?	1 = Very unlikely 2 = Unlikely 3 = Likely 4 = Very likely 5 = Already using
	<b>General Feedback</b> The following questions aim to get your feedback about the TA provided by SCBC.	

Question Number	Question/Prompt	Response Options
14	What other topics or resources would you like to see addressed by technical assistance?	<i>Open-ended response</i>
	Thank you for participating!	

Paperwork Reduction Act Statement: The purpose of this information collection is to collect feedback from recipients participating in training and technical assistance activities provided by the Child Care State Capacity Building Center. Public reporting burden for this collection of information is estimated to average 7 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 5/31/2027. If you have any comments on this collection of information, please contact Caroline Faux at [caroline.faux@icf.com](mailto:caroline.faux@icf.com).

*This document was developed with funds from contract/task order GS-00F-010CA/75ACF122F80021 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care, by the Child Care State Capacity Building Center.*

State Capacity Building Center: A Service of the Office of Child Care  
 1902 Re The State Capacity Building Center (SCBC)  
 Phone: works with state and territory leaders and  
**Subscri** their partners to create innovative early  
 childhood systems and programs that  
 improve results for children and families.  
 SCBC is funded by the U.S. Department of  
 Health and Human Services, Administration  
 for Children and Families, Office of Child  
 Care.

info  
 ments\_sign-up/