**NCASE Technical Assistance Follow-up Survey**

Thank you for accessing this survey from the National Center for Afterschool and Summer Enrichment (NCASE). We are interested in your reflections and feedback on NCASE activities and resources, your suggestions for the future, and whether NCASE influenced any changes in your practice and/or policies related to providing high quality school-age child care.

The survey is administered by NCASE project evaluators. Completing the survey is voluntary. Individual responses are kept private and data are reported in aggregate form only. The results of this survey will be used to improve NCASE activities and offerings. We appreciate your time and your feedback. If you have any questions, please contact Carrie Liston, [cliston@edc.org](mailto:cliston@edc.org).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to understand how NCASE has influenced awareness and knowledge of high-quality school-age child care. 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. 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 05/31/2027. If you have any comments on this collection of information, please contact Carrie Liston, [cliston@edc.org](mailto:cliston@edc.org).

## **Section 1. PLG Follow-up**

*[Administration note: There will be separate sections for each PLG, each participant will complete no more than two sections and respondents will start by answering questions about their least recent PLG.]*

**Please indicate the extent to which these statements apply to you/your state’s work on the topic of [*Insert topic of PLG*].**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Some | Moderately | A great deal | I don’t know |
| Members of our PLG state team continue to work together on issues related to this topic. |  |  |  |  |  |
| I am still involved with work related to [*this topic*] in my state. |  |  |  |  |  |
| Our state has worked on items from our Action Plan since the conclusion of the PLG. [*Not asked for CoPs*] |  |  |  |  |  |
| I have/My state has implemented a practice or strategy learned from the PLG. |  |  |  |  |  |
| The PLG helped our state move forward on work related to this topic. |  |  |  |  |  |
| I have stayed attuned to the work of other states in the PLG on this topic. |  |  |  |  |  |
| I have maintained connections to other PLG participants from my state. |  |  |  |  |  |
| I have maintained connections to other PLG participants from outside of my state. |  |  |  |  |  |

**Please briefly describe how you have continued to work on this issue in your state since the conclusion of the PLG, if at all.**

**How would you rate the current level of collaboration on this topic within your state related to this topic?**

None

Low

Medium

High

**How have your connections with PLG participants (from within your state and outside of your state) affected your work?**

**How did your participation in the PLG affect your state’s progress or strategy on this issue?**

**From your perspective, how have families and/or child care providers in your state been impacted by the work on [topic] stemming from this PLG?**

**Apprenticeship Community of Practice Follow-up**

*[Administration note: Respondents who attended the Apprenticeship CoP will start their survey with this question.]*

**Please indicate the degree to which you agree with the following statements about your experience in the Apprenticeship Community of Practice (CoP).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Agree | Strongly agree |
| The Apprenticeship CoP offers valuable support for me/our state. |  |  |  |  |
| I have gained awareness/knowledge related to apprenticeships due to the CoP. |  |  |  |  |
| NCASE facilitators and resources help support work in my state related to apprenticeship. |  |  |  |  |
| It is valuable to learn what other states are doing/thinking related to apprenticeships. |  |  |  |  |
| I have gained ideas/strategies from other states due to the CoP. |  |  |  |  |

**Please describe something you learned from the CoP that affected your work or the work in your state.**

**What suggestions do you have to improve the Apprenticeship CoP?**

## **Section 2. Individualized TA Follow-up**

*[Administration note: Respondents who received individualized TA in the last 3 years who were the main point of contact with NCASE will be branched into this section.]*

Our records show that you requested and received individualized (on-demand) technical assistance (TA) from NCASE within the past 3 years.

**The individualized TA I received from NCASE was…**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Agree | Strongly agree | I don’t know |
| … relevant to our state’s request. |  |  |  |  |  |
| … tailored to the context in our state/territory/tribe. |  |  |  |  |  |
| … comprehensive. |  |  |  |  |  |
| … timely. |  |  |  |  |  |
| … high quality. |  |  |  |  |  |

**What happened in your state as a result of the individualized TA you received from NCASE?**

**What feedback, if any, do you have regarding the individualized TA you received from NCASE?**

## **Section 4. NCASE Resource Library**

*[Administration note: All respondents will be invited to complete this section.]*

**Have you used the NCASE Resource Library?**

* Yes
* Not sure
* No

[If no] **What has prevented you from visiting the NCASE Resource Library?***Check all that apply.*

* I was not aware of the NCASE Resource Library
* It is not relevant to my work
* I have not had time
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Respondents will SKIP to end of section]

**[**if yes, used the Resource Library]

**How often do you use the NCASE Resource Library?**

* About once per week
* About once per month
* About once every few months
* About once per year
* Less than once per year

**Why have you visited the NCASE Resource Library?** *Check all that apply.*

* To search for resources related to a topic
* To view a specific resource (i.e. following a link)
* To find ideas and strategies to support my work
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The NCASE Resource Library site is a valuable resource for the field of school-age child care.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Agree | Strongly Agree | I don’t know |

## **Section 4. NCASE RESOURCES**

*[Administration note: All respondents will be invited to complete this section.]*

**Which, if any, of these NCASE Resources have you accessed?** *Check all that apply.*

* School-age State Data Profiles
* Out-of-School Time Professional Development System Building Toolkit
* Mental Health Toolkit
* Practice Brief, “[Combining Resources To Support Quality Out-of-School Time Programs](https://childcareta.acf.hhs.gov/resource/combining-resources-support-quality-out-school-time-programs)”
* Other NCASE resource, please specify:
* None of the above [*exclusive response*]

[If none of the above] **Why you have not accessed any of these NCASE resources?***Check all that apply.*

* I was not aware of the resources
* They are not relevant to my work
* I have not had time
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Respondents will SKIP to end of section]

**Of these resources, which did you access most recently or recall the best?**

* School-age State Data Profiles
* Out-of-School Time Professional Development System Building Toolkit
* Mental Health Toolkit
* Practice Brief, “[Combining Resources To Support Quality Out-of-School Time Programs](https://childcareta.acf.hhs.gov/resource/combining-resources-support-quality-out-school-time-programs)”
* Other NCASE resource, please specify:

**How was the [***auto fill based on recently accessed resource selection***] useful to you?** *Check all that apply.*

* Increased my awareness of this topic
* Increased my awareness of how other states are handling this topic
* Increased my knowledge of promising practices or policies
* Helped me with an issue in my state
* Helped me provide information to others on this topic
* Helped me advocate for more attention or support for high quality school-age child care
* Other, please specify:
* This resource was not useful for me. [*Exclusive response*] Skip to end of section.

**Please briefly describe how [***auto fill based on recently accessed resource selection***] was useful to you.**

## **Section 5. NCASE Satisfaction and Impact**

*(Administration Note: Respondents to this section will include those who attended a webinar within the past 2 years.)*

**Due to NCASE activities, events, and/or resources, I have …**

*Select N/A if the item is not relevant to your work or role.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Agree | Strongly agree | N/A |
| … deeper awareness of the importance of school-age issues. |  |  |  |  |  |
| … implemented a new practice or policy to improve school-age child care. |  |  |  |  |  |
| … deeper awareness of what other states are implementing. |  |  |  |  |  |
| … considered using a strategy or practice from another state. |  |  |  |  |  |
| … connected with someone in my state about a topic related to school-age child care. |  |  |  |  |  |
| … connected with someone from another state about a topic related to school-age child care. |  |  |  |  |  |
| … collaborated with others around school-age issues. |  |  |  |  |  |
| … advocated for school-age child care in my state. |  |  |  |  |  |

**Please indicate your level of agreement to the following statements about NCASE Technical Assistance (TA).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Agree | Strongly agree | I don’t know |
| The information presented is respectful, non-judgmental and supportive of diverse populations (i.e., free from stereotypes or bias.) |  |  |  |  |  |
| The TA content reflects diverse experiences and backgrounds. |  |  |  |  |  |

**How could NCASE TA activities be more inclusive of or responsive to diverse audiences?**

**To what extent did your participation in NCASE increase your awareness or knowledge of the following topics related to school-age child care?** *Select N/A if you did not access any information from NCASE on this topic.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Some | Moderately | A great deal | N/A |
| Value of summer learning/promising practices in summer learning |  |  |  |  |  |
| Developing a strong afterschool and summer workforce |  |  |  |  |  |
| Social Emotional Learning |  |  |  |  |  |
| Equity and inclusivity |  |  |  |  |  |
| Quality improvement systems |  |  |  |  |  |
| Mental health |  |  |  |  |  |
| Accessing or collecting high quality state data related to school-age child care |  |  |  |  |  |
| Consumer education/family engagement |  |  |  |  |  |
| Emergency preparedness |  |  |  |  |  |
| Funding to support afterschool and summer enrichment (set-aside, combined funding) |  |  |  |  |  |
| Partnerships and collaboration |  |  |  |  |  |

**Please describe an example of when NCASE made a difference in your work.**

**To what extent has NCASE strengthened your partnerships or collaboration with the following entities?** *Select N/A if you do not partner or collaborate with this entity or if you are from the entity.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | Some | Moderately | A great deal | N/A |
| State Child Care Development Fund (CCDF) lead agency |  |  |  |  |  |
| State Afterschool Network / National Afterschool Association Affiliates |  |  |  |  |  |
| Child Care Resource & Referral (CCR&R) agencies |  |  |  |  |  |
| State Department of Education |  |  |  |  |  |
| Other state agencies (e.g. workforce, health) |  |  |  |  |  |
| Child Care Providers |  |  |  |  |  |
| Community-based organizations |  |  |  |  |  |
| Colleges and universities |  |  |  |  |  |

## **Section 6. About You**

**Are you state CCDF Lead Agency staff?**

* Yes
* No
* Not sure

**Are you affiliated with a Tribal CCDF grantee?**

* Yes
* No
* Not sure

**What best describes your role?**

* State Education Agency staff
* State Licensing Agency staff
* National Technical Assistance provider
* Child Care Resource and Referral Agency staff
* State Afterschool Network / National Afterschool Association affiliate
* 21st Century Community Learning Center Coordinator
* Program Provider/Staff/Director
* None of the above

**How many years of experience do you have in the field of school-age child care?**

* About a year or less
* About 2 to 4 years
* 5 years or more

**How many years have you been in current role?**

* About a year or less
* About 2 to 4 years
* 5 years or more