

Tribal Plan Training Feedback

1. Please select your role:

- ☐ Tribal CCDF administrator
- ☐ Tribal CCDF staff member
- ☐ Tribal grant writer
- ☐ Tribal fiscal staff member
- ☐ Tribal leader
- ☐ Other [please specify]

2. How long have you been working with the CCDF program?
0-6 months, 6 months -2 years, 2-5 years, more than 5 years

3. Are you a P.L. 102-477 Tribe?
Yes, no, unsure, N/A

4. What is your OCC region?
1, 2, 3, 4, 5, 6, 7, 8, 9, 10, unsure

Please indicate the extent to which you agree with the statements below.

Likert Scale Answer Options: 1) Strongly Agree, 2) Agree, 3) Disagree, 4) Strongly Disagree, or 5) N/A)

5. Content

The content provided increased my understanding of the CCDF requirements and flexibilities as they apply to my CCDF program.

The content provided helped me understand how to complete the FFY 2026-2028 Tribal CCDF Plan.

The activities included enhanced my understanding of the content.

6. Presenters

The presenters were well-prepared.

The presenters had adequate knowledge of the CCDF requirements and flexibilities.

The presenters satisfactorily responded to my questions.

If not, please describe any outstanding questions you have: [Answer: Optional Comment Box]

7. Resources

The highlighted resources enhanced my understanding of the CCDF requirements and flexibilities as they apply to my CCDF program.

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I plan to use the highlighted resources after the training.

8. Overall

I am better prepared to complete the FFY 2026-2028 Tribal CCDF Plan as a result of participating in this training.

Overall, this training met my needs.

- 9.** If you selected “strongly disagree” or “disagree” for any of the statements above, please tell us how we can improve.

[Answer: Comment Box]

- 10.** Please select all areas of the FFY 2026-2028 Tribal CCDF Plan with which your program needs additional support.

- ☐ Section 1- Child Count
- ☐ Section 1 – Program Administration
- ☐ Section 2a – Health and Safety Standards, Training, Ratios/Group Sizes, Monitoring
- ☐ Section 2b – Comprehensive Background Checks
- ☐ Section 3 – Quality Improvement
- ☐ Section 4 – Direct Services for Tribes with Small Allocations
- ☐ Section 5 – Child and Family Eligibility, Enrollment, and Continuity of Care
- ☐ Section 6 – Equal Access to Quality of Care
- ☐ Section 7 – Family Outreach and Consumer Education
- ☐ No additional support needed.

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- 11.** Which part(s) of the training did you find most useful? [Optional Answer: Comment Box]

- 12.** What is your biggest takeaway from the training? [Optional Answer: Comment Box]

- 13.** In what way(s) do you anticipate the training will help you complete the FFY 26-28 Tribal CCDF Plan? [Optional Answer: Comment Box]

- 14.** Which topic(s) not covered at the training would help you complete the Plan? [Optional Answer: Comment Box]

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