**Peer Learning Group Post-Survey**

The NCASE project evaluators at Education Development Center are collecting feedback about the Peer-Learning Group (PLG) hosted by the National Center on Afterschool and Summer Enrichment (NCASE)

This survey is being administered by the project evaluators and should take 10 minutes to complete. Your feedback helps us determine the usefulness of NCASE TA offerings and is used to inform the project’s ongoing activities. The evaluation team keeps individual responses private and reports data in aggregate form only. This survey is voluntary and you may skip any question that you do not wish to answer.

Thank you for your responses! Your feedback is important and highly valued. If you have any questions, please contact Carrie Liston at [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 learn about your experiences at the TA session. Public reporting burden for this collection of information is estimated to average 10 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 5/31/2027. If you have any comments on this collection of information, please contact Carrie Liston at [cliston@edc.org](mailto:cliston@edc.org).

**Your Experience in the PLG**

**Please respond to the following statements about the PLG on a scale from Strongly Disagree (1) to Strongly Agree (4).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Agree (3) | Strongly Agree (4) |
| I was satisfied with the quality of the sessions. |  |  |  |  |
| A Peer Learning Group (PLG) was an effective format for this content. |  |  |  |  |
| The learning environment was collaborative. |  |  |  |  |
| The content of the sessions was relevant to my work. |  |  |  |  |
| The presenters were responsive to participants’ questions and requests for information. |  |  |  |  |
| My expectations for this PLG were met. |  |  |  |  |

**How could this session/event be more relevant to your needs?**

**Please indicate how worthwhile each component of the PLG was for you**. *Select N/A if you did not participate in that component.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all Worthwhile | Fairly Worthwhile | Moderately Worthwhile | Very Worthwhile | N/A |
| **Individual state meeting time** during the sessions (in breakout rooms) |  |  |  |  |  |
| **Subject matter experts** presenting to the whole group. |  |  |  |  |  |
| **Other resources from NCASE** (posted on MyPeers or shared on presentation slides) |  |  |  |  |  |
| Working with my state team on the **action plan** |  |  |  |  |  |
| **Resources and examples shared by other states**, including action plans |  |  |  |  |  |

**Please indicate how worthwhile each topic of the PLG was for you**. *Select N/A if you did not participate in that component. For each topic, please indicate if you would like more information.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all Worthwhile | Fairly Worthwhile | Moderately Worthwhile | Very Worthwhile | N/A | I would like more information on this topic. |
| Recruitment and retention |  |  |  |  |  |  |
| Compensation |  |  |  |  |  |  |
| Preparation |  |  |  |  |  |  |
| Career Pathways |  |  |  |  |  |  |
| Positive work environments |  |  |  |  |  |  |
| Building Partnerships |  |  |  |  |  |  |
| Information on CCDF |  |  |  |  |  |  |

**Overall, what would you suggest to improve this or future Peer Learning Groups?**

**Outcomes of Participating**

**Please respond to the following statements about this Peer Learning Group (PLG) on a scale from Strongly Disagree (1) to Strongly Agree (4).** *Select N/A if the item is not relevant to your work.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Disagree (2) | Agree (3) | Strongly Agree (4) | N/A |
| The sessions deepened my knowledge of the topic presented. |  |  |  |  |  |
| I learned from other states. |  |  |  |  |  |
| I shared strategies and resources with other states. |  |  |  |  |  |
| Due to this PLG, collaboration within my state on this topic has increased. |  |  |  |  |  |
| I learned about national trends and resources. |  |  |  |  |  |
| I learned something during the PLG that I have already or will use in my work. |  |  |  |  |  |
| I have shared or plan to share what I learned from the PLG with colleagues or others. |  |  |  |  |  |
| I will dedicate more time, attention, or other resources to address the issues covered in the PLG as a result of my participation. |  |  |  |  |  |

**Prior to this PLG, how would you rate the level of collaboration around issues of OST workforce in your state across different sectors/organizations?**

* Very Low
* Low
* Medium
* High
* Very high

**Now, after the PLG, how would you rate the level of collaboration around issues of OST workforce in your state across different sectors/organizations?**

* Very Low
* Low
* Medium
* High
* Very high

**Do you plan to continue implementing your state’s Action Plan after the conclusion of the PLG?**

* Yes
* No
* Not sure

**What is one, specific, "next step" that you plan to take after participating in this PLG?** *(For example, continue work on my team action plan, seek more resources on a related topic, follow-up with somebody, implement a practice you learned about, etc.).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wrap-up**

**Please indicate your availability to participate in a 30-to-45-minute online focus group with the NCASE evaluation team about this Peer Learning Group.**

Evaluators will be holding at least two focus groups that bring together 4 to 6 PLG attendees from different states to chat about their experiences in this PLG. The data will be summarized and shared with the project team to help inform follow-up activities and future PLGs. The evaluation team keeps the identity of focus group participants private from the project team and does their best to remove any identifying information from findings or quotes in their reports.

**Please select all the times you would be available.**

*There is no need to save the date now; evaluators will send an email and meeting request (for a Zoom meeting, with the option to just join over the phone)*

* [CL will plug in dates/times between June 12 to June 21]
* None of the above/I do not want to participate in a focus group

(sample to be selected/invited on June 5)

**Are you State CCDF Lead Agency Staff, administering the Child Care and Development Block Grant Act (CCDBG) in your state?**

* Yes
* No
* I do not know

**Do you work for a tribal CCDF program (i.e. tribal CCDF grantee)?**

* Yes
  + **(If yes) Please specify the name of the CCDF tribal grantee.**
* No
* I do not know

**What best describes your role?**

* State CCDF Lead Agency staff
* State Education Agency staff
* State Licensing Agency staff
* Regional Office of Child Care / Office of Head Start staff
* National Office of Child Care / Office of Head Start staff
* National Technical Assistance provider
* Child Care Resource and Referral Agency staff
* School-age Network / National Afterschool Association affiliate
* Family Child Care Provider/Staff
* 21st Century Community Learning Centers Program staff
* Program Provider/Staff
* Other State/Territory/Tribal staff
* None of the above

Display This Question:

If = None of the above to CCDF Lead Agency Staff

**You selected "None of the above." Please select the category that best fits your work:**

* State agency
* Child care provider
* System support for child care/ after school/out-of-school-time
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your state or territory:**

▼ Alabama (1) ... I do not reside in the United States (53)

(options include U.S. States and Territories)