



# Child Care and Early Education Policy Research Consortium (CCEEPRC) 2017 Annual Meeting

March 1-2, 2017 • The Westin Washington, D.C. City Center • Washington, D.C.

0970-0401  
05/31/2018

## Overall Evaluation Form

This evaluation form can also be completed online at: [\[INSERT LINK TO SURVEY HERE\]](#)

**Which professional perspective most closely reflects your current role/position?** (Please select one)

- |  |   |
|--|---|
| <input type="checkbox"/> Researcher (if selected, additional options appear) | <input type="checkbox"/> State or Local Government              |
| <input type="checkbox"/> Academic  | <input type="checkbox"/> Federal Government                     |
| <input type="checkbox"/> Research Firm/Institution                           | <input type="checkbox"/> Training/Technical Assistance Provider |
| <input type="checkbox"/> Federal, State, or Local Government                 | <input type="checkbox"/> Service Provider/Organization          |
|  | <input type="checkbox"/> Other: (Please specify)                |

**Please check each day you attended.**

- Wednesday, March 1, 2017       Thursday, March 2, 2017

**Is this your first time attending CCEEPRC (formerly, CCPRC)?**

- Yes       No

### Overall Program

**Please rate the statements using the following scale: 1=Poor, 2=Fair, 3=Good and 4=Excellent.**

	Poor	Fair	Good	Excellent
My overall impression of the meeting was: .....	1	2	3	4
The information discussed and provided was: .....	1	2	3	4
The presenters and moderators were: .....	1	2	3	4
The plenary session topics were (i.e. Welcome, New Federal Regulations, Research-to-Policy Translation, Quality Improvement in Home-Based Child Care, Reflections and Next Steps):.....	1	2	3	4
The workshop/breakout session topics were: .....	1	2	3	4

**1. Were the presentations, discussions, and topics covered in this year's meeting relevant to your work or interests? Please explain.**

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**2. What topics would you like to see addressed or explored further in future meetings or in a different format? Please specify the topics and preferred format.**

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**3. Which plenary sessions and workshops did you find most effective and why?**

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**4. What can we improve for next time in terms of meeting content (e.g., topics, sessions, participants)?**

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**5. What can we improve for next time in terms of meeting format (e.g., length of meeting, session format, new CCEEPRC communications system)?**

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**Opportunities for Networking**

**For each activity you participated in, please rate your overall impression using the following scale: 1=Poor, 2=Fair, 3=Good and 4=Excellent.**

	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
Coffee with Colleagues (Wednesday morning).....	1	2	3	4
Meet-and-Greet Reception (Wednesday evening).....	1	2	3	4
Affinity Group Lunch Discussions (Thursday) .....	1	2	3	4

**6. What can we improve for next time in terms of networking opportunities?**

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**Meeting Logistics**

	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>
Overall meeting.....	1	2	3	4
Time of year.....	1	2	3	4
Location of hotel.....	1	2	3	4
Hotel accommodations.....	1	2	3	4
Meeting registration process.....	1	2	3	4
Logistics staff assistance.....	1	2	3	4
Meeting materials.....	1	2	3	4
The use of USB drives for resource-sharing.....	1	2	3	4

7. If you rated any of the items above as 1=Poor or 2=Fair, please elaborate.

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8. What can we improve for next time in terms of meeting logistics?

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9. Do you have anything else that you would like to share?

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*Thank you for completing this Evaluation Form. Please return this completed form to the Registration Desk, fax it to (240) 399-8471, or e-mail it to [opre@blhtech.com](mailto:opre@blhtech.com).*

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to collect participant feedback to shape future CCEEPRC meetings. Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are **OMB #: 0970-0401, Exp: 05/31/2018**. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Ann Rivera ([Ann.Rivera@acf.hhs.gov](mailto:Ann.Rivera@acf.hhs.gov)).