OCC Post Event Survey

This survey is administered by the project evaluators at the Office of Child Care (OCC). This data helps determine the usefulness of OCC's offerings and informs the project's ongoing activities. The survey will take approximately 5 minutes to complete. The survey is voluntary. You may skip any question that you do not wish to answer. The evaluation team keeps individual responses private and reports data in aggregate form only. Thank you for your responses! Your feedback is important and highly valued.

If you have questions about this survey, please contact OCC Communications at <u>occ-comms@totemconsultingdc.com</u>.

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 event. Public reporting burden for this collection of information is estimated to average 5 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. The 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 0970-0617 and the expiration date is 9/30/2026. If you have any comments on this collection of information, please contact the Office of Child Care Communications at occ-comms@totemconsultingdc.com.

Please select your role at this event. *(drop down list)

- State CCDF Lead Agency staff
- State Education Agency staff
- State Licensing Agency staff
- Territory CCDF Lead Agency staff
- Tribal CCDF Lead Agency staff
- 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
 - o Please specify _____

Your State or Territory * (drop down list)

•	Alabama	Illinois	 New Jersey 	 South Dakota
•	Alaska	 Indiana 	 New Mexico 	 Tennessee
•	American	• Iowa	 New York 	Texas
	Samoa	 Kansas 	North	 U.S. Virgin
•	Arizona	 Kentucky 	Carolina	Islands
•	Arkansas	• Louisiana	 North Dakota 	Utah
•	California	Maine	 Northern 	 Vermont
•	Colorado	 Maryland 	Mariana	 Virginia
•	Connecticut	 Massachusetts 	Islands	 Washington
•	Delaware	 Michigan 	 Ohio 	 West Virginia
•	District of	 Minnesota 	 Oklahoma 	 Wisconsin
	Columbia	 Mississippi 	 Oregon 	 Wyoming
•	Florida	 Missouri 	 Pennsylvania 	 I do not reside
•	Georgia	 Montana 	 Puerto Rico 	in the United
•	Guam	 Nebraska 	 Rhode Island 	States
•	Hawaii	 Nevada 	 South 	 Not applicable
•	Idaho	New Hampshire	Carolina	

Please indicate your level of agreement with the following statements.

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The content provided was easy to understand.					
The activities provided enhanced my understanding of the content.					
The information presented was respectful, nonjudgmental, and supportive of diverse populations (i.e., free from					

stereotypes or bias).			
The resources shared enhanced my understanding of the subject matter.			
The presenter/s was well- prepared.			
The presenter/s had adequate knowledge of the subject matter.			
The presenter/s was able to respond appropriately to questions from participants.			
I increased my knowledge of the content that was provided.			
I feel ready to apply the new content to my work.			
Overall, the event/s was relevant to my interests and needs.			

If you selected S us how we could		_	-	statements ab	ove, please te
What other topic	cs would be us	eful? [Answer: (Comment Box]		
Do you have an	uthing also you	would like to s	shara2 [Angwar	· Ontional Com	mont Povi
Do you have any	ytning eise you	i would like to s	snare? [Answer	Optional Comm	nent Boxj