

Office of Child Care Post-Event Survey Question Bank

This document includes a universe of potential questions to be selected from for use on post-event surveys at Office of Child Care events. The specific questions for each survey will be selected based on the type of event. The number of questions selected will take five minutes or less to complete and each survey will include an introduction and the Paperwork Reduction Act, as shown here.

Text for Registration Forms:

Office of Child Care 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 occ-comms@totemconsultingdc.com.

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.

Question Options for OCC Post-Event Surveys:

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

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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The activities provided enhanced my understanding of the content. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The information presented was respectful, nonjudgmental, and supportive of diverse populations (i.e., free from | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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If you selected Strongly Disagree or Disagree for any of the statements above, please tell us how we could improve. [Answer: Comment Box]

What other topics would be useful? [Answer: Comment Box]

Do you have anything else you would like to share? [Answer: Optional Comment Box]
