



## OCC School-Age Child Care Institute 2024

*Building and Enhancing Out-of-School Time (OST)  
Opportunities Through Collaboration*

**June 12-13, 2024**



### Feedback Form

Thank you for attending the meeting. Please provide us with feedback on your experience by completing this form. Your feedback will be valuable and greatly appreciated.

#### Please select your role

- Federal Employee
- State CCDF Administrator
- Territory CCDF Administrator
- State CCDF Staff Member
- Territory CCDF Staff Member
- OCC National Center TA Staff
- 21st Century Community Learning Center State Coordinator
- State Afterschool Network Lead
- Invited Presenter or Guest
- Other (please specify)

#### Overall rating for the meeting:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to obtain feedback from participants in the OCC School-Age Child Care Institute 2024. 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. An 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 Stacy Cassell, [stacy.cassell@acf.hhs.gov](mailto:stacy.cassell@acf.hhs.gov).

**The information presented was respectful, nonjudgmental, and supportive of diverse populations (i.e., free from stereotypes or bias).**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**Comments**

**Event Rating**

**Useful and Relevant** (i.e., provided you with practical information or a practical perspective to inform your current work)

- ☐ Extremely
- ☐ Very
- ☐ Slightly
- ☐ Not at all

**Influential** (i.e., influenced your thinking; enabled you to think differently; helped you analyze, synthesize, or integrate information in a new way)

- ☐ Extremely
- ☐ Very
- ☐ Slightly
- ☐ Not at all

**Well Organized** (i.e., thoroughly covered talking points, easy to remember, effectively used the scheduled time)

- ☐ Extremely
- ☐ Very
- ☐ Slightly
- ☐ Not at all

**Comments**

**Do you have specific comments about a session held on the first day of the meeting?**

**Do you have specific comments about a session held on the second day of the meeting?**

**What is one big takeaway you gained from the meeting?**

**What has inspired or motivated you?**

**What topic would you like to learn more about?**

**Please suggest topics that you would like to have covered during future meetings. (Suggested topics might be covered prior to the next event.)**

**Please provide any additional comments or ideas.**