The Child HCAHPS Data Submission System

Account Registration

Please provide the following information to register for an account. The information you provide for registration purposes will be kept confidential. The CAHPS Database will review your request and will send you an e-mail with the information to access the 2026 Child HCAHPS Survey Data Submission System.

The CAHPS Child Hospital Survey Data Submission System
Account Registration

OMB Control No.: 0935-0243
Expiration Date: 1/31/2029

Please provide the following information to register for an account. The CAHPS Database will review your request and will send you an e-mail with the information to access the CAHPS Child Hospital Survey.

* = Required Field

*Organization Name: [_____]
*First Name: [_____]
*Last Name: [_____]
Title Position: [_____]
*Address 1: [_____]
Address 2: [_____]
*City: [_____]
*State: [_____ ▾]
*Zip Code: [_____]
*Telephone number: (____) ____ - ____   Ext.: [____]
Fax number: (____) ____ - ____
*Email Address: [_____]

*Role of participant
○ Hospital/Health System
○ Vendor
○ Association

*Are you the primary contact?
○ Yes
○ No (please give the name and telephone number of the primary contact)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the form. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0243) AHRQ, 5600 Fishers Lane, Rockville, MD 20857.

This survey is authorized under 42 U.S.C. 299a. The confidentiality of your responses to this survey is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.