CCEEPRC 2024-2025 RESEARCH COLLABORATIVES REGISTRATION FORM

(Administered as a Google FORM)

1. First Name
2. Last Name
3. Email address
4. Primary Employer/Affiliation
5. Which professional perspective(s) most closely reflects your current role or position? Select up to two.
   - ☐ Academic Researcher
   - ☐ Federal Contractor
   - ☐ State, Territory, or Tribal Researcher
   - ☐ Consultant
   - ☐ Federal Staff
   - ☐ Fellow, Scholar, or Student
   - ☐ State, Territory, or Tribal Administrator
   - ☐ Other

   5. a Please share your professional perspective if you selected "other."

6. Research Collaboratives (select one)
   - ☐ RC1: Tribal Communities: Indigenous ways of knowing (Facilitator: Deana Around Him)
   - ☐ RC2: Child Care Market Forces: The Natural Experiment of Covid Relief Dollars. (Facilitator: Liz Davis)
   - ☐ RC3: Child Care and Early Education System Interactions that Drive Supply, Access, and Demand. (Facilitator: Nathan Burroughs)
   - ☐ RC4: Workforce Diversity: Attributes, Strengths, and Investment. (Facilitator: Heather Sandstrom)
   - ☐ RC5: Mental Health of Children, Families, Caregivers, and the Workforce (Facilitator: Sandra Barrueco)
   - ☐ RC6: Parent Co-construction of Services (Facilitator: Colleen Vesely)
   - ☐ RC7: Actionable Equity Assessments (Facilitator: Pam Joshi)

7. Please state one goal or more that you have in participating in this community. (open-ended, optional)

8. Comments or Questions (open-ended, optional)

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to assist with planning the Research Collaborative meetings. Public reporting burden for this collection of information is estimated to average 3 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. 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 0970-0617 and the expiration date is 09/30/2026. If you have any comments on this collection of information, please contact Ann (ann.rivera@acf.hhs.gov) or Tracy (tracy.clopet@acf.hhs.gov).