

Office of Child Care Tribal Cluster Meeting: Registration Questions

All fields followed by * are required.

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

- Tribal CCDF Administrator
- Tribal CCDF Lead Agency Staff
- Tribal Fiscal Staff
- Federal Employee
- OCC National Center TA Staff (drop down list)
 - o Child Care Automated Reporting System (CARS)
 - o Child Care Meeting Management Center (CMC)
 - o Child Care State Capacity Building Center (SCBC)
 - o Data and Information Systems Consultation Center (DISCC)
 - o National Center on Afterschool and Summer Enrichment (NCASE)
 - o National Center on Early Childhood Quality Assurance (NCECQA)
 - o National Center on Subsidy Innovation and Accountability (NCSIA)
 - o Tribal Child Care Capacity Building Center (TCBC)
 - o Tribal Child Care Program Support Center (TPSC)
- Invited Presenter or Guest
- Other
 - o Please specify _____

Contact Information

- First Name *
- Last Name *
- Title/Position *
- Organization or Tribe/Tribal Organization *
- City *
- State *
- Zip Code*
- Telephone Number *
- Email Address *
- OCC Region * (drop down list)
 - o Region 1 (CT, MA, ME, NH, RI, VT)
 - o Region 2 (NJ, NY, PR, VI)

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to collect registration information from potential participants in OCC's Tribal Cluster Meeting to allow organizers to compile proper resources and tools for participants. Public reporting burden for this collection of information is estimated to average 5 minutes per grantee, 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 stacy.cassell@acf.hhs.gov.

- ☐ Region 3 (DC, DE, MD, PA, VA, WV)
- ☐ Region 4 (AL, FL, GA, KY, MS, NC, SC, TN)
- ☐ Region 5 (IL, IN, MI, MN, OH, WI)
- ☐ Region 6 (AR, LA, OK, NM, TX)
- ☐ Region 7 (IA, KS, MO, NE)
- ☐ Region 8 (CO, MT, ND, SD, UT, WY)
- ☐ Region 9 (AS, AZ, CA, GU, HI, MP, NV)
- ☐ Region 10 (AK, ID, OR, WA)
- ☐ N/A

Are you a Public Law 102-477 Grantee?

- ☐ Yes
- ☐ No
- ☐ Unsure

Do you require any special accommodations?

- ☐ Yes

Please specify _____

- ☐ No

Will you be staying at the meeting hotel?

- ☐ Yes
- ☐ No
- ☐ Unsure

Emergency Contact Information

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Emergency Contact Name:

Emergency Contact Telephone Number:

Emergency Contact Email Address:

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