

# Registration for Infant/Toddler Webinar and Infant/Toddler Institute

## Registration Information:

The Office of Child Care is pleased to invite you to a [webinar or institute] for child care partners and leaders who implement infant/toddler policies and practices. This event will provide you with professional development opportunities focused on infant/toddler policies, practices, and the implementation of programs and services under the Child Care and Development Fund.

Infant/Toddler Specialist Network facilitators from the Office of Child Care's Child Care State Capacity Building Center will orient leaders of infant/toddler initiatives to their own next right steps for changing practices and systems to meaningfully include infants and toddlers. Event participants will have the opportunity to learn from peers and ask the facilitators questions.

| Question Number | Question/Prompt                                      | Response Options                                                               |
|-----------------|------------------------------------------------------|--------------------------------------------------------------------------------|
| 1               | First Name                                           | Open-ended response                                                            |
| 2               | Last Name                                            | Open-ended response                                                            |
| 3               | Email                                                | Open-ended response                                                            |
| 4               | Phone Number                                         | Open-ended response                                                            |
| 5               | State, Territory, or Tribe ( <i>drop down list</i> ) | [List of recognized states, territories, and Tribes; approx. 300-400 entities] |
| 6               | Organization (where you work)                        | Open-ended response                                                            |

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to inform the planning of technical assistance events for child care leaders and practitioners who implement programs, policies, and services for infant/toddlers served through the Child Care and Development Fund (CCDF). Public reporting burden for this collection of information is estimated to average 1 minute 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 Patricia Haley at [Patricia.Haley@acf.hhs.gov](mailto:Patricia.Haley@acf.hhs.gov)

| Question Number | Question/Prompt                                                                    | Response Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7               | Role<br>(drop down list)                                                           | <ul style="list-style-type: none"> <li>• CCDF Administrator or Staff</li> <li>• Child Care Workforce</li> <li>• Federal Employee (non-OCC staff)</li> <li>• Grantee Accountability or Program Integrity</li> <li>• Licensing or Monitoring</li> <li>• OCC Central Office Staff</li> <li>• OCC Regional Office Specialist</li> <li>• OCC Regional Program Manager</li> <li>• OCC National Center TA Staff</li> <li>• Outreach and Consumer Education</li> <li>• Presenter or Invited Guest</li> <li>• Program Staff</li> <li>• Quality Improvement</li> <li>• Subsidy/Financial Assistance</li> <li>• Other <ul style="list-style-type: none"> <li>o Please specify _____</li> </ul> </li> </ul> |
| 8               | Title (your actual title)                                                          | Open-ended response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 9               | Do you require any special accommodations?                                         | Yes:<br>Please specify: _____<br>No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 10              | Do you require any translation services? [Requieres algún servicio de traducción?] | Yes [Sí]:<br>Please specify. [Por favor, sea específico.] _____<br>No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 11              | What information, strategies, and resources do you hope this event will provide?   | Open-ended response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| Question Number | Question/Prompt                                                                | Response Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12              | Please select topics you would be willing to share with peers (Drop down list) | <ul style="list-style-type: none"> <li>• Infant/toddler quality initiatives</li> <li>• Infant/toddler access strategies</li> <li>• Infant/toddler workforce supports</li> <li>• Infant/toddler workforce professional development</li> <li>• Infant and Early Childhood Mental Health strategies</li> <li>• Infant/toddler care supply-building strategies</li> <li>• Leadership on behalf of infants, toddlers, and their caregivers</li> <li>• Infant/toddler collaborative partnerships</li> <li>• Growing, Refining, or Beginning Infant/Toddler Specialist Networks</li> <li>• Other <ul style="list-style-type: none"> <li>o Please specify _____</li> </ul> </li> </ul> |
| 13              | Emergency Contact Name, Email and Phone (optional question)                    | Open-ended response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |