

# Office of Child Care Event Registration Question Bank

This document includes a universe of potential questions to be selected from for registration purposes at Office of Child Care events. The specific questions for each registration request will be selected based on the type of event and planning needs. The number of questions selected will take three minutes or less to complete and each registration form will include an introduction and the Paperwork Reduction Act, as shown here.

## Text for Registration Forms:

### **Office of Child Care Event Registration**

This registration is administered by the project evaluators at the Office of Child Care (OCC). This data helps us plan for logistics and understand who is attending OCC sponsored webinars, meetings, events, and presentations. This data also offers insight into how we can better accommodate you for future events. The registration will take approximately three minutes to complete. Thank you for your time!

If you have questions about this survey, please contact [OCC POC] at [POC email].

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to learn about your experiences at event. 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 is a voluntary collection of information. The 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 9/30/2026.

## Question Options for OCC Event Registration:

**First Name**

**Last Name**

**Email**

**Telephone Number**

**Your State or Territory (drop down list)**

- |                        |                 |                            |                                        |
|------------------------|-----------------|----------------------------|----------------------------------------|
| • Alabama              | • Idaho         | • Nevada                   | • South Dakota                         |
| • Alaska               | • Illinois      | • New Hampshire            | • Tennessee                            |
| • American Samoa       | • Indiana       | • New Jersey               | • Texas                                |
| • Arizona              | • Iowa          | • New Mexico               | • U.S. Virgin Islands                  |
| • Arkansas             | • Kansas        | • New York                 | • Utah                                 |
| • California           | • Kentucky      | • North Carolina           | • Vermont                              |
| • Colorado             | • Louisiana     | • North Dakota             | • Virginia                             |
| • Connecticut          | • Maine         | • Northern Mariana Islands | • Washington                           |
| • Delaware             | • Maryland      | • Ohio                     | • West Virginia                        |
| • District of Columbia | • Massachusetts | • Oklahoma                 | • Wisconsin                            |
| • Florida              | • Michigan      | • Oregon                   | • Wyoming                              |
| • Georgia              | • Minnesota     | • Pennsylvania             | • I do not reside in the United States |
| • Guam                 | • Mississippi   | • Puerto Rico              | • Not applicable                       |
| • Hawaii               | • Missouri      | • Rhode Island             |                                        |
|                        | • Montana       | • South Carolina           |                                        |
|                        | • Nebraska      |                            |                                        |

**Job Title**

**What organization/office are you from?**

**Are you representing a State or Territory Lead Agency?**

☐ Yes

Please specify \_\_\_\_\_

☐ No

**Are you representing a Tribal Lead Agency?**

☐ Yes

Please specify \_\_\_\_\_

☐ No

**Do you require any special accommodations?**

☐ Yes

Please specify \_\_\_\_\_

☐ No