**Instrument 2. Front-line child care licensing staff survey**

**Consent information for landing page of REDCap Survey (respondents will have seen all these details earlier in the outreach materials).**

We are inviting you to take part in our research on child care licensing. This one-time, voluntary online survey should take no more than 30 minutes to complete. You will receive a $25 gift card, which will be sent to you after you complete the survey.

You can skip any question, and you can stop the survey at any time. There are no right or wrong answers to any of our questions. There is a chance that you may feel uncomfortable answering some questions. Although there are no direct benefits to you for completing this survey, we hope that the information you provide will benefit the licensing system and providers.

The information in this survey will be used only for research purposes and in ways that will not reveal who you are. You will not be identified in any publication from this study. We will share some of the data we collect with qualified individuals for research purposes.

Personally identifying information (PII), such as your name, can only be accessed for the study's research purposes by the project team and authorized personnel associated with the project, on a need-to-know basis. Your answers to the survey questions will be used only for research purposes.

If you would like a copy of this information or have questions, please email us at licstaff@childtrends.org or contact the IRB at irbparticipant@childtrends.org or by phone at 1-855-288-3506.

The Paperwork Reduction Act (PRA) Statement: This collection of information is voluntary and will be used to better understand the child care and early education (CCEE) licensing system as well as front-line staffs’ characteristics, perceptions of their roles, and job challenges. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Kelly Maxwell, kmaxwell@childtrends.org, or Child Trends, 1516 Franklin Street, Suite 205, Chapel Hill, NC 27514, Attention: Kelly Maxwell.

Do you agree to participate in the survey?

* Yes
* No

**Screener**

S1. In your current job, do you routinely conduct licensing inspections of licensed child care programs?

* 1. Yes
	2. No

[To participate, respondents must answer a to S1]

**Career Path**

1. How long have you worked in your current child care licensing position?
\_\_\_ years \_\_\_months
2. How long have you worked in your current agency/department?

\_\_\_ years \_\_\_months

1. How long have you worked in child care licensing in any position?

\_\_\_ years \_\_\_months

1. Have you previously worked in licensing outside of child care (e.g., youth residential care, senior care)?
	1. Yes
	2. No
2. If selected a to Q4, in what area(s)? (Select all that apply)
	1. Youth residential homes
	2. Senior care, including assisted living and nursing homes
	3. Food and beverage
	4. Other: \_\_\_\_\_\_\_\_\_\_

Please indicate any roles you have previously held in child care setting (Select all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Director, assistant director, or owner** | **Teacher or another staff member** | **Have not worked in this setting** |
| 1. Licensed center-based child care program
 |  |  |  |
| 1. License-exempt center-based child care program
 |  |  |  |
| 1. Head Start program
 |  |  |  |
| 1. School-based preschool or pre-K program
 |  |  |  |
| 1. Licensed family/group child care
 |  |  |  |
| 1. License-exempt family/group child care
 |  |  |  |

Have you previously worked in any of the following roles related to child care?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Quality improvement
 |  |  |
| 1. Professional development
 |  |  |
| 1. Other technical assistance roles
 |  |  |
| 1. Early childhood, education, or youth development faculty member in community college or university
 |  |  |
| 1. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |

1. How much are you paid before taxes and deductions? $\_\_\_\_\_\_\_\_\_
2. Are you paid per:
	1. Hour
	2. Day
	3. Week
	4. Every 2 weeks
	5. Month
	6. Year
	7. Other: \_\_\_\_\_\_\_\_\_\_
3. About how many hours per week are you paid to work?
	1. [Dropdown of numeric options]
4. Which of the following benefits do you receive through your employer? Select all that are paid in part or in full by your employer.
	1. Health insurance
	2. Retirement benefits
	3. Dental insurance
	4. Paid maternity leave
	5. Paid sick leave or personal leave
	6. Paid vacation
	7. Yearly cost-of-living raise
	8. Occasional cost-of-living raise
	9. Occasional merit raise
	10. None of the above
	11. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. In the past 3 months, have you done anything to look for a new job or an additional job?
	1. Yes
	2. No
6. If selected a to Q22, What is the main reason you have looked for additional work?
	1. To find a second job
	2. To find a job that pays more
	3. Worried that this job may end
	4. Hope to reduce travel time or improve schedule
	5. To find improved work conditions
	6. Want to leave this field
	7. To see what else is available
	8. To find a job for professional growth and/or advancement within my current field
	9. To find a job that is a better fit with my training/experience
	10. To find a job with better benefits/insurance
	11. To find a job that offers more work hours
	12. To find a job in a new location because I am moving/relocating
	13. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What are your career plans for the next 5 years?
	1. Continue in the same job
	2. Stay in child care licensing but move up or move into another role within child care licensing
	3. Continue in a regulatory field outside of child care (e.g., nursing homes)
	4. Stay in child care but outside child care licensing (e.g., teacher, director)
	5. Continue in state/local government but not in child care licensing or child care
	6. Return to school
	7. Retire
	8. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day-to-Day Responsibilities**

1. Which of the following best describes your current employment status?
	1. Employee of the state child care licensing agency
	2. Employee of a county child care licensing agency
	3. Independent contractor with the state or a county child care licensing agency
	4. Employee of an organization that contracts with the state/county child care licensing agency
2. How many programs are part of your caseload?

[Type in with data validation for numeric value between 1 to 200]

How strongly do you disagree or agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  |
| 1. My caseload is reasonable
 |   |   |   |   |   |
| 1. I feel rushed to complete all my child care licensing visits on time
 |   |   |   |   |   |
| 1. I have enough time in my child care licensing visits to support providers
 |  |  |  |  |  |

1. What types of child care settings make up your caseload? (Select all that apply)
	1. Center-based child care
	2. Small family child care
	3. Large/group family child care (i.e., two or more staff members)
2. What types of child care programs make up your caseload? (Select all that apply)
	1. Licensed programs (or those applying for licensure)
	2. License-exempt programs
3. Thinking about your caseload, which best describes the regions you serve?
4. Mostly urban
5. Mostly suburban
6. Mostly rural
7. Mix of regions

For each of the job responsibilities below, select whether you do each of the following in licensed center-based care, small or large licensed family child care, license-exempt programs, or none. (Select all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Licensed center-based care** | **Small or large family child care** | **License-exempt programs** | **I do not have this job responsibility** |
| 1. Conducting routine inspections for compliance
 |  |  |  |  |
| 1. Conducting inspections for license renewal
 |  |  |  |  |
| 1. Conducting complaint investigations
 |  |  |  |  |
| 1. Follow-up visits based on non-compliance/violations
 |  |  |  |  |
| 1. Pre-licensing visits of child care programs
 |  |  |  |  |

Please indicate whether each of these responsibilities is part of your job.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Conducting investigations of illegally operating child care providers
 |  |  |
| 1. Administrative tasks (e.g., processing child care licensing applications and amendments; scheduling; processing incident reports)
 |  |  |
| 1. Determining enforcement actions
 |  |  |
| 1. Consulting with others to determine enforcement actions
 |  |  |
| 1. Investigative complaints
 |  |  |
| 1. Developing corrective action plans or other written documents to develop a plan with providers to fix violations
 |  |  |
| 1. Communicating or coordinating with other entities (health departments, fire marshals, or building inspectors, subsidy program, pre-K, Child and Adult Care Food Program, QRIS)
 |  |  |
| 1. Communicating with child care providers
 |  |  |
| 1. Communicating with families and the public
 |  |  |
| 1. Supervising child care licensing staff
 |  |  |
| 1. Facilitating training or mentoring of child care licensing staff
 |  |  |
| 1. Leading group training for child care providers
 |  |  |
| 1. Receiving training/professional development
 |  |  |
| 1. Providing guidance, resources, training, and/or consultation to individual child care providers
 |  |  |
| 1. Resolving non-compliance issues during inspections (e.g., covering an uncovered outlet)
 |  |  |
| 1. Monitoring other human service programs for children (e.g., foster care)
 |  |  |
| 1. Monitoring other human service programs for adults (e.g., assisted living facilities)
 |  |  |
| 1. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |

Please indicate whether you do each of the following:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Make providers aware of available training
 |  |  |
| 1. Help providers achieve compliance with child care licensing regulations
 |  |  |
| 1. Help providers improve quality and exceed minimum child care licensing regulations
 |  |  |
| 1. Help providers understand COVID-19 guidance
 |  |  |
| 1. Help providers understand health and safety guidance
 |  |  |
| 1. Support providers in complying with other regulations (e.g., fire, environmental)
 |  |  |
| 1. Help providers apply for grants
 |  |  |
| 1. Help providers understand the child care licensing regulations
 |  |  |

1. Of the hours you are paid to work, about what **percent of your time** do you spend on each of the following in a typical month. **Enter 0 for any activities you do not typically do.**

|  |  |
| --- | --- |
|  | Percent of time |
| Inspections for compliance or renewal |  |
| Investigating programs |  |
| Administrative tasks and communication (e.g., processing child care licensing applications and amendments; scheduling; processing incident reports, coordinating with other entities, communicating with providers or families) |  |
| Receiving training/professional development |  |
| Providing training/professional development |  |
| Travel |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Data validation which sums the numbers entered in boxes with text that reads: “This number will automatically add up the numbers you enter. Please be sure this number equals 100. Enter 0 for any activities you do not typically do.” | Total(must equal 100) |

**Professional Development**

In the following section, we ask about your professional development. By professional development, we mean any activities to improve or gain skills in your work.

1. In the past 12 months, which professional development activities have you participated in? (Select all that apply)
	1. Participated in workshops or training provided by the child care licensing unit
	2. Participated in workshops or training provided by someone other than the child care licensing unit
	3. **Received** coaching, mentoring, or ongoing consultation with a specialist
	4. **Provided** coaching, mentoring, or ongoing consultation with a specialist
	5. Enrolled in a course at a community college or four-year university relevant to your work
	6. Completed the National Association for Regulatory Administration (NARA) Licensing Courses, Webinars, or Curriculum
	7. Attended a meeting of a professional organization (e.g., NARA, NAEYC)
	8. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
	9. None of the above

In the past 12 months, which of these topics were addressed in your professional development activities?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Strategies for working with providers of different races, ethnicities, or cultures
 |  |  |
| 1. Strategies for working with providers in a variety of settings (e.g., center-based and home-based care)
 |  |  |
| 1. Strategies for working with providers who work with infants and toddlers
 |  |  |
| 1. Strategies for working with providers who work with school-age children
 |  |  |
| 1. Racial equity (e.g., structural racism, implicit bias)
 |  |  |
| 1. Managing my stress and enhancing my well-being
 |  |  |
| 1. The child care licensing statutes and regulations for child care
 |  |  |
| 1. Other applicable state and federal statutes and regulations
 |  |  |
| 1. Technical skills related to your duties and responsibilities, such as investigative techniques, interviewing, rule-writing, report writing, due process, and data management
 |  |  |
| 1. Effective communication and relationship-building/management
 |  |  |
| 1. Approaches, skills, or techniques in providing support, resources, or consultation (e.g., adult learning, coaching model)
 |  |  |
| 1. Child or youth development/early childhood education principles
 |  |  |
| 1. Curriculum/child care programming/scheduling
 |  |  |
| 1. Facilities and design of space
 |  |  |
| 1. Child care center management
 |  |  |
| 1. Large or small family child care home management
 |  |  |
| 1. Child and staff health in child care
 |  |  |
| 1. Detection, prevention, and management of child abuse
 |  |  |
| 1. Inclusion of children with special needs
 |  |  |
| 1. Exclusion/inclusion of children who are ill
 |  |  |
| 1. Health, safety, physical activity, and nutrition
 |  |  |
| 1. COVID-specific guidelines for health and safety
 |  |  |
| 1. Recognition of hazards
 |  |  |
| 1. Quality improvement
 |  |  |
| 1. State/territory’s Quality Rating and Improvement System (QRIS); quality measurement; star ratings
 |  |  |

How strongly do you disagree or agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  |
| 1. The professional development I have received in the past 12 months has helped me to improve in my job
 |   |   |   |   |   |
| 1. I have opportunities to advance in my career
 |   |   |   |   |   |
| 1. I can access the professional development that I want
 |  |  |  |  |  |

**Supervision**

1. Do you have a supervisor?
	1. Yes
	2. No
2. If selected a to Q92 Do you have regularly scheduled meetings with your supervisor?
	1. Yes
	2. No
3. If selected a to Q93, Over the last 12 months, on average, how often have you met (in person, by phone, or by video) with your supervisor?
	1. Less than one time per month
	2. One time per month
	3. Every other week, or about two times per month
	4. One time per week
	5. Multiple times per week

If selected a to Q92, How strongly do you disagree or agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  |
| 1. I have formed a trusting relationship with my supervisor
 |  |  |  |  |  |
| 1. My supervisor is both a teacher and a guide
 |  |  |  |  |  |
| 1. I feel nurtured, safe, and supported during supervision
 |  |  |  |  |  |
| 1. In supervision, I have time to come to my own solutions
 |  |  |  |  |  |
| 1. My supervisor listens carefully to the emotional experiences that I am expressing
 |  |  |  |  |  |

**Perceptions of Purpose of Role**

We are interested in your perceptions of the purpose of your child care licensing role.

Please choose how strongly you agree with each statement below:

Part of my role is to…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  |
| 1. Ensure children are cared for in a healthy and safe environment
 |  |  |  |  |  |
| 1. Build relationships with providers
 |  |  |  |  |  |
| 1. Help providers new to child care licensing navigate the licensing process
 |  |  |  |  |  |
| 1. Help existing providers navigate the child care licensing process
 |  |  |  |  |  |
| 1. Help improve the quality of child care
 |  |  |  |  |  |
| 1. Ensure that the regulations and laws are implemented
 |  |  |  |  |  |
| 1. Help providers correct violations
 |  |  |  |  |  |
| 1. Help reduce the incidence of violations
 |  |  |  |  |  |
| 1. Help connect providers to resources and supports
 |  |  |  |  |  |

(If selected agree or strongly agree to Qs100-108)

1. If you had to choose one, which is the **primary** purpose of your child care licensing role?
	1. Ensure children are cared for in a healthy and safe environment
	2. Support providers
	3. Build relationships with providers
	4. Help providers new to child care licensing navigate the licensing process
	5. Help existing providers navigate the child care licensing process
	6. Ensure an adequate supply of child care licensed programs
	7. Help improve the quality of child care
	8. Ensure that the regulations and laws are implemented
	9. Help providers correct violations
	10. Help reduce the incidence of violations
	11. Help connect providers to resources and supports

**Self-Efficacy**

How strongly do you disagree or agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  |
| 1. I am confident in my ability as a licensor
 |  |  |  |  |  |
| 1. I have a good understanding of child care licensing
 |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  | Not Applicable, I Do Not Work with This Type of Program |
| 1. I feel prepared to work with child care centers
 |  |  |  |  |  |  |
| 1. I feel prepared to work with child care homes
 |  |  |  |  |  |  |
| 1. I feel prepared to work with child care providers who work with infants and toddlers
 |  |  |  |  |  |  |
| 1. I feel prepared to work with child care providers who work with school aged children
 |  |  |  |  |  |  |

**Relationships with Others**

How strongly do you disagree or agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  |
| 1. I have positive relationships with most of the providers with whom I work
 |  |  |  |  |  |
| 1. I feel valued by the providers with whom I work
 |  |  |  |  |  |
| 1. I feel valued by my co-workers
 |  |  |  |  |  |
| 1. I feel valued by my supervisor
 |  |  |  |  |  |
| 1. I feel valued by leadership in my agency
 |  |  |  |  |  |
| 1. I feel valued by the general public
 |  |  |  |  |  |
| 1. I feel valued by others in state/local government
 |  |  |  |  |  |

**Burnout/Work Satisfaction**

How strongly do you disagree or agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  |
| I intend to work in my current role for at least two more years |  |  |  |  |  |
| I often think of quitting |  |  |  |  |  |
| I’m just putting in time |  |  |  |  |  |
| I take pride in my work |  |  |  |  |  |
| I feel very committed to my work |  |  |  |  |  |
| I put a lot of extra effort into my work |  |  |  |  |  |
| It would be difficult for me to find another job as good as the one I have |  |  |  |  |  |
| I don’t really care what happens at my work after I leave |  |  |  |  |  |
| It’s hard to feel committed to my work |  |  |  |  |  |
| I sometimes feel trapped in my job |  |  |  |  |  |

How strongly do you disagree or agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  |
| 1. My co-workers and I are treated with respect on a day-to-day basis
 |   |   |   |   |   |
| 1. I have help dealing with difficult providers and programs
 |   |   |   |   |   |

**Role of Front-Line Child Care Licensing Staff in Supporting Quality/Quality Improvement**

1. Are there written guidance/instructions about which actions you should take if you see a violation?
	1. Yes
	2. No

What is your role in determining enforcement actions?

I determine enforcement actions by myself

I work with my supervisor to determine enforcement actions

I determine enforcement actions with input from others (e.g., colleagues, regional staff), as needed

I am part of a team that works together to determine enforcement actions

I do not have a role in determining enforcement actions

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you refer providers to the following agencies, organizations, or people for help, support, or consultation?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Never  | Rarely  | Sometimes  | Often  |
| 1. Child Care Resource and Referral
 |   |   |   |   |
| 1. Quality Rating and Improvement System or other quality initiative
 |   |   |   |   |
| 1. Statewide Afterschool Network or Afterschool Association
 |  |  |  |  |
| 1. Fire Department
 |  |  |  |  |
| 1. Child and Adult Care Food Program
 |  |  |  |  |
| 1. Health Department
 |  |  |  |  |
| 1. Subsidy Program
 |  |  |  |  |
| 1. Abuse and Neglect Department (e.g., Department of Family Services, Child Welfare)
 |  |  |  |  |
| 1. Public pre-K
 |  |  |  |  |
| 1. Head Start Grantee
 |  |  |  |  |
| 1. Early Intervention Program
 |  |  |  |  |
| 1. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |  |  |

**General Perceptions of the Child Care Licensing System**

How strongly do you disagree or agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  |
| 1. The child care licensing system helps support children's health and safety
 |   |   |   |   |   |
| 1. The child care licensing system helps providers deliver higher quality care
 |   |   |   |   |   |

**Perceptions of Child Care Licensing Regulations**

How strongly do you disagree or agree with the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Strongly Disagree  | Disagree  | Neither Agree nor Disagree | Agree  | Strongly Agree  |
| 1. I think there are too many child care licensing regulations
 |   |   |   |   |   |
| 1. Child care licensing regulations sometimes conflict with other standards (like quality rating and improvement system standards/criteria, fire safety requirements, Head Start Performance Standards
 |   |   |   |   |   |
| 1. Child care licensing regulations are reasonable to meet
 |   |   |   |   |   |

**Open-ended questions:**

1. In which parts of your work do you feel most successful?
2. Which parts of your work are the most challenging?
3. How could the child care licensing system be improved to better support you?
4. How could the child care licensing system be improved to better support child care providers and the quality of their programs?

**Demographics**

1. In which state do you work?

[Dropdown of options of all states]

1. Which of the following best describes your gender identity?
	1. Female
	2. Male
	3. Non-binary, Gender fluid, or Gender expansive
	4. A gender not listed here
2. Are you of Hispanic, Latino/a, or Spanish origin?
	1. No, not of Hispanic, Latino/a, or Spanish origin
	2. Yes, Cuban
	3. Yes, Mexican, Mexican American, or Chicano/a
	4. Yes, Puerto Rican
	5. Yes, Another Hispanic, Latino/a, or Spanish origin
3. What is your race? (Select all the apply)
4. American Indian or Alaska Native
5. Asian Indian
6. Black or African American
7. Chinese
8. Filipino
9. Guamanian or Chamorro
10. Japanese
11. Korean
12. Native Hawaiian
13. Samoan
14. Vietnamese
15. White
16. Other Asian
17. Other Pacific Islander
18. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. Which languages do you speak with providers? (Select all that apply)
20. English
21. Spanish
22. Other: \_\_\_\_\_\_\_\_\_\_\_\_
23. What is the highest degree or level of education you have completed?
24. No high school diploma or equivalent
25. High school graduate or equivalent (e.g., GED)
26. Some college credit but no degree
27. Associate degree (AA, AS)
28. Bachelor’s degree (BA, BS, AB)
29. Graduate or professional degree (e.g., MA, MS, Ph.D., Ed.D.)
30. Other: \_\_\_\_\_\_\_\_\_\_\_
31. If selected c-f to 158, What was your major for the highest degree you have or have studied for?
32. Business
33. Child development, psychology, or family studies
34. Early childhood education or early or school-age care
35. Education degree not mentioned above (e.g., middle school education)
36. Elementary education
37. Policy
38. Public health
39. Recreation
40. Social work
41. Sociology
42. Special education
43. Youth development
44. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
45. If selected c-f to 158, Have you completed any college coursework in early childhood education?
46. Yes
47. No
48. Do you have a Child Development Associate (CDA) Credential?
49. Yes
50. No
51. Do you have a School-Age or Youth Development Credential?
52. Yes
53. No

Thank you for completing this survey! Your responses will help us learn more about child care licensing. Please provide your email address in the field below if you would like to receive the $25 Amazon gift card.

Email address: \_\_\_\_

[SUBMIT]