



## Maryland Child Care Credential Survey Child Care Center Survey

LSCCRC is interested in finding out who is currently participating in the Credential program and how we can help you continue to participate. For those that have not applied, we want to give you the assistance needed in order to participate. Please take a few minutes to complete this survey so that we will know how we can help you best. Please complete this two-sided survey for each staff member along with a *copy* of each staff person's current Credential certificate in the included postage-paid envelope. You may fax this survey and Credential certificates to: **410-543-6655**. You may also scan and email this survey and copies of credential certificates to [tlhurley@salisbury.edu](mailto:tlhurley@salisbury.edu). When we receive a copy of your staff member's Credential certificates your center will be entered to win a *free* children's toy or game. We appreciate you taking the time to fill out this survey! **If you have any questions, please call 410-543-6650.**

Center name: \_\_\_\_\_ Director's name: \_\_\_\_\_

Person filling out form and job title (if not the director) \_\_\_\_\_

Phone Number/email address for center: \_\_\_\_\_

1. Please list the names of all staff, whether they are participating in the Credential, type of Credential (Staff or Administrator's), level of the Credential, and the expiration date for each staff member participating.

Name of Staff:	Participating in the Credential? (Yes or No)	Type of Credential: Staff or Administrator's?	Level	Expiration date of Credential mm/dd/yyyy	Using training vouchers/ reimbursement? (Yes or No)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Name of Staff:	Participating in the Credential? (Yes or No)	Type of Credential: Staff or Administrator's?	Level	Expiration date of Credential mm/dd/yyyy	Using training vouchers/ reimbursement? (Yes or No)
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

(If necessary, list additional staff on another sheet of paper and attach to this survey)

2. If your staff is not enrolled, why not? \_\_\_\_\_  
 \_\_\_\_\_

3. If your staff is not enrolled, do you/they know about the program and the benefits to child care providers and to your center?  
*(training money, bonuses, Tiered Reimbursement for Purchase of Care, qualify for grants, etc.)* (circle) **Yes No N/A**

4. If not enrolled, would you like Tonya to contact you to explain the benefits of participation?  
 (circle) **Yes No N/A**

5. a. If you and your staff are enrolled, how would you rate your experience with the program? **N/A**  
 Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

b. What do you like about the program? \_\_\_\_\_  
 \_\_\_\_\_

c. What would you like to see improved/changed in the program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please mail/ fax/ email this survey along with copies of your staff's Credential certificates to: The Lower Shore Child Care Resource Center, Salisbury University, East Campus Complex, Suite 500, Salisbury, MD 21801 or used the enclosed postage paid envelope.*