

1. Welcome Afterschool Providers!

Thank you for participating in the Rhode Island Afterschool Plus Alliance and Providence After School Alliance's Afterschool Program Landscape and Professional Development Survey!

Before taking the survey, please copy and paste the following URL addresses below into a different window for special welcome messages!

Lt. Governor Elizabeth Roberts:

<http://www.youtube.com/watch?v=URfbBSyo-pI>

General Treasurer Frank Caprio:

<http://www.youtube.com/watch?v=d7aGxxcZmIU>

2. GENERAL INFORMATION

While you are taking the survey, please answer according to the aspects concerning your specific afterschool program. Please also consider that you may have to collaborate with other staff, such as your program director, to answer certain questions.

1. Contact Information

Name:	<input type="text"/>
Title:	<input type="text"/>
Program Name:	<input type="text"/>
Organization Name (if applicable):	<input type="text"/>
Address (street, city/town, state, zip):	<input type="text"/>
Phone:	<input type="text"/>
Fax:	<input type="text"/>
Email Address:	<input type="text"/>
Website:	<input type="text"/>

2. My afterschool program is

- a school-based program staffed by teachers only
- a school-based program staffed by outside community partners only
- a school-based program staffed by both teachers and outside community partners
- a community-based program

3. My afterschool program is

- single site
- multiple sites
- I am an individual who travels from site to site as a contracted provider
- My program travels from site to site to deliver programs on a contracted basis

4. What role(s) do you take on within the program? Check all that apply

- Executive Director
- Program/Education Director or Coordinator
- Site Coordinator
- Non-program related administrative staff (e.g., human resources, development, communications, etc.)
- Direct service staff/youth worker
- Board member
- AmeriCorps/VISTA
- Volunteer
- Other (please specify)

3. GENERAL INFORMATION (CONTINUED)

5. What cities or towns and zip codes does your program serve in the area? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> We serve the entire state of Rhode Island | <input type="checkbox"/> North Providence 02908 |
| <input type="checkbox"/> We serve beyond Rhode Island | <input type="checkbox"/> North Providence 02911 |
| <input type="checkbox"/> Adamsville 02801 | <input type="checkbox"/> North Scituate 02857 |
| <input type="checkbox"/> Adamsville 02837 | <input type="checkbox"/> North Smithfield 02824 |
| <input type="checkbox"/> Albion 02802 | <input type="checkbox"/> North Smithfield 02896 |
| <input type="checkbox"/> Barrington 02806 | <input type="checkbox"/> Oakland 02858 |
| <input type="checkbox"/> Block Island 02807 | <input type="checkbox"/> Pascoag 02859 |
| <input type="checkbox"/> Bradford 02808 | <input type="checkbox"/> Pawtucket 02860 |
| <input type="checkbox"/> Bristol 02809 | <input type="checkbox"/> Pawtucket 02861 |
| <input type="checkbox"/> Carolina 02812 | <input type="checkbox"/> Pawtucket 02862 |
| <input type="checkbox"/> Central Falls 02863 | <input type="checkbox"/> Peace Dale 02879 |
| <input type="checkbox"/> Charlestown 02813 | <input type="checkbox"/> Peace Dale 02883 |
| <input type="checkbox"/> Chepachet 02814 | <input type="checkbox"/> Portsmouth 02871 |
| <input type="checkbox"/> Clayville 02815 | <input type="checkbox"/> Portsmouth 02872 |
| <input type="checkbox"/> Coventry 02816 | <input type="checkbox"/> Providence 02901 |
| <input type="checkbox"/> Cranston 02905 | <input type="checkbox"/> Providence 02902 |
| <input type="checkbox"/> Cranston 02907 | <input type="checkbox"/> Providence 02903 |
| <input type="checkbox"/> Cranston 02910 | <input type="checkbox"/> Providence 02904 |
| <input type="checkbox"/> Cranston 02920 | <input type="checkbox"/> Providence 02905 |
| <input type="checkbox"/> Cranston 02921 | <input type="checkbox"/> Providence 02906 |
| <input type="checkbox"/> Cumberland 02864 | <input type="checkbox"/> Providence 02907 |
| <input type="checkbox"/> East Greenwich 02818 | <input type="checkbox"/> Providence 02908 |
| <input type="checkbox"/> East Providence 02914 | <input type="checkbox"/> Providence 02909 |
| <input type="checkbox"/> East Providence 02915 | <input type="checkbox"/> Providence 02910 |
| <input type="checkbox"/> East Providence 02916 | <input type="checkbox"/> Providence 02911 |
| <input type="checkbox"/> Escoheag 02822 | <input type="checkbox"/> Providence 02912 |
| <input type="checkbox"/> Esmond 02917 | <input type="checkbox"/> Providence 02918 |
| <input type="checkbox"/> Exeter 02822 | <input type="checkbox"/> Providence 02940 |
| <input type="checkbox"/> Fiskeville 02823 | <input type="checkbox"/> Prudence Island 02872 |
| <input type="checkbox"/> Forestdale 02824 | <input type="checkbox"/> Richmond 02812 |
| <input type="checkbox"/> Foster 02825 | <input type="checkbox"/> Richmond 02832 |

- | | |
|--|--|
| <input type="checkbox"/> Glendale 02826 | <input type="checkbox"/> Richmond 02836 |
| <input type="checkbox"/> Green Hill 02879 | <input type="checkbox"/> Richmond 02875 |
| <input type="checkbox"/> Greene 02827 | <input type="checkbox"/> Richmond 02892 |
| <input type="checkbox"/> Greenville 02828 | <input type="checkbox"/> Richmond 02898 |
| <input type="checkbox"/> Harmony 02829 | <input type="checkbox"/> Riverside 02915 |
| <input type="checkbox"/> Harrisville 02830 | <input type="checkbox"/> Rockville 02873 |
| <input type="checkbox"/> Hope 02831 | <input type="checkbox"/> Rumford 02916 |
| <input type="checkbox"/> Hope Valley 02832 | <input type="checkbox"/> Saunderstown 02874 |
| <input type="checkbox"/> Hopkinton 02804 | <input type="checkbox"/> Saunderstown 02882 |
| <input type="checkbox"/> Hopkinton 02832 | <input type="checkbox"/> Scituate 02815 |
| <input type="checkbox"/> Hopkinton 02833 | <input type="checkbox"/> Scituate 02857 |
| <input type="checkbox"/> Hopkinton 02873 | <input type="checkbox"/> Shannock 02875 |
| <input type="checkbox"/> Jamestown 02835 | <input type="checkbox"/> Slatersville 02876 |
| <input type="checkbox"/> Jerusalem 02879 | <input type="checkbox"/> Slocum 02877 |
| <input type="checkbox"/> Johnston 02919 | <input type="checkbox"/> Smithfield 02828 |
| <input type="checkbox"/> Kenyon 02836 | <input type="checkbox"/> Smithfield 02917 |
| <input type="checkbox"/> Kingston 02881 | <input type="checkbox"/> Tiverton 02878 |
| <input type="checkbox"/> Lincoln 02802 | <input type="checkbox"/> Wakefield 02881 |
| <input type="checkbox"/> Lincoln 02865 | <input type="checkbox"/> Wakefield 02883 |
| <input type="checkbox"/> Little Compton 02801 | <input type="checkbox"/> Warren 02885 |
| <input type="checkbox"/> Little Compton 02837 | <input type="checkbox"/> Warwick 02818 |
| <input type="checkbox"/> Manville 02838 | <input type="checkbox"/> Warwick 02886 |
| <input type="checkbox"/> Mapleville 02839 | <input type="checkbox"/> Warwick 02887 |
| <input type="checkbox"/> Middletown 02840 | <input type="checkbox"/> Warwick 02888 |
| <input type="checkbox"/> Middletown 02842 | <input type="checkbox"/> Warwick 02889 |
| <input type="checkbox"/> Narragansett 02874 | <input type="checkbox"/> West Greenwich 02817 |
| <input type="checkbox"/> Narragansett 02879 | <input type="checkbox"/> West Kingston 02892 |
| <input type="checkbox"/> Narragansett 02882 | <input type="checkbox"/> West Warwick 02893 |
| <input type="checkbox"/> New Shoreham 02807 | <input type="checkbox"/> Westerly 02808 |
| <input type="checkbox"/> Newport 02840 | <input type="checkbox"/> Westerly 02891 |
| <input type="checkbox"/> Newport 02841 | <input type="checkbox"/> Wickford 02852 |
| <input type="checkbox"/> North Kingstown 02852 | <input type="checkbox"/> Wood River Junction 02894 |
| <input type="checkbox"/> North Kingstown 02854 | <input type="checkbox"/> Woonsocket 02895 |
| <input type="checkbox"/> North Kingstown 02874 | <input type="checkbox"/> Wyoming 02898 |

6. Is your program licensed by the state?

Yes

No

If so, what type of state license does your program have?

7. Please write a brief description of your program (100 words or less). Please include the program name, its core activities, goals, and any special features. This description will be used for policy/advocacy and public relations purposes.

4. SCHOOL YEAR PROGRAM CONTENT / SERVICES

Please answer questions 8-20 based on information for your programming during the school year alone. There will be a later section for questions based on your summer programming, if applicable.

8. Is your afterschool program (either school-based or community-based) connected with a school(s) during the school year? Here, we are looking for a substantial connection beyond just being located at a school (e.g., joint professional development with teachers, regular communication with teachers, etc)

Yes

No

If yes, please explain how your program is connected:

9. What population does your program serve? (Please check all that apply)

Preschool Age (ages 3-5)

High school youth (ages 15-18)

Elementary school children (ages 5-11)

Out-of-school youth (youth not currently enrolled in school)

Middle school children (ages 12-14)

No specific population

10. What percentage of your program participants are eligible for free or reduced lunch?

0-4%

31-40%

71-80%

5-10%

41-50%

81-90%

11-20%

51-60%

91-100%

21-30%

61-70%

11. Which services does your program provide? Check all that apply

- 21st century life skills (e.g., teamwork, time management, critical thinking, civic responsibility, cultural awareness)
- Academic (e.g., homework assistance, tutoring, literacy, mathematics, science, or computer technology)
- Arts and Culture
- Athletics or Recreation-Based Activities
- Career Exploration/Youth Employment
- College Preparation
- Environmental Education
- Healthy Development (e.g., AIDS/STD prevention, counseling, nutrition, or pregnancy prevention)
- Mental Health Services
- Substance Abuse Prevention
- Youth Development/Youth Leadership
- Service Learning

Which one is your program's PRIMARY focus?

5. SCHOOL YEAR PROGRAM TIMES/HOURS

12. At what time(s) is your program open? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Weekdays (after school Only) | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Weekdays (before school and after school) | <input type="checkbox"/> School Holidays |
| <input type="checkbox"/> School vacations | <input type="checkbox"/> Early release days |

13. How many hours per week is your program open for youth activities?

- 0-5
- 6-10
- 11-20
- 21-25
- 26+

14. How many days per week do most participants attend your program?

- 1 day per week
- 2-3 days per week
- 4-5 days per week
- 6-7 days per week

6. SCHOOL YEAR ATTENDANCE/ENROLLMENT

15. When children and youth sign up for your program, do they...

- Attend at a specified time each day/week?
- Attend on a drop-in basis?
- Both attend at a specified time and on a drop-in basis?

16. How many students are currently enrolled (i.e., how many students do you have signed up on your roster)? If your program does not have a set enrollment (for example, if you travel from location to location for your program), please explain.

17. How many youth can you serve (i.e., number of slots available in program)?

18. What is your average daily attendance, dated from your most recent session? If you oversee many activities, please give us your average daily attendance across all activities. If your program has a single activity, please give us the attendance for that activity.

19. If you are enrolled to capacity, do you keep a waiting list?

- Yes
- No

If yes, how many students are on it?

8. SUMMER PROGRAMMING

Questions 21-35 only apply to programs that offer summer programming. If you check off "yes" for Question 21, please answer the questions that follow based on information for your summer programming alone. If you check off "no," please skip to Question #36.

* 21. Do you offer summer programming?

Yes

No

9. SUMMER PROGRAM CONTENT/SERVICES

22. Is your afterschool program (either school-based or community-based) connected with a school(s) during the summer? Here, we are looking for a substantial connection beyond just being located at a school (e.g., joint professional development with teachers, regular communication with teachers, etc.)

Yes

No

If yes, please explain how your program is connected:

23. What population does your program serve during the summer? (Please check all that apply)

Preschool Age (ages 3-5)

High school youth (ages 15-18)

Elementary school children (ages 5-11)

Out-of-school youth (youth not currently enrolled in school)

Middle school children (ages 12-14)

No specific population

24. What percentage of your program participants are eligible for free or reduced lunch during the summer?

0-4%

31-40%

71-80%

5-10%

41-50%

81-90%

11-20%

51-60%

91-100%

21-30%

61-70%

25. Which services does your program provide during the summer? Check all that apply

- 21st century life skills (e.g., teamwork, time management, critical thinking, civic responsibility, cultural awareness)
- Academic (e.g., homework assistance, tutoring, literacy, mathematics, science, or computer technology)
- Arts and Culture
- Athletics or Recreation-Based Activities
- Career Exploration/Youth Employment
- College Preparation
- Environmental Education
- Healthy Development (e.g., AIDS/STD prevention, counseling, nutrition, or pregnancy prevention)
- Mental Health Services
- Substance Abuse Prevention
- Youth Development/Youth Leadership
- Service Learning

Which one is your program's PRIMARY focus?

10. SUMMER TIMES/HOURS

26. On average, how many weeks do you offer summer programming?

27. At what time(s) is your program open during the summer? (Check all that apply)

Weekdays

Weekends

28. How many hours per week in the summer is your program open for youth activities?

0-5

6-10

11-20

21-25

26+

29. How many days per week do most participants attend your program in the summer?

1 day per week

2-3 days per week

4-5 days per week

6-7 days per week

11. SUMMER ATTENDANCE/ENROLLMENT

30. When children and youth sign up for your program during the summer, do they...

- Attend at a specified time each day/week?
- Attend on a drop-in basis?
- Both attend at a specified time and on a drop-in basis?

31. How many students are currently enrolled in your summer program (i.e., how many students do you have signed up on your roster)? If your program does not have a set enrollment (for example, if you travel from location to location for your program), please explain.

32. What is your total capacity for students in your summer program (i.e., number of slots available in program)?

33. What is your average daily attendance, dated from your most recent summer session? If you oversee many activities, please give us your average daily attendance across all activities. If your program has a single activity, please give us the attendance for that activity.

34. If you are enrolled to capacity, do you keep a waiting list during the summer?

- Yes
- No

If yes, how many students are on it?

13. BUDGET/COST

36. What is the total amount of your annual afterschool program budget (including summer)?

- \$0-\$25,000 \$100,001-\$200,000 \$1,000,001+
- \$25,001-\$50,000 \$200,001-\$500,000
- \$50,001-\$100,000 \$500,001-\$1,000,000

37. If you run summer programming, approximately what percent of your budget funds it?

38. What percent of your budget comes from public funding sources (e.g., state, federal, and municipal government funding, including DHS CCAP reimbursement)?

- | | |
|-------------------------------|--------------------------------|
| <input type="radio"/> none | <input type="radio"/> 41%-50% |
| <input type="radio"/> 1%-5% | <input type="radio"/> 51%-60% |
| <input type="radio"/> 6%-10% | <input type="radio"/> 61%-70% |
| <input type="radio"/> 11%-20% | <input type="radio"/> 71%-80% |
| <input type="radio"/> 21%-30% | <input type="radio"/> 81%-90% |
| <input type="radio"/> 31%-40% | <input type="radio"/> 91%-100% |

39. What percent of your budget comes from parent fees (including DHS CCAP co-pay)?

- | | |
|-------------------------------|--------------------------------|
| <input type="radio"/> none | <input type="radio"/> 41%-50% |
| <input type="radio"/> 1%-5% | <input type="radio"/> 51%-60% |
| <input type="radio"/> 6%-10% | <input type="radio"/> 61%-70% |
| <input type="radio"/> 11%-20% | <input type="radio"/> 71%-80% |
| <input type="radio"/> 21%-30% | <input type="radio"/> 81%-90% |
| <input type="radio"/> 31%-40% | <input type="radio"/> 91%-100% |

40. What percent of your budget comes from private foundations and corporations?

- | | |
|-------------------------------|--------------------------------|
| <input type="radio"/> none | <input type="radio"/> 41%-50% |
| <input type="radio"/> 1%-5% | <input type="radio"/> 51%-60% |
| <input type="radio"/> 6%-10% | <input type="radio"/> 61%-70% |
| <input type="radio"/> 11%-20% | <input type="radio"/> 71%-80% |
| <input type="radio"/> 21%-30% | <input type="radio"/> 81%-90% |
| <input type="radio"/> 31%-40% | <input type="radio"/> 91%-100% |

41. What percent of your budget comes from individual donor contributions?

- none
- 1%-5%
- 6%-10%
- 11%-20%
- 21%-30%
- 31%-40%
- 41%-50%
- 51%-60%
- 61%-70%
- 71%-80%
- 81%-90%
- 91%-100%

42. Do you charge families to enroll in the program ?

- Yes
- No

43. What is the enrollment fee per child?

44. Is the fee that you entered above per day, week, month, or year?

- day
- week
- month
- year

45. If you charge fees, is there a sliding scale fee structure?

- Yes
- No

If there is a sliding scale fee structure, please describe:

46. Approximately how much money per year per student does it cost to run your program including during the school year (and summer if applicable), as well as including overhead (facilities and staffing) and transportation costs?

- \$500 or less
- \$501-\$1000
- \$1001-\$1500
- \$1501-\$2000
- \$2001-\$2500
- \$2501+

47. Approximately how much money per year per student does it cost to run your program for the SUMMER ONLY (if applicable)?

- \$500 or less
- \$501-1000
- \$1001-\$1500
- \$1501-\$2000
- \$2001-\$2500
- \$2501+

14. WORKFORCE AND PROFESSIONAL DEVELOPMENT

This section of the survey focuses on the afterschool workforce and professional development.

48. How long have you been working....

	In Your Current Position?	In Your Current Organization?	In the Field of Youth Work?
Under 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. The following is a list of possible roles you may play in your program. Next to each, please check whether it is a primary role, secondary role, or not applicable (not something you do at your job).

	Primary Role	Secondary Role	N/A
Assist with program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage or direct overall program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community outreach/collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance/facilities support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual support/counseling/mentoring of youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior management/safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office/clerical support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/family outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy on behalf of youth/families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervise staff or volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruit and hire staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative paperwork (e.g., data tracking, accounting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. If you receive a salary, what is your current pay?

- I Prefer Not to Answer
- \$0-\$5,000
- \$5,001-\$10,000
- \$10,001-\$15,000
- \$15,001-\$20,000
- \$20,001-\$25,000
- \$25,001-\$30,000
- \$30,001-\$35,000
- \$35,001-\$40,000
- \$40,001-\$45,000
- \$45,001 and over

51. If you are paid hourly, what is your current pay? (Check only one.)

- I Prefer Not to Answer
- Less than \$7.00
- \$7.00-\$8.99
- \$9.00-\$10.99
- \$11.00-\$12.99
- \$13.00-\$14.99
- \$15.00-\$20.99
- \$21.00-\$25.99
- \$26.00-\$30.99
- \$31.00-\$35.99
- \$36.00-\$40.99
- \$41.00-\$45.99
- \$46.00-\$50.00
- Over \$50.00

52. What benefits do you receive in your position? Check all that apply.

- Medical Insurance
- Dental Insurance
- Life Insurance
- Disability Insurance
- Retirement
- Training/education stipend
- Unpaid time off for training or school
- Paid time off for training or school
- Paid vacation
- Paid sick leave
- Paid holidays
- Reduced/free child care/program tuition
- Paid maternity leave
- Paid paternity leave
- No benefits

Other (please specify)

53. Does your organization identify specific staff competencies or skills for working with youth?

- Yes
- No
- I Don't Know

54. How long do you intend to remain in the field of youth work?

- Less than 1 year
- 1-2 years
- 3-4 years
- 5-6 years
- 6 or more years
- I'm Not Sure

55. Rank the top two factors that would most impact your decision to REMAIN in the field. (The most important factor being ranked as "1," and the second most important factor being ranked as "2".)

	1	2
Pay Rates	<input type="radio"/>	<input type="radio"/>
Quality of Beliefs	<input type="radio"/>	<input type="radio"/>
Compatibility of Personal Interests and Career Opportunities	<input type="radio"/>	<input type="radio"/>
Opportunities for Professional Growth/Promotion	<input type="radio"/>	<input type="radio"/>
Influence over Program Direction	<input type="radio"/>	<input type="radio"/>
Stress Levels Associated with the Work	<input type="radio"/>	<input type="radio"/>
Quality of Supervision/Support	<input type="radio"/>	<input type="radio"/>
Career Stability	<input type="radio"/>	<input type="radio"/>
Opportunities to Collaborate with other Youth Workers	<input type="radio"/>	<input type="radio"/>
Sense that My Job Is Making a Difference	<input type="radio"/>	<input type="radio"/>
Other (please specify)		
<input type="text"/>		

56. Rank the top two factors that would most impact your decision to LEAVE the field. (The most important factor being ranked as "1," and the second most important factor being ranked as "2".)

	1	2
Pay Rates	<input type="radio"/>	<input type="radio"/>
Quality of Benefits	<input type="radio"/>	<input type="radio"/>
Compatibility of Personal Interests and Career Opportunities	<input type="radio"/>	<input type="radio"/>
Opportunities for Professional Growth/Promotion	<input type="radio"/>	<input type="radio"/>
Influence over Program Direction	<input type="radio"/>	<input type="radio"/>
Stress Levels Associated with the Work	<input type="radio"/>	<input type="radio"/>
Quality of Supervision/Support	<input type="radio"/>	<input type="radio"/>
Career Stability	<input type="radio"/>	<input type="radio"/>
Opportunities to Collaborate with Other Youth Workers	<input type="radio"/>	<input type="radio"/>
Sense that My Job Is Making a Difference	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

57. What factors do you think would MOST help advance youth work as a profession? Select only two, please.

- | | |
|---|--|
| <input type="checkbox"/> Raising overall compensation/wages | <input type="checkbox"/> Improved workplace conditions/work environments |
| <input type="checkbox"/> Increased program resources | <input type="checkbox"/> Improved management/supervision |
| <input type="checkbox"/> More/better professional development opportunities | <input type="checkbox"/> Required minimum qualifications or credentials |
| <input type="checkbox"/> Specialized higher education opportunities | <input type="checkbox"/> Youth worker associations |
| <input type="checkbox"/> Clear pathways for career advancement | <input type="checkbox"/> Public recognition of the field |

Other (please specify)

58. Please indicate the items that would most help your program. (Please rank your top three.)

	1st	2nd	3rd
Assistance tracking participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help addressing barriers to licensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help engaging parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help promoting youth leadership in your program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with addressing transportation issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with advocacy with state and federal legislators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with connecting to schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with designing summer and/or school-year programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with finding funding for summer and/or school-year programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with program quality assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with media and public relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional development for staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

59. Please rank your top three interests in professional development or technical assistance in the following areas:

	1st	2nd	3rd
Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age-appropriate, high-quality activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior management (and red flags)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community outreach strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluating programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fundraising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gang awareness/Youth Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrating academic standards into afterschool curricula/programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive youth development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with students with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth and adolescent brain development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

60. Please indicate your level of interest in the following formats of professional development or technical assistance:

	1 - Not of interest	2 - Of some interest	3 - Of great interest
Conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forums for sharing and learning best practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspirational speakers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Off-site workshops (either one session or series-based)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ongoing peer networking opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site workshops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site technical assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

61. What is the highest level of education you have completed?

- Less than high school diploma
- High school diploma or equivalent
- Some technical or vocational school
- Technical or vocational degree
- Some college
- Two-year college degree
- College graduate (BA or BS)
- Some graduate or professional school
- Graduate or professional school degree

Other (please specify)

62. Which of the following credentials or certifications, if any, do you have? Check all that apply:

- Public School Teaching Certificate (from RI Department of Education or another state)
- Child Development Associate (CDA)
- Youth Development Associate (YDA)
- Youth Worker Certification
- School-Age Care Certificate
- Advancing Youth Development training (B.E.S.T Training)
- Licensed Social Worker
- Certified Addictions Counselor
- Religious Education Certificate
- Certified Health Education Specialist
- None
- Other (please specify)

63. If a credential like a Youth Development Associate (YDA) were available in Rhode Island, would you be interested in it?

- Yes
- Yes, only if it was tied to career and salary advancement.
- Yes, only if scholarships were available to pay for it.
- No

64. What is your age?

- | | | |
|--|-----------------------------|----------------------------------|
| <input type="radio"/> Prefer Not to Answer | <input type="radio"/> 26-29 | <input type="radio"/> 45-49 |
| <input type="radio"/> Under 18 | <input type="radio"/> 30-34 | <input type="radio"/> 50-54 |
| <input type="radio"/> 18-21 | <input type="radio"/> 35-39 | <input type="radio"/> 55-59 |
| <input type="radio"/> 22-25 | <input type="radio"/> 40-44 | <input type="radio"/> 60 or over |

65. What is your race/ethnicity?

- African-American/Black
- American Indian/Alaskan Native
- Asian
- Caucasian/White
- Hispanic/Latino
- Native Hawaiian/other Pacific Islander
- Multiracial
- Prefer Not to Answer

Other (please specify)

66. What is your gender?

- Female
- Male
- Prefer Not to Answer

67. Does fulfilling your work responsibilities require that you use any language other than English?

- Yes
- No

If yes, please specify the language(s)

15. END PAGE

Thank you for completing the Rhode Island Afterschool Plus Alliance and the Providence After School Alliance's Afterschool Program Landscape and Professional Development Survey!