Fiscal Year 2011 Illinois Child Care Salary and Staffing Survey

Child Care Centers

Instructions:

- Please read and follow all directions carefully for each question. For some questions, you will need to check the appropriate box; for some questions, you will need to circle the appropriate number; and for some questions, you will need to write in the appropriate number or information requested.

- Please **DO NOT** write your name anywhere on the questionnaire. We have given each survey a number to help us keep track of which providers have returned their forms and which need reminders. **All information will be kept confidential.**

- Please try to answer every question as accurately as possible, adding explanatory notes only when necessary. Be sure to complete the colored worksheet in the middle of this survey using the directions provided on the first page of the workbook insert.

- Please complete the questionnaire and return it in the enclosed, stamped envelope to:

  Kelley Terveer  
  INCCRRRA  
  1226 Towanda Plaza  
  Bloomington, IL 61701

- Thank you for taking valuable time out of your busy schedule to complete this survey. The survey will take approximately 30 to 45 minutes to complete. It need not be completed in one sitting, but we ask that you return it to us within 2 weeks of receiving it. Your investment of time will contribute to knowledge that will improve the conditions and address the needs of all child care providers in Illinois.

  Thank you again.
1. What is your title? (Check one)
   □ 1 Owner  □ 3 Director  □ 5 Other (specify) ____________
   □ 2 Owner/Director  □ 4 Director/Teacher

2. How many years experience do you have in a child care and education administrative role? ________ years

3. How many years experience do you have in child care? ________ years

4. What is the highest level of education you have completed? (Check one)
   □ 1 Some high school
   □ 2 High school graduate/GED
   □ 3 Some college classes in early childhood education or child development, no degree
   □ 4 Approved Community College Early Childhood Certificate
   □ 5 Associates degree with early childhood education or child development major
   □ 6 Associates degree in another field
   □ 7 Bachelors degree in early childhood education or child development
   □ 8 Bachelors degree in another field
   □ 9 Masters degree or higher in early childhood education or child development
   □10 Masters degree or higher in another field
   □11 Other (specify) ___________________________________________________________________

# ABOUT YOUR PROGRAM

1. Operation schedule of Center (Check one)
   a. Full-Day (8 or more hours), Full Year (at least 49 weeks) only □ 1
   b. Full-Day/Full Year with separate part-day option □ 2
   c. Part-Day only – nursery school, preschool, Head Start, ISBE Preschool for All □ 3
   d. Part-Day only – before- and/or after-school program □ 4
   e. Other (specify) ____________________________________________________________________ □ 5

2. Your center is (Check only one)
   a. For Profit – private proprietary or partnership □ 1
   b. For Profit – corporation or chain □ 2
   c. For Profit – corporate sponsored □ 3
   d. Private nonprofit – independent □ 4
   e. Private nonprofit – affiliated with a social service agency or hospital □ 5
f. Public nonprofit – sponsored by federal, state, or local government

4. Is your center... *(check one)*
   a. a single-site program?
   b. part of a multi-site program?

5a. **If your center is part of a multi-site program,** what is the name of the parent organization?

5b. If your center is part of a multi-site program, how many sites total do you have in Illinois?

6. Check **ALL** current sources of funding received by your center:
   a. Tuition-Based (parent fees)
   b. Illinois Department of Human Services vouchers/certificates (IDHS CCAP) and/or Illinois Department of Human Services Site Contract
   c. Chicago Children and Youth Services (CYS) Site Contract
   d. Department of Children and Family Services (DCFS) vouchers/certificates
   e. Head Start
   f. Illinois State Board of Education Preschool for All (ISBE)
   g. Child and Adult Care Food Program
   h. Private donations, grants (e.g., foundations, United Way), or fundraising
   i. Corporate/employer subsidies
   j. Other *(specify)*
7. Please estimate the percent of funds you received last year on average from each of the following sources (these should add up to 100%):
   a. Parent fees
   b. Head Start funds
   c. Preschool for All funds
   d. Other public funding (state, federal, or local money)
   e. Private donations, grants (e.g., foundations, United Way), or fundraising
   f. Corporate/employer subsidies
   g. Other (specify) ________________________________

   Total 100%

8. What are the approximate annual operating costs (expenses) $ ____________ for your center?

9. In the past two years, how have your annual operating costs changed? Please respond on the following scale:
   Decreased Greatly Decreased Somewhat Stayed About the Same Increased Somewhat Increased Greatly
   1 2 3 4 5

10. What are the approximate annual revenues (income) for your center? $ ____________ Dollars

11. In the past two years, how have your annual revenues changed? Please respond on the following scale:
   Decreased Greatly Decreased Somewhat Stayed About the Same Increased Somewhat Increased Greatly
   1 2 3 4 5

12. What is your current total enrollment? ________________ number

13. Do you accept children in your program whose families receive IDHS, CYS, and/or IDCFS child care financial assistance (subsidy)? YES☐1   NO☐0
13a. **If no**, why not? *(choose one)*
   a. I do not know what the subsidy program is/ Never looked into it
   b. Do not qualify (i.e. Head Start, part-time)/Free program
   c. Subsidy families can’t afford or won’t pay the tuition balance
   d. Offer our own tuition break/scholarships to families in need
   e. No interested families/No families in need
   f. No time to do the paperwork/paperwork is complicated
   g. Need weekly operating funds
   h. No openings
   i. Other ______________________________________

13b. **If yes**, what is your current enrollment of **children** whose families received IDHS, CYS, and/or IDCFS child care financial assistance (subsidy)?
13c. **If yes**, do you charge parents more than the amount paid for with subsidy (including the state payment and parent co-payment)?

14. If you accept, or have accepted in the last two years, children whose families receive child care financial assistance, how easy or difficult has it been to collect the parents’ share (co-payments, the difference between the state assistance and what you charge, etc.)?

<table>
<thead>
<tr>
<th>Very Easy</th>
<th>Somewhat Easy</th>
<th>Neither Easy nor Difficult</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

15. Over the past two years, has it become easier, more difficult, or about the same, to collect the parents’ share of child care cost for those families in your program who receive assistance paying for child care?

<table>
<thead>
<tr>
<th>Much Easier</th>
<th>Somewhat Easier</th>
<th>About the Same</th>
<th>Somewhat More Difficult</th>
<th>Much More Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
16. Using the following scale, circle the response that best describes your enrollment pattern.

<table>
<thead>
<tr>
<th>There are always vacancies</th>
<th>There are often vacancies</th>
<th>There are sometimes vacancies</th>
<th>There are rarely vacancies</th>
<th>There are never vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

17. In the past two years, how has your enrollment changed? Please respond on the following scale:

<table>
<thead>
<tr>
<th>Decreased Greatly</th>
<th>Decreased Somewhat</th>
<th>Stayed About the Same</th>
<th>Increased Somewhat</th>
<th>Increased Greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

18. Do you have children in your program whose primary language is not English?  

If yes, please answer questions 18a-18m: In my program I have children whose primary language is:

18a. Spanish YES  NO
18b. Chinese dialect: Cantonese or Mandarin YES  NO
18c. Korean YES  NO
18d. Vietnamese YES  NO
18e. Japanese YES  NO
18f. Polish YES  NO
18g. Russian YES  NO
18h. German YES  NO
18i. Farsi YES  NO
18j. Hebrew YES  NO
18k. Arabic YES  NO
18l. Hindi/Urdu YES  NO
18m. Other YES  NO
19. Please estimate the percentage of children in your program in each category. (These should add up to 100%):

   a. African-American................................................................. ____%
   b. Caucasian/White................................................................. ____%
   c. Hispanic/Latino................................................................. ____%
   d. Native American................................................................. ____%
   e. Asian/Pacific Islander.......................................................... ____%
   f. Multi-racial............................................................................. ____%
   e. Other...................................................................................... ____%

   Total 100%

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**ABOUT YOUR STAFF**

1. How many staff are in your program? **List the number** of staff within each category (categories a-f are teaching/instructional staff defined according to DCFS licensing regulations).

<table>
<thead>
<tr>
<th>No. of Staff</th>
<th>No. of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Administrative Director</td>
<td>g. Curriculum Coordinator</td>
</tr>
<tr>
<td>b. Director/Teacher</td>
<td>h. Family Support / Parent Educator</td>
</tr>
<tr>
<td>c. Early Childhood Teacher</td>
<td>i. Cook</td>
</tr>
<tr>
<td>d. Early Childhood Assistant/Aide</td>
<td>j. Administrative Support / Secretary</td>
</tr>
<tr>
<td>e. School-Age Worker</td>
<td>k. Building Support Staff (e.g. janitor, maintenance)</td>
</tr>
<tr>
<td>f. School-Age Assistant/Aide</td>
<td>l. Other</td>
</tr>
</tbody>
</table>

2. Of the staff in categories b, c, and e above, how many **lead teachers** do you have? Please use the following definition of a lead teacher:

   "The lead teacher is the individual with the highest educational qualifications assigned to teach a group/classroom of children and who is responsible for daily lesson planning, parent conferences, child assessment, and curriculum planning."

   - Depending on the program, this individual may be called a head teacher, master teacher, or teacher.
   - Each group/classroom will have one, and only one, lead teacher.
3. Do you contract for any of the following regularly-provided services for your center? *(Check all that apply)*
   a. Food service
   b. Building cleaning
   c. Outdoor/grounds maintenance
   d. Other *(specify)*

4. How many of your administrative and teaching/instructional staff *(staff titles a-f above)* have a second paying job outside of your center?
   Number of staff _______ I don’t know ______

5. How many staff in your program are **male**? *Write in the number* of staff within each category who are male.
   
<table>
<thead>
<tr>
<th>No. of Staff</th>
<th>No. of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Administrative Director</td>
<td>d. Early Childhood Assistant/Aide</td>
</tr>
<tr>
<td>b. Director/Teacher</td>
<td>e. School-Age Worker</td>
</tr>
<tr>
<td>c. Early Childhood Teacher</td>
<td>f. School-Age Assistant/Aide</td>
</tr>
</tbody>
</table>

6. How many staff in your program are **fluent in a language other than English**? *Write in the number* of staff within each category who are fluent in a non-English language.
   
<table>
<thead>
<tr>
<th>No. of Staff</th>
<th>No. of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Administrative Director</td>
<td>d. Early Childhood Assistant/Aide</td>
</tr>
<tr>
<td>b. Director/Teacher</td>
<td>e. School-Age Worker</td>
</tr>
<tr>
<td>c. Early Childhood Teacher</td>
<td>f. School-Age Assistant/Aide</td>
</tr>
</tbody>
</table>
7. If you have staff who are fluent in a language other than English, please identify the language(s) they are fluent in:

   7a. Spanish  YES□1  NO□0
   7b. Chinese dialect:
          Cantonese or Mandarin  YES□1  NO□0
   7c. Korean  YES□1  NO□0
   7d. Vietnamese  YES□1  NO□0
   7e. Japanese  YES□1  NO□0
   7f. Polish  YES□1  NO□0
   7g. Russian  YES□1  NO□0
   7h. German  YES□1  NO□0
   7i. Farsi  YES□1  NO□0
   7j. Hebrew  YES□1  NO□0
   7k. Arabic  YES□1  NO□0
   7l. Hindi/Urdu  YES□1  NO□0
   7m. Other______________  YES□1  NO□0

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**Professional Development**

The following questions refer to administrative and teaching staff.

YES  NO

1. Have you heard of the...

   a. Great START program?  □1  □0
   b. Gateways to Opportunity Scholarship program (formerly T.E.A.C.H.)?  □1  □0
   c. Gateways to Opportunity Credentials?
      (i.e. Illinois Director Credential, ECE Credential, Infant Toddler Credential)
     □1  □0
   d. Professional Development Advisor (PDA) program?  □1  □0
   e. Quality Counts Quality Rating System (QRS)?  □1  □0
   f. Consultants/Specialists available through your local Child Care
      Resource & Referral Agency?
      (i.e. Mental Health Consultant, Child Care Nurse Consultant, QRS Specialist, Infant Toddler Specialist)
     □1  □0
   g. Gateways to Opportunity Registry  □1  □0

2. Do you have a staff professional development plan for your center?  □1  □0

3. Do you have an individual staff professional development plan for each of your teaching/instructional staff?  □1  □0

4. Do you offer in-service training opportunities for your teaching/instructional staff?  □1  □0
5. Do you pay for conference/training registration? □ YES □ NO

6. In the last year, did you or any of your staff receive any training in early childhood education, child development, or health education from the following? (check all that apply)
   a. Child Care Resource and Referral (CCR&R) training
   □ 1
   b. Local community training
   □ 1
   c. Training at professional association meetings or conferences
   □ 1

7. Do you feel there are adequate training opportunities available to you and your staff? □ 1 □ 0

8. Do you have a salary scale that you share with your staff?
   a. If no, do you have something other than a salary scale? □ 1 □ 0
   b. If yes to 8a, please specify ____________________________ □ 1 □ 0

9. If you do have a salary scale, is it differentiated by: (check all that apply)
   a. Educational level
   □ 1
   b. Level of experience
   □ 1
   c. Additional or supplementary training
   □ 1
   d. Other (specify) ____________________________ □ 1

10. Do you or any other staff in an administrative position at your center have an Illinois Director Credential?
    a. Administrative director(s)
    □ 1 □ 0
    b. Director/teacher(s)
    □ 1 □ 0

11. Approximately how many other child care professionals in addition to your immediate center staff did you speak to last week (choose one)
    a. 0 □ 1
    b. 1-2 □ 2
    c. 3-5 □ 3
    d. 6-9 □ 4
    e. 10 or more □ 5
12. Approximately how many other child care professionals do you know personally, in addition to your immediate center staff? *(choose one)*
   
   a. 0 ☐
   b. 1-2 ☐
   c. 3-5 ☐
   d. 6-9 ☐
   e. 10 or more ☐

13. The following questions refer to your feelings and thoughts in your work or personal life *During the Last Month*. In each case, please indicate **How Often** the following situations have occurred to you:

<table>
<thead>
<tr>
<th>Question</th>
<th>Never 1</th>
<th>Almost Never 2</th>
<th>Sometimes 3</th>
<th>Fairly Often 4</th>
<th>Very Often 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last month, how often have you been upset because of something that happened unexpectedly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you felt that you were unable to control the important things in your life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you felt nervous and &quot;stressed&quot;?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you dealt successfully with irritating life hassles?</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>In the last month, how often have you felt confident about your ability to handle your personal problems?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>In the last month, how often have you felt that things were going your way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you found that you could not cope with all the things that you had to do?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you been able to control irritations in your life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you felt that you were on top of things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you been angered because of things that happened that were outside of your control?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never 1</td>
<td>Almost Never 2</td>
<td>Sometimes 3</td>
<td>Fairly Often 4</td>
<td>Very Often 5</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------</td>
<td>----------------</td>
<td>-------------</td>
<td>----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>In the last month, how often have you found yourself thinking about things that you have to accomplish?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you been able to control the way you spend your time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


### STAFF TURNOVER AND REPLACEMENT

1. How many staff members have left your program in the last 24 months? Please refer to your permanent full-time and part-time staff members, not temporary, substitute or seasonal staff.

<table>
<thead>
<tr>
<th>Role</th>
<th>No. of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Director</td>
<td></td>
</tr>
<tr>
<td>Director/Teacher</td>
<td></td>
</tr>
<tr>
<td>Early Childhood Teacher</td>
<td></td>
</tr>
<tr>
<td>Early Childhood Assistant/Aide</td>
<td></td>
</tr>
<tr>
<td>School-Age Worker</td>
<td></td>
</tr>
<tr>
<td>School-Age Assistant/Aide</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

2. For each category of employee who left your program in the last 24 months, how important, on a scale from 1 = "Not Important" to 5 = "Very Important", were each of the following reasons for leaving your specific program? Please enter a number in each slot using this scale:

<table>
<thead>
<tr>
<th>Reason (specify)</th>
<th>Administrative Director</th>
<th>Director/Teacher</th>
<th>Early Childhood Teacher</th>
<th>Early Childhood Assistant</th>
<th>School-Age Worker</th>
<th>School-Age Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Took another position within our agency/organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b. Found a new job in another child care center or agency

c. Found a new job in public schools

d. Found a new job unrelated to child care or education

e. Dissatisfied – pay

f. Dissatisfied – benefits

g. Dissatisfied – professional development opportunities

h. Dissatisfied – schedule

i. Terminated / Fired

j. Laid off

k. Retired

l. Personal

m. Other (specify)

3. Please report the number of applicants **who applied** when you sought to fill a vacancy in the last two years. **Write in the number** of applicants by category of employee.

<table>
<thead>
<tr>
<th>Category</th>
<th>Administrative Director</th>
<th>Director / Teacher</th>
<th>Early Childhood Teacher</th>
<th>Early Childhood Assistant</th>
<th>School-Age Worker</th>
<th>School-Age Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of DCFS-qualified applicants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Number of program qualified applicants (e.g. Head Start)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Number of non-qualified applicants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Please report the number of male applicants who applied when you sought to fill a vacancy in the last two years. Write in the number of male applicants by category of employee.

<table>
<thead>
<tr>
<th></th>
<th>Administrative Director</th>
<th>Director / Teacher</th>
<th>Early Childhood Teacher</th>
<th>Early Childhood Assistant</th>
<th>School-Age Worker</th>
<th>School-Age Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of male applicants</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

5. Please report the number of applicants, fluent in a language other than English, who applied when you sought to fill a vacancy in the last two years. Write in the number of applicants fluent in a language other than English by category of employee.

<table>
<thead>
<tr>
<th></th>
<th>Administrative Director</th>
<th>Director / Teacher</th>
<th>Early Childhood Teacher</th>
<th>Early Childhood Assistant</th>
<th>School-Age Worker</th>
<th>School-Age Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of applicants fluent in a language other than English</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

6. If there were any applicants who were fluent in a language other than English, please identify the language(s) they were fluent in:

   6a. Spanish          YES\square_1  NO\square_0
   6b. Chinese dialect: Cantonese or Mandarin  YES\square_1  NO\square_0
   6c. Korean           YES\square_1  NO\square_0
   6d. Vietnamese       YES\square_1  NO\square_0
   6e. Japanese         YES\square_1  NO\square_0
   6f. Polish           YES\square_1  NO\square_0
   6g. Russian          YES\square_1  NO\square_0
   6h. German           YES\square_1  NO\square_0
   6i. Farsi            YES\square_1  NO\square_0
   6j. Hebrew           YES\square_1  NO\square_0
   6k. Arabic           YES\square_1  NO\square_0
   6l. Hindi/Urdu       YES\square_1  NO\square_0
   6m. Other___________  YES\square_1  NO\square_0
7. How long did it take you to fill vacancies for each category of staff? For each category of staff, circle how long, on average, it took to fill the vacancy from the time you began your search until you filled the position.

<table>
<thead>
<tr>
<th>Category</th>
<th>Less than one week</th>
<th>1-2 weeks</th>
<th>3-4 weeks</th>
<th>More than 4 weeks</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Administrative Director</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Director/Teacher</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Early Childhood Teacher</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Early Childhood Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. School-Age Worker</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. School-Age Assistant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. Please report the number of male applicants you have hired in the past two years, for each of the following staff categories. Write in the number of male hires by category of employee.

<table>
<thead>
<tr>
<th>Category</th>
<th>Administrative Director</th>
<th>Director / Teacher</th>
<th>Early Childhood Teacher</th>
<th>Early Childhood Assistant</th>
<th>School-Age Worker</th>
<th>School-Age Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of male hires</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

9. Please report the number of applicants, fluent in a language other than English, you have hired in the past two years, for each of the following staff categories. Write in the number of hires fluent in a language other than English by category of employee.

<table>
<thead>
<tr>
<th>Category</th>
<th>Administrative Director</th>
<th>Director / Teacher</th>
<th>Early Childhood Teacher</th>
<th>Early Childhood Assistant</th>
<th>School-Age Worker</th>
<th>School-Age Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of hires fluent in a language other than English</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
10. If there were any applicants you hired who were fluent in a language other than English, please identify the language(s) they were/are fluent in:

10a. Spanish \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10b. Chinese dialect: Cantonese or Mandarin \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10c. Korean \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10d. Vietnamese \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10e. Japanese \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10f. Polish \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10g. Russian \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10h. German \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10i. Farsi \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10j. Hebrew \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10k. Arabic \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10l. Hindi/Urdu \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

10m. Other \hspace{1cm} \begin{array}{c|c} \text{YES} & \text{NO} \\ 1 & 0 \end{array}

11. Has the length of time to fill a vacancy changed over the last two years? For each category of staff, circle how long, on average, it took to fill the vacancy compared to two years ago.

<table>
<thead>
<tr>
<th>Category</th>
<th>Decreased by more than 2 weeks</th>
<th>Decreased by 1-2 weeks</th>
<th>Stayed the same</th>
<th>Increased by 1-2 weeks</th>
<th>Increased by more than 2 weeks</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Administrative Director</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>b. Director/Teacher</td>
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<td>2</td>
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<td>6</td>
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<tr>
<td>c. Early Childhood Teacher</td>
<td>1</td>
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<td>6</td>
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<tr>
<td>d. Early Childhood Assistant</td>
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<tr>
<td>e. School-Age Worker</td>
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<tr>
<td>f. School-Age Assistant</td>
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</tbody>
</table>
12. Generally, how easy or difficult has it been for you to fill positions in the past two years? For each category of staff, how easy or difficult has it been to fill that vacancy? Circle the response that best reflects your opinion.

<table>
<thead>
<tr>
<th></th>
<th>Very Easy</th>
<th>Somewhat Easy</th>
<th>Neither Easy or Difficult</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Administrative Director</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<tr>
<td>b. Director/Teacher</td>
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<td>f. School-Age Assistant</td>
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</tbody>
</table>

13. Have the staff you have hired in the past two years met or exceeded qualifications required in the DCFS licensing standards? For each category of staff, write in the number of staff you have hired who met, exceeded or did not meet DCFS qualifications.

<table>
<thead>
<tr>
<th></th>
<th>Met DCFS Qualifications</th>
<th>Exceeded DCFS Qualifications</th>
<th>Did Not Meet DCFS Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Administrative Director</td>
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<tr>
<td>b. Director/Teacher</td>
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<td>c. Early Childhood Teacher</td>
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<tr>
<td>e. School-Age Worker</td>
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<tr>
<td>f. School-Age Assistant</td>
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</tbody>
</table>

14. Have the qualifications of your new hires changed over the last two years? Circle the response that best reflects your opinion of the qualifications of staff you have hired in the past two years compared to those you hired more than two years ago.

<table>
<thead>
<tr>
<th></th>
<th>Much Less Qualified</th>
<th>Somewhat Less Qualified</th>
<th>Same Qualifications</th>
<th>Somewhat More Qualified</th>
<th>Much More Qualified</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Administrative Director</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>b. Director/Teacher</td>
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<td>c. Early Childhood Teacher</td>
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<td>e. School-Age Worker</td>
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<tr>
<td>f. School-Age Assistant</td>
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</tbody>
</table>
15. There are many reasons why people may not be attracted to employment in the child care field. How important, on a scale from 1 = "Not Important" to 5 = "Very Important", do you think each of the following reasons is? Circle the response for each reason that best reflects your opinion.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Not Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Career opportunities in centers are not generally known by people choosing a profession</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
<tr>
<td>b. Career opportunities are better in other professions or other child-oriented settings</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
<tr>
<td>c. Child care is not seen as a professional career choice</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
<tr>
<td>d. Salaries are low</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
<tr>
<td>e. Benefits are not adequate</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
<tr>
<td>f. Job openings in centers are not well advertised</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
<tr>
<td>g. Child care is not respected as a profession</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
<tr>
<td>h. Other (specify) _________________________________________________</td>
<td>1  2  3  4  5</td>
<td></td>
</tr>
</tbody>
</table>
THANK YOU FOR COMPLETING THIS SURVEY!

Please share any additional thoughts in the space provided below about staffing and compensation issues in the child care field.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please return your completed questionnaire in the enclosed stamped envelope to:

Kelley Terveer  
INCCRRA  
1226 Towanda Plaza  
Bloomington, IL  61701

If you have any questions, please call Kelley Terveer (800) 649-1884 / (309) 834-1243 or your local Child Care Resource and Referral Agency.
Please complete the following worksheet using the instructions on the previous page. Photocopy if you need to include more full-time and part-time paid child care employees.

<table>
<thead>
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<tbody>
<tr>
<td>Yes No</td>
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</tbody>
</table>

*A Type 4/02 Certificate is granted by the State of Illinois to educators who have earned a BA degree in early childhood education and passed all state exams and requirements to teach in a publicly funded program serving children in homes or child care centers.
Department of Human and Community Development
University of Illinois at Urbana-Champaign

Fiscal Year 2011 Illinois Child Care Salary and Staffing Survey
Family Child Care Home Providers

Instructions:

- Please read and follow all directions carefully for each question. For some questions, you will need to check the appropriate box; for some questions, you will need to circle the appropriate number; and for some questions, you will need to write in the appropriate number or information requested.

- Please **DO NOT** write your name anywhere on the questionnaire. We have given each survey a number to help us keep track of which providers have returned their forms and which need reminders. **All information will be kept confidential.**

- Please try to answer every question as accurately as possible, adding explanatory notes only when necessary.

- Please complete the questionnaire and return it in the enclosed, stamped envelope to:

  Kelley Terveer
  INCCRRRA
  1226 Towanda Plaza
  Bloomington, IL 61701

- Thank you for taking valuable time out of your busy schedule to complete this survey. The survey will take approximately 15 to 30 minutes to complete. It need not be completed at one sitting, but we ask that you return it to us within 2 weeks of receiving it. Your investment of time will contribute to knowledge that will improve the conditions and address the needs of all child care providers in Illinois.

Thank you again.
ENROLLMENT

1. During a typical week, what is the largest number of children in your care at any time—excluding your own children?

   ————

2. Do you accept children in your program whose families receive IDHS and/or IDCFS child care financial assistance (subsidy)?

   YES □ 1  NO □ 0

2a. **If no**, why not? *(choose one)*

   a. I do not know what the subsidy program is/ Never looked into it
      □ 1
   b. Do not qualify (i.e. Head Start, part-time)/Free program
      □ 1
   c. Subsidy families can’t afford or won’t pay the tuition balance
      □ 1
   d. Offer our own tuition break/scholarships to families in need
      □ 1
   e. No interested families/No families in need
      □ 1
   f. No time to do the paperwork/paperwork is complicated
      □ 1
   g. Need weekly operating funds
      □ 1
   h. No openings
      □ 1
   i. Other ________________________________
      □ 1

2b. **If yes**, during a typical week, how many children whose families receive IDHS and/or IDCFS child care financial assistance (subsidy) do you care for?

   ————

2c. **If yes**, how many of the families in your program receive assistance paying for child care (funding from government, employers, or local agencies)? Do not include discounts that you offer to families.

   ————

2d. **If yes**, do you charge parents more than the amount paid for with subsidy (including the state payment and parent co-payment)?

   YES □ 1  NO □ 0
3. If you accept, or have accepted in the last two years, children whose families receive child care financial assistance, how easy or difficult has it been to collect the parents’ share (co-payments, the difference between the state assistance and what you charge, etc.)?

<table>
<thead>
<tr>
<th>Very Easy</th>
<th>Somewhat Easy</th>
<th>Neither Easy nor Difficult</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. Over the past two years, has it become easier, more difficult, or about the same, to collect the parents’ share of child care cost for those families in your program who receive assistance paying for child care?

<table>
<thead>
<tr>
<th>Much Easier</th>
<th>Somewhat Easier</th>
<th>About the Same</th>
<th>Somewhat More Difficult</th>
<th>Much More Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. Do you have children in your program whose primary language is not English?

5a. If yes, please answer questions 5a-5m. In my program I have children whose primary language is:

5a. Spanish

5b. Chinese dialect:
   Cantonese or Mandarin

5c. Korean

5d. Vietnamese

5e. Japanese

5f. Polish

5g. Russian

5h. German

5i. Farsi

5j. Hebrew

5k. Arabic

5l. Hindi/Urdu

5m. Other

YES □ 0

NO □ 0
6. Please estimate the percentage of children in your program in each category. (These should add up to 100%):

   a. African-American................................................................. ____% 
   b. Caucasian/White................................................................. ____% 
   c. Hispanic/Latino................................................................. ____% 
   d. Native American............................................................... ____% 
   e. Asian/Pacific Islander......................................................... ____% 
   f. Multi-racial...................................................................... ____% 
   e. Other................................................................................... ____% 

  Total  100%

7. Using the following scale, circle the response that best describes your enrollment pattern.


<table>
<thead>
<tr>
<th>There are always vacancies</th>
<th>There are often vacancies</th>
<th>There are sometimes vacancies</th>
<th>There are rarely vacancies</th>
<th>There are never vacancies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

8. In the past two years, how has your enrollment changed? Please respond on the following scale:


<table>
<thead>
<tr>
<th>Decreased Greatly</th>
<th>Decreased Somewhat</th>
<th>Stayed About the Same</th>
<th>Increased Somewhat</th>
<th>Increased Greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
ASSISTANTS

1. How many paid assistant caregivers do you have? (If you have no paid assistants, write "0").
   (If you have no paid assistants, write "0".)
   1a. If you do have paid assistants, how much, on average, do you pay the assistants?
       $______ per hour
   1b. If you do have paid assistants, how many hours during an average week do assistants work with you?
       _______ hours

2. How many unpaid assistant caregivers do you have? (If you have no unpaid assistants, write "0").
   _______ number

EDUCATION AND TRAINING

1. What is the highest level of education you have completed? (Check one)
   □ 1 Some high school
   □ 2 High school graduate/GED
   □ 3 Some college classes in early childhood education or child development, no degree
   □ 4 Approved Community College Early Childhood Certificate
   □ 5 Associates degree with early childhood education or child development major
   □ 6 Associates degree in another field
   □ 7 Bachelors degree in early childhood education or child development
   □ 8 Bachelors degree in another field
   □ 9 Masters degree or higher in early childhood education or child development
   □10 Masters degree or higher in another field
   □11 Other (specify) _________________________________

2. Do you have an Illinois 04/02 Teaching Certificate? YES□ 1   NO□ 0
   (A Type 04/02 Certificate is granted by the State of Illinois to educators who have earned a BA degree in early childhood education and passed all state exams and requirements to teach in a publicly funded program serving children pre-kindergarten through third grade.)
3. In the last year, did you receive any training in early childhood education, child development, or health education from the following? (check all that apply)
   a. Child care resource and referral training............................................................... 
   b. Local community training.................................................................................... 
   c. Training at professional association meetings or conferences........................... 
   d. If yes to any of the above, approximately how many hours of training did you attend last year? ________ hours

4. In the last two years, have you completed any college coursework in early childhood education or child development? YES □ 1  NO □ 0
   4a. If yes, how many credit hours did you complete in the last two years? ________ hours
   4b. If yes, were these... □ 1 semester hours □ 2 quarter hours □ 3 both

5. Do you feel you have adequate training opportunities? YES □ 1  NO □ 0

6. What difficulties, if any, have you had trying to find appropriate training or educational opportunities? (check all that apply)
   a. My community does not have enough courses or workshops........................... □ 1
   b. Cost of training is too high.................................................................................. □ 1
   c. Quality of training is not good.............................................................................. □ 1
   d. Most opportunities are during the day so it is difficult for me to attend.............. □ 1
   e. I am unable to take time away from my family to take more training............... □ 1
   f. I am unable to take time away from my work to take more training............... □ 1
   g. There is no reason to pursue more training......................................................... □ 1
   h. Other (specify) .................................................................................................. □ 1
EARNINGS AND BENEFITS

1. What are your gross annual earnings (income before taxes and expenses, not money from Great START or Gateways Scholarship Program) from your child care program? $ ___________ Dollars

2. What are your net annual earnings (income after taxes and expenses, not money from Great START or Gateways Scholarship Program) from your child care program after deducting costs of providing care? If amount is negative, (that is, if you spend more on expenses than you receive in earnings), be sure and put a negative sign (-) in front of the amount. $ ___________ Dollars

3. What are your annual expenses (such as food, utilities, insurance, or materials) to provide care, not including your wages? $ ___________ Dollars

4. In the past two years, how have your gross (before taxes and deductions) annual earnings changed? Please respond on the following scale:

<table>
<thead>
<tr>
<th>Decreased Greatly</th>
<th>Decreased Somewhat</th>
<th>Stayed About the Same</th>
<th>Increased Somewhat</th>
<th>Increased Greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

5. In the past two years, how have your net (your "take home") annual earnings changed? Please respond on the following scale:

<table>
<thead>
<tr>
<th>Decreased Greatly</th>
<th>Decreased Somewhat</th>
<th>Stayed About the Same</th>
<th>Increased Somewhat</th>
<th>Increased Greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

6. In the past two years, how have your annual expenses changed? Please respond on the following scale:

<table>
<thead>
<tr>
<th>Decreased Greatly</th>
<th>Decreased Somewhat</th>
<th>Stayed About the Same</th>
<th>Increased Somewhat</th>
<th>Increased Greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

7. On average, how many hours per week are you paid for taking care of children (not counting your own children)? _______ hours per week

8. On average, how many hours per week do you spend on different aspects of your child care business after the children leave or before they arrive (such as preparing food for the children, shopping, cleaning, record keeping, or preparing educational activities)? _______ hours per week
9. How many weeks per year do you operate?  

10. Are you paid when children are absent because they are sick?  
   □ 1  □ 0

11. Are you paid when children are on vacation?  
   □ 1  □ 0

12. Are you paid when you are closed for holidays?  
   □ 1  □ 0

13. Are you paid when you are closed for vacation days?  
   □ 1  □ 0

14. Are you paid when you are closed for sick days?  
   □ 1  □ 0

15. Are you paid when you are closed for training days?  
   □ 1  □ 0

16. Are you paid when you are closed for other reasons?  
   □ 1  □ 0

16a. If yes, please specify ________________________________

17. Do you charge extra when children are picked up late or dropped off early?  
   □ 1  □ 0

17a. If yes, approximately how much per minute? $____________

18. Do you close for any holidays, vacation, sick days, training, or other days off?  
   □ 1  □ 0

18a. If yes, approximately how many days per year? _______ days

19. Do you participate in the Child and Adult Food Care Program?  
   □ 1  □ 0

20. Do you contribute to Social Security and Medicare for yourself?  
   □ 1  □ 0

21. In the last year, have you set aside any savings for your retirement?  
   □ 1  □ 0

22. Are you currently covered by any kind of health insurance or medical plan?  
   □ 1  □ 0

22a. If yes, who pays for your health insurance? (check one)  
   My spouse’s employer pays 100%........................................... □ 1
   My spouse’s employer pays a partial amount............................. □ 2
   I purchase my own health insurance......................................... □ 3
   I am Medicaid/Medicare eligible.............................................. □ 4
   Other (specify)________________________________________________ □ 5
23. In the past two years, have you received any of the following types of financial assistance? (check all that apply)

   a. TANF/AFDC
   b. Medicaid/Medicare for yourself
   c. Medicaid for your child(ren)
   d. Subsidized housing/Section 8
   e. Food stamps/SNAP
   f. FamilyCare for yourself
   g. KidCare for your child(ren)
   h. Other (specify)

24. Do you have any other paid jobs, in addition to providing child care in your home?  
   YES  NO

25. Does at least one other adult in your household contribute to your household income?  
   YES  NO

---

**PROFESSIONAL SUPPORT**

1. Do you have at least one other child care provider you can talk to if you have a problem in your program?  
   YES  NO

2. Approximately how many other child care professionals in addition to your immediate staff did you speak to last week (choose one)

   a. 0  
   b. 1-2  
   c. 3-5  
   d. 6-9  
   e. 10 or more

3. Approximately how many other child care professionals do you know personally, in addition to your immediate staff? (choose one)

   a. 0  
   b. 1-2  
   c. 3-5  
   d. 6-9  
   e. 10 or more

4. In the past two years, have you contacted your local child care resource and referral agency for help or information when you have had a question or problem?  
   YES  NO
5. Are you a member of a child care providers’ organization?
   □ 1   □ 0

6. Have you heard of the...
   a. Great START program?
      □ 1   □ 0
   b. Gateways to Opportunity Scholarship program (formerly T.E.A.C.H.)?
      □ 1   □ 0
   c. Gateways to Opportunity Credentials?
      (i.e. Illinois Director Credential, ECE Credential, Infant Toddler Credential)
      □ 1   □ 0
   d. Professional Development Advisor (PDA) program?
      □ 1   □ 0
   e. Quality Counts Quality Rating System (QRS)?
      □ 1   □ 0
   f. Consultants/Specialists available through your local Child Care
      Resource & Referral Agency?
      (i.e. Mental Health Consultant, Child Care Nurse Consultant, QRS Specialist, Infant
      Toddler Specialist)
      □ 1   □ 0
   g. Gateways to Opportunity Registry
      □ 1   □ 0

7. How much longer do you think you will continue to offer child care in
   your home?
   Number of years.............. I don’t know........... □ 0

8. In the past two years, have you considered no longer providing care?
   □ 1   □ 0

8a. If you have considered no longer providing care in the past two years, why?
    For each of the following possible reasons, how important, on a scale from 1 = "Not
    Important" to 5 = "Very Important", is each a reason for your considering no longer
    providing child care? Please circle the appropriate number:

<table>
<thead>
<tr>
<th>Reason</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Dissatisfied with salary</td>
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<tr>
<td>ii. Dissatisfied with benefits</td>
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<tr>
<td>iii. Want to go back to school</td>
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<tr>
<td>iv. Working hours are too long</td>
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<td>v. Not enough work hours</td>
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<td>vi. Enrollments are too low</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>vii. Enrollments are too high</td>
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<td>viii. Frustration with parents</td>
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<tr>
<td>ix. Too little respect for what child care providers do</td>
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<tr>
<td>x. Health problems</td>
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<td></td>
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<tr>
<td>xi. Moving/relocating</td>
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<td></td>
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</tr>
<tr>
<td>xii. Too much stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10
| xiii. Too little time off | 1 | 2 | 3 | 4 | 5 |
| xiv. Isolation | 1 | 2 | 3 | 4 | 5 |
| xv. Retirement | 1 | 2 | 3 | 4 | 5 |
| xvi. Other personal reason(s) | 1 | 2 | 3 | 4 | 5 |
| xvii. Other reason (specify) | 1 | 2 | 3 | 4 | 5 |

8b. *If you have considered no longer providing care in the past two years,* how important, on a scale from 1 = "Not Important" to 5 = "Very Important", would each of the following be to make you want to continue providing child care?

| i. Help with problem solving | Not Important | 1 | 2 | 3 | 4 | 5 |
| ii. More contact with other providers | Not Important | 1 | 2 | 3 | 4 | 5 |
| iii. Respite care (a substitute to allow me time off) | Not Important | 1 | 2 | 3 | 4 | 5 |
| iv. Being part of a professional organization | Not Important | 1 | 2 | 3 | 4 | 5 |
| v. Access to family child care training | Not Important | 1 | 2 | 3 | 4 | 5 |
| vi. Lower enrollments | Not Important | 1 | 2 | 3 | 4 | 5 |
| vii. Higher enrollments | Not Important | 1 | 2 | 3 | 4 | 5 |
| viii. Higher income | Not Important | 1 | 2 | 3 | 4 | 5 |
| ix. Better benefits | Not Important | 1 | 2 | 3 | 4 | 5 |
| x. Time off | Not Important | 1 | 2 | 3 | 4 | 5 |
| xi. More work hours | Not Important | 1 | 2 | 3 | 4 | 5 |
| xii. Other reason (specify) | Not Important | 1 | 2 | 3 | 4 | 5 |

9. In the past two years, have opportunities for family child care providers become better, stayed the same, or become worse? *(check one)*

Better ........... 3  
Stayed the same.... 2  
Worse............ 1

Please explain: ____________________________________________

_________________________________________________________
10. Please read the following statements about providing child care. **Circle** the response under the heading *Strongly Disagree* to *Strongly Agree* that reflects your opinion for each of the statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Disagree nor Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I consider myself an early childhood educator/professional</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. I consider myself a small business owner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. I do not provide child care services for the money</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Getting more training helps me become more professional</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Because I am my own boss, I can set my rates and policies to meet my needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. I would like more education/training related to family child care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. I provide child care to earn an income</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. I provide child care to stay at home with my children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. I enjoy teaching children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. I like being in business for myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. Other <em>(specify)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
11. The following questions refer to your feelings and thoughts in your work or personal life during the last month. In each case, please indicate how often the following situations have occurred to you:

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last month, how often have you been upset because of something that happened unexpectedly?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>In the last month, how often have you felt that you were unable to control the important things in your life?</td>
<td></td>
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</tr>
<tr>
<td>In the last month, how often have you felt nervous and &quot;stressed&quot;?</td>
<td></td>
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</tr>
<tr>
<td>In the last month, how often have you dealt successfully with irritating life hassles?</td>
<td></td>
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</tr>
<tr>
<td>In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?</td>
<td></td>
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</tr>
<tr>
<td>In the last month, how often have you felt confident about your ability to handle your personal problems?</td>
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</tr>
<tr>
<td>In the last month, how often have you felt that things were going your way?</td>
<td></td>
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</tr>
<tr>
<td>In the last month, how often have you found that you could not cope with all the things that you had to do?</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>In the last month, how often have you been able to control irritations in your life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last month, how often have you felt that you were on top of things?</td>
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<tr>
<td>In the last month, how often have you been angered because of things that happened that were outside of your control?</td>
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<tr>
<td>In the last month, how often have you found yourself thinking about things that you have to accomplish?</td>
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<tr>
<td>In the last month, how often have you been able to control the way you spend your time?</td>
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<tr>
<td>In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?</td>
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</tbody>
</table>

PERSONAL PROFILE

1. How old are you?

- [ ] 1. Under 20 years
- [ ] 2. 20-29 years
- [ ] 3. 30-39 years
- [ ] 4. 40-49 years
- [ ] 5. 50-59 years
- [ ] 6. 60 years +

2. Are you:

- [ ] 1. Female
- [ ] 2. Male

3. How do you identify your race/ethnicity?

- [ ] 1. African-American
- [ ] 2. Caucasian/White
- [ ] 3. Hispanic/Latino
- [ ] 4. Native American
- [ ] 5. Asian/Pacific Islander
- [ ] 6. Multi-racial
- [ ] 7. Other

4. Is your primary language English?  YES [ ]  NO [ ]

4a If no, which language is your primary language (select one)

- [ ] 1a. Spanish
- [ ] 1b. Chinese dialect:
  - Cantonese or Mandarin
- [ ] 1c. Korean
- [ ] 1d. Vietnamese
- [ ] 1e. Japanese
- [ ] 1f. Polish
- [ ] 1g. Russian
- [ ] 1h. German
- [ ] 1i. Farsi
- [ ] 1j. Hebrew
- [ ] 1k. Arabic
- [ ] 1l. Hindi/Urdu
- [ ] 1m. Other

5. How long have you been taking care of children in your home for pay?  ________ years

6. Have you ever been employed as a child care center teacher, child care center assistant, or child care center director or as a public school teacher?  YES [ ]  NO [ ]

6a. If yes, for how many years?  ________ years
THANK YOU FOR COMPLETING THIS SURVEY!

Please share any additional thoughts in the space provided below about staffing and compensation issues in the child care field.

________________________________________________________________________________

________________________________________________________________________________

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Please return your completed questionnaire in the enclosed stamped envelope to:

Kelley Terveer
INCCRRRA
1226 Towanda Plaza
Bloomington, IL 61701

If you have any questions, please call Kelley Terveer (800) 649-1884 / (309) 834-1243 or your local Child Care Resource and Referral Agency.
Appendix B: Child Care Resource and Referral Systems Map

Illinois Child Care Resource and Referral (CCR&R) Agencies

SDA 1
YWCA
Child Care Solutions
(Rockford)
888-225-7072
www.ywca.org/Rockford

SDA 2
4-C: Community Coordinated Child Care
DeKalb
800-548-5727
www.four-c.org

SDA 3
YWCA Lake County CCR&R
(Waukegan)
800-344-5376
www.ywcalakecounty.org

SDA 4
YWCA CCR&R
(Glendale Heights)
630-799-3030
www.ywcachicago.org

SDA 5
Joliet CCR&R
(Joliet)
800-552-5526
www.childcarehelp.com

SDA 6
Illinois Action for Children
(Chicago)
312-822-1100
www.actforchildren.org

SDA 7
Community Child Care CCR&R
(Davenport, IA)
800-524-3236
www.lccommunityaction.org

SDA 8
SAL Child Care Connection
(Peoria)
800-421-4371
www.salchildcareconnection.org

SDA 9
CCR&R
(Bloomington)
800-437-0356
www.ccrm.com

SDA 10
Child Care Resource Service
University of Illinois
(Urbana)
800-325-5516
ccr.uiuc.edu

SDA 11
CCR&R
Eastern Illinois University
(Charleston)
800-454-7439
www.eiu.edu/~cccr/home/index.php

SDA 12
West Central Child Care Connection
(Quincy)
800-782-7318
www.wccc.com

SDA 13
Community Child Care Connection
(Springfield)
602-676-2095
www.cccconnect.org

SDA 14
Children’s Home + Aid
(Grants Pass)
600-467-0200
www.chahcr.org

SDA 15
Project CHILD
(Mt. Vernon)
800-362-7257
www.illinois.edu/projectchild

SDA 16
CCR&R
John Logan College
(Carbondale)
800-232-0028
www.jlc.edu/ccr