

Illinois Network of Child Care Resource and Referral Agencies



Fiscal Year 2015 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.
- Please complete the questionnaire and return it in the enclosed, stamped envelope to:

Kevin Anderson  
INCCRRA  
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 45 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.

**Please return by June 15<sup>th</sup>, 2015!**

**PERSONAL PROFILE**

1. What is your title? (*select one*)
- Owner                                       Director  
 Owner/Director                               Director/Teacher  
 Other (*please specify*) \_\_\_\_\_
2. How many years of experience do you have in a child care and education administrative role? \_\_\_\_\_ years
3. How many years of experience do you have in child care? \_\_\_\_\_ years

**ABOUT YOUR PROGRAM**

1. What is the operation schedule of your center? (*select one*)
- Full-Day (8 or more hours), Full Year (at least 47 weeks) **only**  
 Full-Day/Full- Year with separate part-day option  
 Part-Day **only** – nursery school, preschool, Head Start  
 Part-Day **only** – before- and/or after-school program  
 Other (*please specify*) \_\_\_\_\_
2. Which best describes your center? (*select one*)
- For Profit – Private proprietary or partnership  
 For Profit – corporation or chain  
 For Profit – corporate sponsored  
 Private nonprofit – independent  
 Private nonprofit – affiliated with a social service agency or hospital  
 Public nonprofit – sponsored by federal, state, or local government  
 College or university affiliated  
 Military sponsored  
 Public school
3. Is your center sponsored by a faith-based organization?                               Yes     No
4. Is your center... (*select one*)                              If your center is part of a multi-site program, what is the name of the parent organization?
- a single-site program?  
 part of a multi-site program? \_\_\_\_\_
5. Check **ALL** current sources of funding received by your center:
- Tuition-based (parent fees)  
 Illinois Department of Human Services vouchers/certificates (IDHS CCAP) and/or Illinois Department of Human Services Site Contract  
 Chicago Department of Family & Support Services (DFSS) Site Contract  
 Department of Children and Family Services (DCFS) vouchers/certificates

- Head Start
- Illinois State Board of Education (ISBE) Preschool for All
- Child and Adult Care Food Program
- Private donations, grants (e.g., foundations, United Way), or fundraising
- Corporate/employer subsidies
- Other (please specify) \_\_\_\_\_

6. Please estimate the percentage of funds you received last year on average from each of the following sources: **(These should add up to 100%.)**

Parent fees	_____ %
Head Start funds	_____ %
Preschool for All funds	_____ %
Other public funding (state, federal, or local money)	_____ %
Private donations, grants (e.g., foundations, United Way), or fundraising	_____ %
Corporate/employer subsidies	_____ %
Other (please specify) _____	_____ %
<b>TOTAL</b>	<b>100%</b>

7. What are the approximate annual operating costs (**expenses**) for your center? \$ \_\_\_\_\_  
dollars

8. In the past two years, how have your annual operating costs **changed**? Please respond by circling your response on the following scale:

<b>Decreased Greatly</b>	<b>Decreased Somewhat</b>	<b>Stayed About the Same</b>	<b>Increased Somewhat</b>	<b>Increased Greatly</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

9. What are the approximate annual revenues (**income**) for your center? \$ \_\_\_\_\_  
dollars

10. In the past two years, how have your annual revenues **changed**? Please respond by circling your response on the following scale:

<b>Decreased Greatly</b>	<b>Decreased Somewhat</b>	<b>Stayed About the Same</b>	<b>Increased Somewhat</b>	<b>Increased Greatly</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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

**Yes**, and I have had subsidized children enrolled at some point in the last 2 years

**Yes**, but I have not had subsidized children enrolled in the last 2 years  **No**

**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?

\_\_\_\_\_ **number**

**If yes**, how many **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.

\_\_\_\_\_ **number**

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

**Yes**  **No**

**If no**, why not? (select all that apply)

- I don't know what the subsidy program is/I have never looked into it.
- I don't qualify (i.e. Head Start, free program).
- Subsidy families can't afford or won't pay the tuition balance.
- I offer my own tuition break/scholarship to families in need.
- There are no interested families/families in need.
- I don't have time for paperwork or the paperwork is too complicated.
- I need weekly operating funds.
- I have no openings.
- Other (please specify) \_\_\_\_\_

12. 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.)?

<b>Very Easy</b>	<b>Somewhat Easy</b>	<b>Neither Easy nor Difficult</b>	<b>Somewhat Difficult</b>	<b>Very Difficult</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

13. 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?

<b>Much Easier</b>	<b>Somewhat Easier</b>	<b>About the Same</b>	<b>Somewhat More Difficult</b>	<b>Much More Difficult</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

14. What is your **current** total enrollment? \_\_\_\_\_  
 number

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

There are always vacancies	There are often vacancies	There are sometimes vacancies	There are rarely vacancies	There are never vacancies
1	2	3	4	5

16. Using the following scale, circle the response that best describes how your enrollment has **changed** in the past two years.

Decreased Greatly	Decreased Somewhat	Stayed About the Same	Increased Somewhat	Increased Greatly
1	2	3	4	5

17. Do you have children in your program whose primary language is **not** English?  Yes  No

**If yes**, please respond to the statement with each language option below:

*In my program I have children whose primary language is...*

- Spanish  Yes  No
- Chinese dialect: Cantonese or Mandarin  Yes  No
- Korean  Yes  No
- Vietnamese  Yes  No
- Japanese  Yes  No
- Polish  Yes  No
- Russian  Yes  No
- German  Yes  No
- Farsi  Yes  No
- Hebrew  Yes  No
- Arabic  Yes  No
- Hindu/Urdu  Yes  No
- Other (please specify) \_\_\_\_\_  Yes  No

18. Please estimate the percentage of children in your program in each category.

*(These should add up to 100%.)*

African American.....	_____ %
Caucasian/White.....	_____ %
Hispanic/Latino.....	_____ %
Native American.....	_____ %
Asian/Pacific Islander.....	_____ %
Multi-Racial.....	_____ %
Other.....	_____ %
<b>TOTAL</b>	<b>100%</b>

### 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 by DCFS licensing regulations).

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

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.

\_\_\_\_\_ number

3. Do you contract for any of the following regularly-provided services for your center? (***select all that apply***)

- Food service
- Building cleaning
- Outdoor/Grounds maintenance
- Other (*please 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? **List the number** of staff within each category who are male.

	No. of Staff		No. of Staff
a. Administrative Director	_____	d. Early Childhood Assistant/Aide	_____
b. Director/Teacher	_____	e. School-Age Worker	_____
c. Early Childhood Teacher	_____	f. School-Age Assistant/Aide	_____

6. How many staff in your program are **fluent in a language other than English**? List the number of staff within each category who are fluent in a non-English language.

	No. of Staff		No. of Staff
a. Administrative Director	_____	d. Early Childhood Assistant/Aide	_____
b. Director/Teacher	_____	e. School-Age Worker	_____
c. Early Childhood Teacher	_____	f. School-Age Assistant/Aide	_____

7. **If you have staff who are fluent in another language other than language**, please identify the language(s) they are fluent in:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Spanish                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chinese dialect: Cantonese or Mandarin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Korean                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vietnamese                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Japanese                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Polish                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Russian                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| German                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Farsi                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hebrew                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Arabic                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hindu/Urdu                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| French                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Yuroba                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please specify) _____           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## PROFESSIONAL DEVELOPMENT

*The following questions refer to administrative and teaching staff.*

1. Have you heard of the following programs and services?

	<u>Yes</u>	<u>No</u>
Gateways to Opportunity Registry	<input type="checkbox"/>	<input type="checkbox"/>
Great START	<input type="checkbox"/>	<input type="checkbox"/>
Gateways to Opportunity Scholarship Program	<input type="checkbox"/>	<input type="checkbox"/>
Gateways to Opportunity Credentials <small>(i.e., Illinois Director Credential, ECE Credential, Infant Toddler Credential)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Development Advisor (PDA) Program	<input type="checkbox"/>	<input type="checkbox"/>
ExceleRate Illinois <small>(formerly Quality Counts Quality Rating System (QRS))</small>	<input type="checkbox"/>	<input type="checkbox"/>

Consultants/Specialists available through your local Child Care Resource & Referral Agency    
 (i.e., Mental Health Consultant, Child Care Nurse Consultant, Quality Specialist, Infant Toddler Specialist)  
 Online trainings through iLearning

- |  | <u>Yes</u>                   | <u>No</u>                   |
|--|------------------------------|-----------------------------|
| 2. Do you have a staff professional development plan for your center?  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 3. Do you have an individual staff professional development plan for each of your teaching/instructional staff?  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 4. Do you offer in-service training opportunities for your teaching/instructional staff?   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 5. Do you pay for conference/training registration?  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| 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? <b>(select all that apply)</b> |                              |                             |
| <input type="checkbox"/> Child Care Resource and Referral (CCR&R) training   |                              |                             |
| <input type="checkbox"/> Local community training  |                              |                             |
| <input type="checkbox"/> Training at professional association meetings or conferences  |                              |                             |
| <input type="checkbox"/> Online training   |                              |                             |
| 7. Do you feel there are adequate training opportunities available to you and your staff?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you have a salary schedule that you share with your staff?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b><u>If no</u></b> , do you have something other than a salary schedule?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If you use something other than a salary schedule,** please specify what you do use. \_\_\_\_\_

**If you DO have a salary schedule,** is it differentiated by: **(select all that apply)**

- Education level
  - Level of experience
  - Additional or supplementary training
  - Other *(please specify)* \_\_\_\_\_
9. Approximately how many other child care professionals in addition to your immediate staff did you speak to last week? **(select one)**
- 0
  - 1-2
  - 3-5
  - 6-9
  - 10 or more
10. Approximately how many other child care professionals do you know personally, in addition to your immediate staff? **(select one)**
- 0



- 1-2
- 3-5
- 6-9
- 10 or more

**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.

	<b>No. of Staff</b>
Administrative Director	_____
Director/Teacher	_____
Early Childhood Teacher	_____
Early Childhood Assistant/Aide	_____
School-Age Worker	_____
School-Age Assistant/Aide	_____
Other (please specify) _____	_____

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 the following scale:

<b>Not Important</b>					<b>Very Important</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	

Possible Reasons	Admin. Director	Director/Teacher	Early Childhood Teacher	Early Childhood Assistant	School-Age Worker	School-Age Assistant
Took another position within our agency/organization						
Found a new job in another child care center or agency						
Found a new job in public schools						
Found a new job unrelated to child care or education						

Dissatisfied – pay						
Dissatisfied – benefits						
Dissatisfied – professional development opportunities						
Dissatisfied – schedule						
Terminated/Fired						
Laid off						
Retired						
Personal						
Other (please 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.

	Admin. Director	Director/ Teacher	Early Childhood Teacher	Early Childhood Assistant	School- Age Worker	School- Age Assistant
Number of DCFS-qualified applicants	_____	_____	_____	_____	_____	_____
Number of program qualified applicants (e.g., Head Start)	_____	_____	_____	_____	_____	_____
Number of non-qualified applicants	_____	_____	_____	_____	_____	_____

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 applicants by category of employee.

	Admin. Director	Director/ Teacher	Early Childhood Teacher	Early Childhood Assistant	School- Age Worker	School- Age Assistant
Number of male applicants	_____	_____	_____	_____	_____	_____

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 by category of employee.

	Admin. Director	Director/ Teacher	Early Childhood Teacher	Early Childhood Assistant	School- Age Worker	School- Age Assistant
Number of applicants fluent in a language other than English	_____	_____	_____	_____	_____	_____

6. If there were any applicants **fluent in a language other than English** **who applied** when you sought to fill a vacancy in the last two years, please identify the language(s) they were fluent in:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Spanish                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chinese dialect: Cantonese or Mandarin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Korean                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vietnamese                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Japanese                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Polish                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Russian                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| German                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Farsi                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hebrew                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Arabic                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hindu/Urdu                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| French                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Yoruba                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please specify) _____           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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.

	Less than one week	1-2 weeks	3-4 weeks	More than 4 weeks	Not applicable
Administrative Director	1	2	3	4	5

Director/Teacher	1	2	3	4	5
Early Childhood Teacher	1	2	3	4	5
Early Childhood Assistant	1	2	3	4	5
School-Age Worker	1	2	3	4	5
School-Age Assistant	1	2	3	4	5

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.

	Admin. Director	Director/ Teacher	Early Childhood Teacher	Early Childhood Assistant	School- Age Worker	School- Age Assistant
Number of male hires	_____	_____	_____	_____	_____	_____

9. Please report the number of applicants **fluent in a language other than English** that **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.

	Admin. Director	Director/ Teacher	Early Childhood Teacher	Early Childhood Assistant	School- Age Worker	School- Age Assistant
Number of hires fluent in a language other than English	_____	_____	_____	_____	_____	_____

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:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Spanish                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chinese dialect: Cantonese or Mandarin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Korean                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vietnamese                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Japanese                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Polish                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Russian                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| German                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Farsi                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hebrew                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Arabic                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hindu/Urdu                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| French                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Yoruba                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please specify) _____           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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.

	Decreased by more than 2 weeks	Decreased by 1-2 weeks	Stayed the same	Increased by 1-2 weeks	Increased by more than 2 weeks	Not applicable
Administrative Director	1	2	3	4	5	6
Director/Teacher	1	2	3	4	5	6
Early Childhood Teacher	1	2	3	4	5	6
Early Childhood Assistant	1	2	3	4	5	6
School-Age Worker	1	2	3	4	5	6
School-Age Assistant	1	2	3	4	5	6

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.

	Very Easy	Somewhat Easy	Neither Easy nor Difficult	Somewhat Difficult	Very Difficult	Not Applicable
Administrative Director	1	2	3	4	5	6
Director/Teacher	1	2	3	4	5	6
Early Childhood Teacher	1	2	3	4	5	6
Early Childhood Assistant	1	2	3	4	5	6
School-Age Worker	1	2	3	4	5	6
School-Age Assistant	1	2	3	4	5	6

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.

	Met DCFS Qualifications	Exceeded DCFS Qualifications	Did Not Meet DCFS Qualifications
Administrative Director	_____	_____	_____
Director/Teacher	_____	_____	_____
Early Childhood Teacher	_____	_____	_____
Early Childhood Assistant	_____	_____	_____
School-Age Worker	_____	_____	_____
School-Age Assistant	_____	_____	_____

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.

	Much Less Qualified	Somewhat Less Qualified	Same Qualifi- cations	Somewhat More Qualified	Much More Qualified	Not Applicable
Administrative Director	1	2	3	4	5	6
Director/Teacher	1	2	3	4	5	6
Early Childhood Teacher	1	2	3	4	5	6
Early Childhood Assistant	1	2	3	4	5	6
School-Age Worker	1	2	3	4	5	6
School-Age Assistant	1	2	3	4	5	6

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.

	Not Important			Very Important	
Career opportunities in centers are not generally known by people choosing a profession.	1	2	3	4	5
Career opportunities are better in other professions or other child-oriented settings.	1	2	3	4	5
Child care is not seen as a professional career choice.	1	2	3	4	5
Salaries are low.	1	2	3	4	5
Benefits are not adequate.	1	2	3	4	5
Job openings in centers are not well advertised.	1	2	3	4	5
Child care is not respected as a profession.	1	2	3	4	5
Other (please specify) _____	1	2	3	4	5

#### BENEFITS OFFERED TO STAFF

1. For each of the benefits listed below, please check whether your program *offers that benefit* to staff or whether that benefit is *not offered* to staff.

	Offered	Not Offered
Free child care	<input type="checkbox"/>	<input type="checkbox"/>
Reduced child care fees	<input type="checkbox"/>	<input type="checkbox"/>
Paid lunch period	<input type="checkbox"/>	<input type="checkbox"/>
Paid sick days	<input type="checkbox"/>	<input type="checkbox"/>
Paid holidays	<input type="checkbox"/>	<input type="checkbox"/>
Paid personal/vacation days	<input type="checkbox"/>	<input type="checkbox"/>
Paid time off for trainings	<input type="checkbox"/>	<input type="checkbox"/>
Periodic increase in wages based on performance	<input type="checkbox"/>	<input type="checkbox"/>
Yearly cost-of-living increase in wages	<input type="checkbox"/>	<input type="checkbox"/>
Increase in wages based on educational advancement	<input type="checkbox"/>	<input type="checkbox"/>

Retirement or pension plan	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>
Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>
Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>
Payment/reimbursement for educational or training expenses (conference fees, tuition, travel costs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Formal mentoring/coaching	<input type="checkbox"/>	<input type="checkbox"/>
Annual performance evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Written personnel policies available to the employee	<input type="checkbox"/>	<input type="checkbox"/>
Adult-size bathrooms	<input type="checkbox"/>	<input type="checkbox"/>
Separate staff area for breaks, lunch, staff resources	<input type="checkbox"/>	<input type="checkbox"/>
Secure place for teachers' belongings	<input type="checkbox"/>	<input type="checkbox"/>

**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:

Kevin Anderson  
INCCRRA  
1226 Towanda Plaza  
Bloomington, IL 61701

If you have any questions, please call Kevin Anderson (800) 649-1884 / (309) 557-1872 or your local Child Care Resource and Referral Agency.



# Family Child Care Survey

Illinois Network of Child Care Resource and Referral Agencies



Fiscal Year 2015 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:

Kevin Anderson  
INCCRRA  
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 30-45 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.

**Please return by June 15<sup>th</sup>, 2015!**

**ENROLLMENT**

1. During a typical week, what is the largest number of children in your care at any time—excluding your own children? \_\_\_\_\_  
**number**
2. Do you accept children in your program whose families receive IDHS and/or IDCFS child care financial assistance (subsidy)?
- Yes**, and I have had CCAP children enrolled at some point in the last 2 years       **Yes**, but I have not had CCAP children enrolled in the last 2 years       **No**

**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?

\_\_\_\_\_  
**number**

**If yes**, how many **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.

\_\_\_\_\_  
**number**

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

- Yes**       **No**

**If no**, why not? (*select all that apply*)

- I don't know what the subsidy program is/I have never looked into it.
- I don't qualify (i.e. Head Start, part-time, or free program).
- Subsidy families can't afford or won't pay the tuition balance.
- I offer my own tuition break/scholarship to families in need.
- There are no interested families/families in need.
- I don't have time for paperwork or the paperwork is too complicated.
- I need weekly operating funds.
- I have no openings.
- Other (*please specify*) \_\_\_\_\_

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.)?

<b>Very Easy</b>	<b>Somewhat Easy</b>	<b>Neither Easy nor Difficult</b>	<b>Somewhat Difficult</b>	<b>Very Difficult</b>
1	2	3	4	5

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?

<b>Much Easier</b>	<b>Somewhat Easier</b>	<b>About the Same</b>	<b>Somewhat More Difficult</b>	<b>Much More Difficult</b>
--------------------	------------------------	-----------------------	------------------------------------	--------------------------------

1
2
3
4
5

5. Do you have children in your program whose primary language is **not** English?  Yes  No

If yes, please respond to the statement with each language option below:

***In my program I have children whose primary language is...***

- Spanish  Yes  No
- Chinese dialect: Cantonese or Mandarin  Yes  No
- Korean  Yes  No
- Vietnamese  Yes  No
- Japanese  Yes  No
- Polish  Yes  No
- Russian  Yes  No
- German  Yes  No
- Farsi  Yes  No
- Hebrew  Yes  No
- Arabic  Yes  No
- Hindu/Urdu  Yes  No
- Other (please specify) \_\_\_\_\_  Yes  No

6. Please estimate the number of children in your program in each category.  
*(These should add up to the total number of children you have enrolled.)*

- African American..... \_\_\_\_\_
  - Caucasian/White..... \_\_\_\_\_
  - Hispanic/Latino..... \_\_\_\_\_
  - Native American..... \_\_\_\_\_
  - Asian/Pacific Islander..... \_\_\_\_\_
  - Multi-Racial..... \_\_\_\_\_
  - Other..... \_\_\_\_\_
- TOTAL** \_\_\_\_\_

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

- |                                   |                                  |                                      |                                   |                                  |
|-----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| <b>There are always vacancies</b> | <b>There are often vacancies</b> | <b>There are sometimes vacancies</b> | <b>There are rarely vacancies</b> | <b>There are never vacancies</b> |
| 1                                 | 2                                | 3                                    | 4                                 | 5                                |

8. Using the following scale, circle the response that best describes how your enrollment has ***changed*** in the past two years.

- |           |           |              |           |           |
|-----------|-----------|--------------|-----------|-----------|
| Decreased | Decreased | Stayed About | Increased | Increased |
|-----------|-----------|--------------|-----------|-----------|

Greatly 1      Somewhat 2      the Same 3      Somewhat 4      Greatly 5

**ASSISTANTS**

1. How many **paid** assistant caregivers do you have? \_\_\_\_\_  
*(If you have no paid assistants, write "0".)* number
- If you do have paid assistants*, how much, on average, do you pay your assistants? \$ \_\_\_\_\_ per hour
- 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. In the last year, did you receive any training in early childhood education, child development, or health education from the following? *(select all that apply)*
- Child Care Resource and Referral (CCR&R) training
  - Local community training
  - Training at professional association meetings or conferences
  - Online training
- If you selected any of the above**, approximately how many hours of training did you attend last year? \_\_\_\_\_ hours
2. In the last two years, have you completed any college coursework in early childhood education or child development?  Yes  No
- If yes*, how many credit hours did you complete in the last two years? \_\_\_\_\_ hours
- If yes*, these credit hours were:
- semester hours
  - quarter hours
  - both
3. Do you feel you have adequate training opportunities?  Yes  No
4. What difficulties, if any, have you had trying to find appropriate training or educational opportunities? *(select all that apply)*
- My community does not have enough courses or workshops.
  - The cost of training is too high.

- The quality of training is not good.
- Most opportunities are during the day so it is difficult for me to attend.
- I am unable to take time away from my family to take more training.
- I am unable to take time away from my work to take more training.
- There is no reason to pursue more training.
- Other (please specify) \_\_\_\_\_

**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 the amount is negative, (if you spend more on expenses than you receive in earnings), be sure to include 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 by circling your response on the following scale:
 

Decreased Greatly	Decreased Somewhat	Stayed About the Same	Increased Somewhat	Increased Greatly
1	2	3	4	5
  
5. In the past two years, how have your **net** (your "take home") annual earnings **changed**? Please respond by circling your response on the following scale:
 

Decreased Greatly	Decreased Somewhat	Stayed About the Same	Increased Somewhat	Increased Greatly
1	2	3	4	5
  
6. In the past two years, how have your **annual expenses** **changed**? Please respond by circling your response on the following scale:
 

Decreased Greatly	Decreased Somewhat	Stayed About the Same	Increased Somewhat	Increased Greatly
1	2	3	4	5
  
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? \_\_\_\_\_ weeks per year

10. Please respond to the statement with each option below:

***Are you paid when...***

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| children are absent because they are sick? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| children are on vacation?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| you are closed for holidays?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| you are closed for vacation days?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| you are closed for sick days?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| you are closed for training days?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| you are closed for other reasons?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***If yes***, please specify the other reasons \_\_\_\_\_

11. Do you charge extra when children are picked up late or dropped off early?  Yes  No

***If yes***, approximately how much per minute? \$ \_\_\_\_\_

12. Do you close for any of the following reasons below? (*If Yes, please also write in the number of days per year you are closed for that reason.*)

- |                 |   |                             |
|-----------------|---|-----------------------------|
| Holidays?       | <input type="checkbox"/> Yes, _____ days per year | <input type="checkbox"/> No |
| Vacation?       | <input type="checkbox"/> Yes, _____ days per year | <input type="checkbox"/> No |
| Sick Days?      | <input type="checkbox"/> Yes, _____ days per year | <input type="checkbox"/> No |
| Training?       | <input type="checkbox"/> Yes, _____ days per year | <input type="checkbox"/> No |
| Other Days Off? | <input type="checkbox"/> Yes, _____ days per year | <input type="checkbox"/> No |

13. Do you participate in the Child and Adult Care Food Program?  Yes  No

14. Do you contribute to Social Security and Medicare for yourself?  Yes  No

15. In the last year, have you set aside any savings for your retirement?  Yes  No

16. Are you currently covered by any kind of health insurance or medical plan?  Yes  No

***If yes***, who pays for your health insurance? (***select one***)

- My spouse's employer pays 100%.
- My spouse's employer pays a partial amount.

- I purchase my own health insurance.
- I am Medicaid/Medicare eligible.
- Other (please specify) \_\_\_\_\_

17. In the past two years, have you received any of the following types of financial assistance?

- |                                |                              |                             |
|--------------------------------|------------------------------|-----------------------------|
| TANF/AFDC                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medicaid/Medicare for yourself | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medicaid for your child(ren)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Subsidized housing/Section 8   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food stamps/SNAP               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| FamilyCare for yourself        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All Kids for your child(ren)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please specify) _____   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

18. Do you have any other paid jobs, in addition to providing child care in your home?  Yes  No

19. 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? (select one)

- 0
- 1-2
- 3-5
- 6-9
- 10 or more

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

- 0
- 1-2
- 3-5

- 6-9
- 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?  Yes  No
6. Have you heard of the following programs and services?
- Gateways to Opportunity Registry  Yes  No
  - Great START  Yes  No
  - Gateways to Opportunity Scholarship Program  Yes  No
  - Gateways to Opportunity Credentials  Yes  No  
(i.e., Illinois Director Credential, ECE Credential, Infant Toddler Credential)
  - Professional Development Advisor (PDA) Program  Yes  No
  - ExceleRate Illinois  Yes  No  
(formerly Quality Counts Quality Rating System (QRS))
  - Consultants/Specialists available through your local Child Care Resource & Referral Agency  Yes  No  
(i.e., Mental Health Consultant, Child Care Nurse Consultant, Quality Specialist, Infant Toddler Specialist)
  - Online trainings through iLearning  Yes  No
7. How much longer do you think you will continue to offer child care in your home?  
Number of years \_\_\_\_\_ I don't know
8. In the past two years, have you considered no longer providing care?  Yes  No

***If you have considered no longer providing care in the past two years, why? How important, on a scale from 1="Not Important" to 5="Very Important" are each of the following in your consideration for no longer providing child care?***

	Not Important			Very Important	
	1	2	3	4	5
Dissatisfied with salary	1	2	3	4	5
Dissatisfied with benefits	1	2	3	4	5
Want to go back to school	1	2	3	4	5
Working hours are too long	1	2	3	4	5
Not enough work hours	1	2	3	4	5
Enrollments are too low	1	2	3	4	5
Enrollments are too high	1	2	3	4	5
Frustration with parents	1	2	3	4	5
Too little respect for what child care providers do	1	2	3	4	5
Health problems	1	2	3	4	5



Moving/Relocating	1	2	3	4	5
Too much stress	1	2	3	4	5
Too little time off	1	2	3	4	5
Isolation	1	2	3	4	5
Retirement	1	2	3	4	5
Other personal reason(s)	1	2	3	4	5
Other reason (please specify) _____	1	2	3	4	5

***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?

	Not Important			Very Important	
	1	2	3	4	5
Help with problem solving	1	2	3	4	5
More contact with other providers	1	2	3	4	5
Respite care (a substitute to allow me time off)	1	2	3	4	5
Being part of a professional organization	1	2	3	4	5
Access to family child care training	1	2	3	4	5
Lower enrollments	1	2	3	4	5
Higher enrollments	1	2	3	4	5
Higher income	1	2	3	4	5
Time off	1	2	3	4	5
More work hours	1	2	3	4	5
Other reason (please specify) _____	1	2	3	4	5

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

- Better  
 Stayed the same  
 Worse

Please explain your selection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Rate your level of agreement or disagreement with the following statements about providing child care by circling the number that best corresponds with your opinion. Note that 1="Strongly Disagree" and 5="Strongly Agree".

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
	1	2	3	4	5
I consider myself an early childhood educator/professional.	1	2	3	4	5

I consider myself a small business owner.	1	2	3	4	5
I do not provide child care services for the money.	1	2	3	4	5
Getting more training helps me become more professional.	1	2	3	4	5
Because I am my own boss, I can set my rates and policies to meet my needs.	1	2	3	4	5
I would like more education/training related to family child care.	1	2	3	4	5
I provide child care to stay at home with my children/grandchildren.	1	2	3	4	5
I enjoy teaching children.	1	2	3	4	5
I like being in business for myself.	1	2	3	4	5

**PERSONAL PROFILE**

1. How old are you? *(select one)*

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Under 20 years | <input type="checkbox"/> 40-49 years |
| <input type="checkbox"/> 20-29 years    | <input type="checkbox"/> 50-59 years |
| <input type="checkbox"/> 30-39 years    | <input type="checkbox"/> 60 years +  |

2. What is your sex? *(select one)*       Female     Male

3. How would you identify your race/ethnicity? *(select one)*

- |   |   |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Caucasian/White  | <input type="checkbox"/> Multi-Racial           |
| <input type="checkbox"/> Hispanic/Latino  | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Native American  |   |

4. Is your primary language English?       Yes     No

**if no**, which language is your primary language? *(select one)*

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Spanish          | <input type="checkbox"/> German |
| <input type="checkbox"/> Chinese dialect: | <input type="checkbox"/> Farsi  |

Cantonese or Mandarin

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Korean     | <input type="checkbox"/> Hebrew                                |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic                                |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Hindu/Urdu                            |
| <input type="checkbox"/> Polish     | <input type="checkbox"/> Other ( <i>please specify</i> ) _____ |
| <input type="checkbox"/> Russian    |  |

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

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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