



Dear Head Start Director:

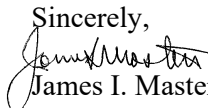
May 7, 2020

The new nationwide *Salary and Benefits Survey of Local Head Start Programs* is now underway. The results will provide Head Start programs like yours with current, comprehensive, and accurate salary data—so you can find out how your salaries, fringe benefits, and personnel policies compare with Head Start programs nationwide.

This is a cooperative effort. By participating in this survey, you will help Head Start programs across the country, including yours.

- The results of this Survey will enable you to determine how the salaries, fringe benefits, and personnel policies of your program compare with other Head Start programs nationwide. It includes 163 key Head Start positions as well as fringe benefits and personnel practices.
- Every salary survey will help. Each survey will help define the national averages, will help peer programs see where they are in comparison with similar programs, and will help you to address discrepancies in salaries and benefits, and more. So it is very important that your program participates and sends the completed salary survey to us.
- We guarantee that your individual responses will remain confidential
- If you complete and return the survey to us by Friday, August 28, 2020, you can order the Report at a substantial discount. In the private sector, this is called “sponsored research.” The users pay for the cost of printing and mailing the survey, compiling the results, printing and mailing the Report. There is no grant money paying for this type of survey—the participants pay the basic costs of the work and get the Report at cost, which is a substantial discount from the retail price.
- Even if you are not planning on ordering the Report, we respectfully request you ***please send in the completed survey***. The results will enable other Head Start programs to compare national averages to their programs, potentially effecting change to pay scales, leave policies, merit pay increases, etc.
- **The Survey is available online at <http://www.cencomfut.com/HSSalarySurvey.htm>** (with both online form submission and downloadable .doc file), or via e-mail request to [teresa@cencomfut.com](mailto:teresa@cencomfut.com).

We plan to publish the results of this study in the ***Salary and Benefits Survey Report of Local Head Start Programs 2020*** before December 31, 2020. If there are any questions about the survey, please e-mail Teresa Wickstrom at [teresa@cencomfut.com](mailto:teresa@cencomfut.com) or call her at (909) 790-0670. Your efforts on this are sincerely appreciated – by us and by Head Start programs nationwide.

Sincerely,  
  
James I. Masters, Director

  
Teresa K. Wickstrom, Project Manager

**Mailing Address for the Center for Community Futures:**

**PO Box 5309, Berkeley, CA 94705**

**Phone, Jim Masters: 510-459-7570**

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**Salary and Benefits Survey of Local Head Start Programs 2020**  
 Use salary data for the period ending June 30, 2020

We respectfully ask you to complete this *Salary and Benefits Survey of Local Head Start Programs 2020* and return it to us **no later than Friday, August 28, 2020**.

Please answer as many of the questions as you can. **Your responses will remain confidential.** If you have questions, send e-mail to Teresa Wickstrom at [teresa@cencomfut.com](mailto:teresa@cencomfut.com) or call 909-790-0670.

We offer your Head Start program these ways to complete and submit this survey, in order of our preference:

- 1) Online form on our web site at <http://www.cencomfut.com/HSsalarySurvey.htm>
- 2) E-mail the completed survey in PDF format to [teresa@cencomfut.com](mailto:teresa@cencomfut.com) by downloading the PDF from our web site at <http://www.cencomfut.com/HSsalarySurvey.pdf>
- 3) Mail the completed survey to Center for Community Futures, P.O. Box 5309, Berkeley, CA 94705 postmarked before August 28, 2020.

**\* It Is Very Important that You Answer as Many Questions as Possible. \***

**Do not leave any question blank (except for certain Pay Rates).**  
 If the data is not available, write "N/A."  
 If the question does not apply to your Head Start program, please write "DNA."  
 When the answer is None, please write "0" **Except for the Pay Rates section – do not enter 0, just leave fields blank if they are not part of your program.**

**A. About Your Program**

1. Program Name: \_\_\_\_\_
2. Program Address: \_\_\_\_\_  
 City, ST, Zip: \_\_\_\_\_
3. Your Name: \_\_\_\_\_ Title: \_\_\_\_\_
4. Your Phone: \_\_\_\_\_
5. Name of Head Start Director: \_\_\_\_\_  
 E-mail, in case we have questions: \_\_\_\_\_
6. Is your sponsor agency: ( ) private non-profit ( ) public non-profit.
7. Is your Head Start program:  
 ( ) Grantee only ( ) Grantee with Delegate Agency(ies) ( ) Delegate Agency
8. How many enrollment slots did your program have in the 2020 school year?  
 \_\_\_\_\_ enrollment slots.

9. Which of the following program options does your program utilize?

Predominantly Center-based	Yes	No
Predominantly Home-based	Yes	No
Combination	Yes	No
Double-session variation	Yes	No
Full-day variation	Yes	No
Includes wrap-around child care	Yes	No

10. The service delivery area is mostly: ( ) Urban ( ) Rural ( ) Mixed, Part Urban/Part Rural.

11. Your program's total Head Start budget for program year 2020 from **all** funding sources:

\$ \_\_\_\_\_.

*Include in kind or matching share donations only if they were cash and used for salaries.*

12. How many people were on your program's latest payroll? \_\_\_\_\_ total **persons**.

13. Number of Full-Time Equivalent employees, last payroll of the full operating period:

\_\_\_\_\_ FTEs.

*If your agency has a 40-hour work week, one employee working the 40-hour workweek equals 1 FTE. Two part-time staff working 20 hours per week = 1 FTE.*

14. Number of FTEs in the following categories, last payroll of the full program year:

*Note: The total number of FTEs for these 3 categories should be less than the total number of FTEs given in Question 13. None of these are catch-all categories.*

Clerical staff \_\_\_\_\_ FTEs

Program Specialists \_\_\_\_\_ FTEs (*Nutritionist, Accountant, Education Specialist, etc.*)

Administration/Management \_\_\_\_\_ FTEs

15. Does your program reimburse employees for use of their own automobiles on program business?

( ) Yes ( ) No

If yes, at what rate does the program reimburse employees for use of their own automobiles on program business? \_\_\_\_\_ cents/mile.

16. Do your personnel policies divide employees into "Exempt" and "Non-Exempt" categories, depending on whether they are exempt from state wage-and-hour (overtime) laws?

( ) Yes ( ) No

If yes, % exempt \_\_\_\_\_, % non-exempt \_\_\_\_\_. (These two must equal 100%).

17. Are some employees represented by a union?

( ) Yes ( ) No

If Yes, which union(s)? Check if Yes:

<input type="checkbox"/>	AFSCME (American Federation of State, County, and Municipal Employees)
<input type="checkbox"/>	LTA (Local Teachers Association)
<input type="checkbox"/>	OAPSE

	State School Employees Association
	SEIU (Service Employees International Union)
	Teamsters
	Other: _____

**B. About Pay Rates in Your Program**

- We need to know the **Entry Level** (starting) pay rates for the major positions in Head Start programs. If someone was coming in to the position today, what would the starting pay rate be?
- Please provide either the Annual Salary **or** the Hourly pay rate for the positions in your program.
- Do not edit or cross out any of the position titles. Since the position titles listed here will not precisely match the job titles in your program, please select the position that *most closely matches* the position in your program and provide the entry level pay rate on that line.
- For positions that do not match those listed, include them in the “Other” field. Combined positions like “Executive/Head Start Director”, “Fiscal/Personnel Manager” or “Health/Mental Health Coordinator” should be specified in the “Other” fields.

18.	<u>Starting Entry Level pay rate, either Hourly or Annual:</u>
Accountant	\$
Administrative Assistant	\$
Administrative Specialist	\$
Assistant Director (Head Start or Early Head Start)	\$
Assistant Teacher	\$
Bilingual Family Service Worker	\$
Bookkeeper	\$
Bus Driver	\$
Bus Monitor	\$
Case Manager	\$
Case Management Coordinator	\$
Case Management Specialist	\$
Case Manager Supervisor	\$

18.	<u>Starting Entry Level pay rate, either Hourly or Annual:</u>
Center Aide/Assistant	\$
Center Manager	\$
Center Supervisor	\$
Chief Technology Officer	\$
Child Development Coordinator	\$
Child Development Manager	\$
Child Development Specialist	\$
Classroom Aide/Assistant	\$
Clerk/Accountant	\$
Clerk/Typist	\$
Community Partnership Developer	\$
Comptroller	\$
Computer Manager	\$
Controller	\$
Cook	\$
Cook Aide/Assistant	\$
Custodian/Maintenance Aide	\$
Custodian/Maintenance Worker	\$
Data Entry Specialist	\$
Deputy Director	\$
Developmental Specialist	\$
Disabilities Coordinator	\$
Disabilities Manager	\$
Disabilities Service Aide	\$
Disabilities Specialist	\$

18.	<u>Starting Entry Level pay rate, either Hourly or Annual:</u>
Early Head Start/Child Care Partnership Coordinator	\$
Education Coordinator	\$
Education Resource Specialist	\$
Education Supervisor	\$
Eligibility Technician	\$
Enrollment Specialist	\$
ERSEA Assistant	\$
ERSEA Coordinator	\$
ERSEA Data Entry Staff	\$
ERSEA Manager	\$
ERSEA Specialist	\$
ERSEA Supervisor	\$
Executive Assistant	\$
Executive Director	\$
Executive Secretary	\$
Facilities Coordinator	\$
Facilities Manager	\$
Facilities Supervisor	\$
Family/Community Advocate	\$
Family & Community Partnership Coordinator	\$
Family & Community Partnership Manager	\$
Family & Community Partnership Specialist	\$
Family Advocate	\$
Family Development Coordinator	\$
Family Development Manager	\$

18.	<u>Starting Entry Level pay rate, either Hourly or Annual:</u>
Family Development Specialist	\$
Family Development Worker	\$
Family Service Aide	\$
Family Service Assistant	\$
Family Service Coordinator	\$
Family Service Director	\$
Family Service Manager	\$
Family Service Specialist	\$
Family Service Worker	\$
Family Specialist	\$
Finance/Fiscal Assistant	\$
Finance/Fiscal Director	\$
Finance/Fiscal Manager	\$
Finance/Fiscal Officer	\$
Finance/Fiscal Specialist	\$
Food Service Aide	\$
Food Service Coordinator	\$
Food Service Director	\$
Food Service Manager	\$
Food Service Worker	\$
Head Start Director	\$
Health Assistant/Aide	\$
Health Services Coordinator	\$
Health Services Manager	\$
Health Services Specialist	\$

18.	<u>Starting Entry Level pay rate, either Hourly or Annual:</u>
Home Based Coordinator	\$
Home Based Manager	\$
Home Based Supervisor	\$
Home Visitor	\$
Human Resources or Personnel Assistant	\$
Human Resources or Personnel Coordinator	\$
Human Resources or Personnel Director	\$
Human Resources or Personnel Manager	\$
Human Resources or Personnel Specialist	\$
Human Resources or Personnel Supervisor	\$
Infant/Toddler Specialist	\$
Information Manager	\$
Information Specialist	\$
Intake Supervisor	\$
Intake Worker	\$
IT Manager	\$
IT Technician	\$
Janitor	\$
Literacy Coordinator	\$
Literacy Manager	\$
Literacy Specialist	\$
Mental Health Coordinator	\$
Mental Health Counselor	\$
Mental Health Manager	\$
Mental Health Specialist	\$



18.	<u>Starting Entry Level pay rate, either Hourly or Annual:</u>
Mental Health Supervisor	\$
Nutrition Aide	\$
Nutrition Assistant	\$
Nutrition Services Coordinator	\$
Nutrition Services Manager	\$
Nutritionist	\$
Office Assistant	\$
Office Manager	\$
Operations Assistant	\$
Parent Education Specialist	\$
Parent, Family and Community Engagement Partnership Manager	\$
Parent Involvement Coordinator	\$
Parent Involvement Manager	\$
Parent Involvement Specialist	\$
Parent Involvement/Social Services Coordinator	\$
Parent Involvement/Social Services Manager	\$
Parent Involvement/Social Services Specialist	\$
Payroll/Personnel Clerk	\$
Program Aide/Assistant	\$
Program Counselor	\$
Receptionist	\$
Secretary	\$
Site Supervisor	\$
Social Services Assistant	\$
Social Services Coordinator	\$

18.	<u>Starting Entry Level pay rate, either Hourly or Annual:</u>
Social Services Manager	\$
Social Services Specialist	\$
Social Services Supervisor	\$
Social Worker	\$
Special Services Coordinator	\$
Special Services Manager	\$
Special Services Specialist	\$
Strategic Planner	\$
Teacher A: Associates degree	\$
Teacher B: Baccalaureate degree	\$
Teacher C: Advanced degree	\$
Teacher D: Degree in related field, with experience, and a state awarded certificate (exceeding CDA credential)	\$
Teacher Assistant with CDA	\$
Teacher Assistant with Certificate	\$
Teacher Assistant with Degree	\$
Teacher Aide	\$
Technical Specialist	\$
Training Facilitator	\$
Transition Specialist	\$
Translator	\$
Transportation Coordinator	\$
Transportation Director	\$
Transportation Manager	\$
Transportation Specialist	\$
Transportation Supervisor	\$

18.	<b>Starting Entry Level pay rate, either Hourly or Annual:</b>
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

19. Did your program give Cost-of-Living pay increases to all employees in 2019 or so far in 2020?  
 Yes     No

If "Yes," percent of C-O-L-A increase: \_\_\_\_\_%. *Do not write a range such as 2-5%. Use the most commonly given percentage increase.*

20. Did your program give merit pay increases to any employees in 2019 or so far in 2020?

Yes     No    If "Yes," amount of largest merit increase: \_\_\_\_\_%

21. In your last program year, what was paid for ...

Auditors            \$ \_\_\_\_\_

Attorneys            \$ \_\_\_\_\_

Management, Program Consultants \$ \_\_\_\_\_

*If no money was paid, write "0." If the info is not available, write "N/A." No line should be left blank.*

### **C. About Your Program's Fringe Benefit Package**

22. Indicate **Yes or No** beside each of the following fringe benefits your program provides for Full-time staff and indicate the contributions of employer to each benefit. Note that we are asking for the **Percentage of the cost of the coverage paid by the employer**, not a dollar figure (except for Tuition reimbursement).

Xxxletters, spacing

	Does the program offer this benefit for full time staff?		Benefit:	Percentage of the cost of this benefit paid by the Employer:
a)	(Yes)	(No)	b) Health Insurance, Single Coverage	a%
c)	(Yes)	(No)	d) Health Insurance, Dependent/Family coverage	%
e)	(Yes)	(No)	f) Dental Insurance, Single Coverage	%
g)	(Yes)	(No)	h) Dental Insurance, Dependent/Family	%
i)	(Yes)	(No)	j) Life Insurance	%
k)	(Yes)	(No)	l) Disability Insurance, Short-Term	%
m)	(Yes)	(No)	n) Disability Insurance, Long-Term	%
o)	(Yes)	(No)	p) Tuition Reimbursement (percent reimbursed)	%
	(Yes)	(No)	OR Tuition Reimbursement, flat rate	\$
q)	(Yes)	(No)	t) Other Career Development Reimbursement	%
u)	(Yes)	(No)	v) Vision, Single coverage	%
w)	(Yes)	(No)	x) Vision, Dependent coverage	%

22a. Does your program provide a retirement benefit for full time staff?

Yes       No

If yes, what percentage does the Employer pay? \_\_\_\_\_%

Is the percentage you gave a percentage of annual salary?  Yes       No

Is the percentage you gave a Match percent?  Yes       No

Notes:

**22aa. Notes/Comments about Retirement or other Fringe Benefits:**

23. How many vacation days per year, and sick leave days per year, does your program give, for various periods of years-of-service (even if leave days are not based on years of service)?

- Do not include information about Accrual or Accumulation policies or Pro-Rated days. Give only the maximum number of days awarded by years of service.
- Note that we are asking for the **total number of days awarded--not hours earned per month or billing cycle**. You may need to convert your program's vacation and sick leave policies to number of days awarded per year.
- For less than one year of service, give the maximum number of days awarded.
- When the number of days varies for Exempt and Non-Exempt staff, provide the data for the majority of employees.
- If Vacation Days and Sick Days are combined (i.e., leave days), provide data only in the Maximum # of Combined Days column.

<b>Years of Service:</b>	<b>Maximum # of Vacation Days:</b>	<b>Maximum # of Sick Days:</b>	<b>Maximum # of Combined Days</b>
Less than 1 year:			
1 year			
2 years			
3 years			
4 years			
5 years			
6 years			
7 years			
8 years			
9 years			
10 years			
11 years			
12 years			
13 years			
14 years			
15 years			
16 years			
17 years			
18 years			
19 years			

Years of Service:	Maximum # of Vacation Days:	Maximum # of Sick Days:	Maximum # of Combined Days
20 years			
20+ years			

For 20+, give the maximum number of days awarded for over 20 years of service (which might be as high as 30 or more).

24. The amount your program has budgeted for fringe benefits constitutes what percentage of your program's budget for all salaries and wages? \_\_\_\_\_ %

*Usually ranges from about 20 to 40% of the salaries & wages budget.*

25. Number of paid Holidays per year your program gives: \_\_\_\_\_ days per year.

If there is any variation by years of service, please describe:

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#### **D. About Your Program's Other Personnel Policies**

26. Does your program give paid maternity leave (in addition to personal or sick leave)?

Yes     No    *Check No if Maternity leave is only covered under Disability leave.*

If "Yes," list maximum length of maternity leave: \_\_\_\_\_ days

27. Your program's basic work week hours are:  40     37.5     35     under 35

28. Does your program give "flex-time" (permitting employees some choice when their workday starts)?

Yes     No

29. Does your program give/allow for "job sharing" (when 2 or more people occupy the exact same position)?

Yes     No

*By job sharing, we mean when 2 or more people occupy the exact same position. It does not refer to individuals having the same position titles but working different jobs.*

30. When was the last time your program... Date (MM/DD/YYYY)

30a) Updated its personnel policies: \_\_\_\_\_  
MM / DD / YYYY

30b) Updated its wage practices/fringe benefits: \_\_\_\_\_  
MM / DD / YYYY

*Give the specific month, date, and the year. Even if your program is working on updating now, we still need to know the specific dates of the last updates. Let us know if the time of last update is an estimate or if it is impossible to provide the specific date:*

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31a. Has your program recruited people for any Head Start positions in 2019 or so far in 2020?  
 Yes     No

31b. If yes, are there any positions you have had difficulty recruiting for in 2019 or so far in 2020?  
 Yes     No

31c. If "Yes," please list which ones: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31d. Are recruiting difficulties due (at least in part) to the low salary you must offer?  
 Yes     No

31e. What is/are the reason(s) for recruiting difficulties?

Inadequate hours

Competition

Credentials/licenses/degrees required

Lack of benefits

Unqualified applicants

Location

Inadequate funding

Other , please describe: \_\_\_\_\_



## Salary and Benefits Survey Report of Local Head Start Programs 2020 Order Form

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As our thanks for your effort in completing this salary survey, we would like to give you a discount on the purchase of the **Salary and Benefits Survey Report of Local Head Start Programs 2020**. For those who complete the survey before the deadline, the price of the PDF Report is \$295.00 or hardcopy Report is \$345.00. The price will be \$395.00 for programs that did not participate in the survey. We expect to publish the Report before December 31, 2020. Order now! Please fill in the following.

No, thanks.

Undecided

Yes! We want to order the **Salary and Benefits Survey Report of Local Head Start Programs 2020**. Send it to:

Person's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Program Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

PDF:

\_\_\_\_\_ \$295.00 check made payable to the **Center for Community Futures** (EIN # 68-0162602)

\_\_\_\_\_ \$295.00 payment by credit card. Jim Masters will call for the info.

Hardcopy:

\_\_\_\_\_ \$345.00 check made payable to the **Center for Community Futures** (EIN # 68-0162602)

\_\_\_\_\_ \$345.00 payment by credit card. Jim Masters will call for the info.

P.O. #: \_\_\_\_\_

\_\_\_\_\_ Invoice requested; add \$30.00 to total.

~ Thank You ~

*Mailing Address for the Center for Community Futures:*

*PO Box 5309, Berkeley, CA 94705*

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