

# National Jewish ECE Compensation Study Survey

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## Welcome

1) Do you consent to participate? \*

- Yes  
 No

If no, the survey ends.

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## Center Information

2) Please confirm your information in case we need to reach you for follow-up.

ECE Center full name:

City (please capitalize):

State/Territory (Select from drop-down list)

Zip:

Best email address for follow-up questions:

Best phone number for follow-up questions:

3) How would you categorize how your center operates?\*

- Within a larger Jewish organization  
 Independently as non-profit organization  
 Independently as for profit center  
 Other - Write In (Required): \*

4) What is your state licensing status? \*

- Licensed Child Care Center  
 Letter of Compliance  
 Religiously Exempt/Licensed Exempt  
 Other - Write In (Required): \*
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## Center Affiliation

If 3) is first option

### 5) Our ECE center operates within:\*

- Chabad
  - Jewish Community Center (JCC, JCA, YMHA/YWHA)
  - Jewish day school
  - Orthodox congregation
  - Reconstructing Judaism congregation
  - URJ/Reform congregation
  - USCJ/Conservative congregation
  - another Jewish organization (please specify): \*
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## Study Definition of "Staff"

### When the survey refers to "staff" the definition of staff should include:

- any of the following instructional or programmatic, or similar roles:
    - Director of Early Childhood Education, Preschool Director, Associate Director, Assistant Director, Education Director, Administrative, Teacher/Co-teacher, Assistant Teacher, Curriculum Specialist/Pedagogista, Art/Music/Movement Specialist, Special Services/Therapist, Floater/Regular Substitute, Intern/student teacher
  - staff during the 2021-22 school year, and summer 2022 where relevant
  - paid staff who are 18 and older
  - staff in the above categories without regard to the individual's religion or religious identification
  - NOT operational staff such as facilities, maintenance, transportation, food services, HR/Accounting, health services, etc.
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## Jewish Identity

### 6) What percent of your staff (2021-2022) identify as Jewish? (if known)

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

## Benefits and Incentives

### 7) What employee benefits were offered? (select all that apply)

	<b>Full-time employees</b>	<b>Part-time employees</b>
Health plan access only (no employer contribution)	<input type="checkbox"/>	<input type="checkbox"/>
Health plan employer contribution (e.g., employer plan or stipend for health exchange)	<input type="checkbox"/>	<input type="checkbox"/>
Vision plan access only (no employer contribution)	<input type="checkbox"/>	<input type="checkbox"/>
Vision plan employer contribution	<input type="checkbox"/>	<input type="checkbox"/>
Dental (plan access only (no employer contribution)	<input type="checkbox"/>	<input type="checkbox"/>
Dental plan employer contribution	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Spending Account	<input type="checkbox"/>	<input type="checkbox"/>
Access to a retirement plan	<input type="checkbox"/>	<input type="checkbox"/>
Employer contributions to a retirement plan	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Transportation reimbursement	<input type="checkbox"/>	<input type="checkbox"/>
Paid time off	<input type="checkbox"/>	<input type="checkbox"/>
Sick leave	<input type="checkbox"/>	<input type="checkbox"/>
Parental/Family leave (job protected, unpaid)	<input type="checkbox"/>	<input type="checkbox"/>

Paid parental/Family leave (job protected)	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

**8) Are there any categories of staff that were not offered any of these employee benefits?**

- Temporary staff
- Substitutes
- Other - Write In (Required)

**9) Please explain any variation in offering these benefits to staff:**



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## Benefits and Incentives

### 10) What other incentives were offered?

	Full-time	Part-time
Discounted membership	<input type="checkbox"/>	<input type="checkbox"/>
Discounted tuition	<input type="checkbox"/>	<input type="checkbox"/>
Free membership	<input type="checkbox"/>	<input type="checkbox"/>
Free tuition	<input type="checkbox"/>	<input type="checkbox"/>
Professional development	<input type="checkbox"/>	<input type="checkbox"/>
Leadership development or training	<input type="checkbox"/>	<input type="checkbox"/>
Membership dues to professional organizations	<input type="checkbox"/>	<input type="checkbox"/>
Conference attendance	<input type="checkbox"/>	<input type="checkbox"/>
Subsidy for obtaining a Bachelor's degree	<input type="checkbox"/>	<input type="checkbox"/>
Subsidy for obtaining a Master's degree	<input type="checkbox"/>	<input type="checkbox"/>
Subsidy for Associates degree	<input type="checkbox"/>	<input type="checkbox"/>
Serve as a Mentor Teacher	<input type="checkbox"/>	<input type="checkbox"/>
Receive mentorship	<input type="checkbox"/>	<input type="checkbox"/>
Sign on, referral, or retention bonuses	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

### 11) Are there any categories of staff that were not offered any of these incentives?

- Temporary staff
- Substitutes
- Other - Write In (Required)

### 12) Please explain any variation in offering these incentives to staff:

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## Bonus Structure

(If bonus line above checked in either column)

13) Please tell us more about the bonuses:

	Amount per bonus in USD (no \$ symbol)	Number of staff who earned this bonus
Sign on bonuses	<input type="text"/>	<input type="text"/>
Referral bonuses	<input type="text"/>	<input type="text"/>
Retention bonuses	<input type="text"/>	<input type="text"/>

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## Salary Transparency

14) How does your center or hiring team engage in salary transparency? (select all that apply)

- In all job posts voluntarily
- In all job posts because our city or state requires posting salaries
- When the job board requires salaries
- We do not share salaries in job posts
- We make the first offer to candidates
- We ask candidates for their salary requirements before making an offer
- Other - Write In (Required): \*

**15) Is your staff unionized?**

- Yes
- No
- Other - Write In (Required): \*

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**Staffing Challenges**

**How many ECE job vacancies have you had to fill?**

	School year	Summer
2021-2022	<input type="text"/>	<input type="text"/>
2020-2021	<input type="text"/>	<input type="text"/>
2019-2020	<input type="text"/>	<input type="text"/>

**16) Have staff shortages limited enrollment and if so how?**

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**Budget and Space**

**17) What is the state of your ECE center budget (for the school year 2021-2022 or the most recent full fiscal year)?\***

- In surplus
- In deficit
- Break even
- Other - Write In (Required): \*

**18) What was the total budget in USD (for the school year 2021-2022 or the most recent full fiscal year)?**

	Revenue	Expenses

ECE center	<input type="text"/>	<input type="text"/>
Larger institution (if relevant)	<input type="text"/>	<input type="text"/>

**19) How is space acquired for your ECE?\***

- Our center purchased the space and pays a mortgage.
- Our center fully owns the space.
- Our center does not need to pay for space from our budget from a larger institution.
- Our center rents space from our larger institution.
- Our center rents space from a different institution.
- Part of our center budget is allocated to the larger institutional revenue (not labeled as rent).
- Other - Write In (Required): \*

## Program Offerings and Registration

**20) When do you operate your ECE? (select all that apply)**

- Academic year program only
- Summer program only
- Academic year and summer, but different programs
- Full-year program
- Other - Write In (Required): \*

**21) What registration options do you offer your families? (select all that apply)**

- Full Day only
- Half Day only
- Full and half day options
- Full week only
- Partial week options
- Extended hours - before care
- Extended hours - after care
- Academic Year only
- Summer only
- Full-year
- Other - Write In (Required): \*



**22) What was your grand total for the number of children enrolled for the school year 2021-2022?\***

(must be whole, positive number)

**23) How many total families for the school year 2021-2022?**

**24) Please tell us more about your enrollment and capacity. If you only have total figures for across the center, please enter those data. If you can break down the numbers by age group, please provide those data. (Please enter only whole, positive numbers.)**

	Total	Infants	Toddlers	Twos	Threes (Pre-K 3)	Fours (Pre-K 4)
How many children did you enroll part time for the 2021-2022 academic year?						
How many children did you enroll full time for the 2021-2022 academic year?						
What is your maximum licensed capacity for the 2021-2022 academic year?						
How many are currently enrolled part time for summer 2022?						
How many are currently enrolled full time for summer?						
What was your maximum licensed capacity for the summer of 2022?						
How many children were waitlisted for the 2021-2022 academic year?						
How many children were waitlisted for summer 2022?						

**25) Please tell us about your staffing ratios: (e.g., if you staff at 1 staff member per 4 children in the toddler classroom, you would put 4 in the box under toddler. Please enter only whole, positive numbers.)**

	Total	Infants	Toddlers	Twos	Threes (Pre-K 3)	Fours (Pre-K 4)
What are your required staffing ratios for each age? 1:___ (fill in the blank using the matrix)						
If your ratios were different than required, what were your staffing ratios for each age for the 2021 to 22 school year? 1:___ (fill in the blank using the matrix)						

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## Public Funding

**26) Did your center receive any public funding for the school year 2021-22?\***

- Yes  
 No

If yes:

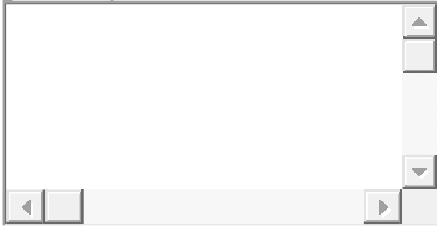
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## Public Funding

**27) What type of public funding did your early childhood center receive? (select all others that apply)**

- Head Start or Early Head Start  
 Voluntary Pre-K (VPK)  
 Universal Pre K (UPK)  
 State grants (please specify): \*  
 Local public grants (please specify): \*  
 Other public program (please specify): \*

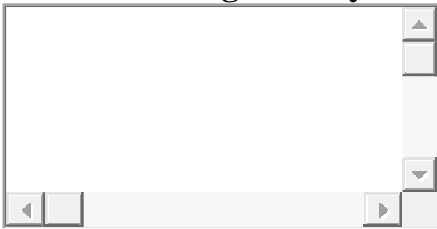
**28) Please expand on your center's participation in public funding and how that affects staffing (number of hires, salaries, benefits), how many classrooms were publicly funded, how that impacted your Jewish curriculum, etc.:**

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**Anything else to share?**

**29) Please use this space to tell us more about any of the prior questions or add additional insight into your compensation structure or challenges:**

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**Thank You!**

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