2024
Pennsylvania Head Start Association Wage & Benefits Comparability Survey

Orientation and Demo for Comparable Organizations

March 2024

Overview

- Purpose & Timeline
- Data collection
- Demo of online survey
- Final Report

Research & Evaluation Group at PHMC

- Research & Evaluation Group at PHMC will be leading survey activities this year

- 50+ years of experience in research and program evaluation, including statewide surveys and evaluation of early childhood education initiatives

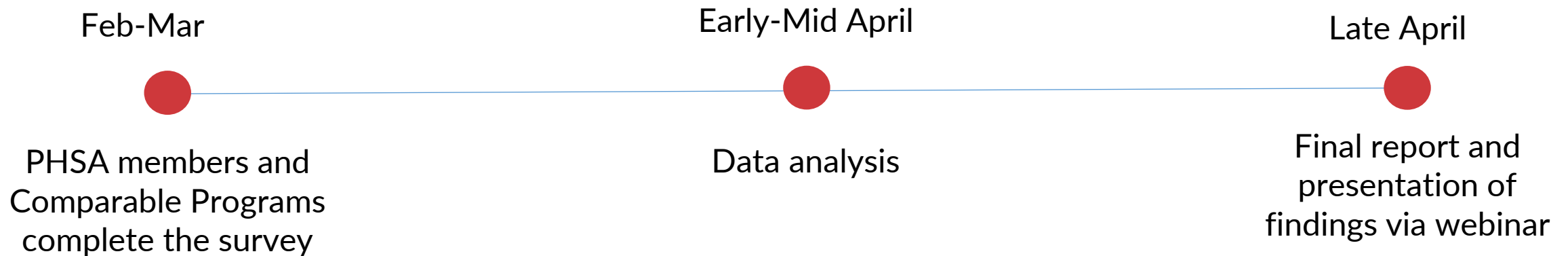- Contact the team: phsawage@phmc.org

Purpose & Timeline

- Comprehensive wage salary survey that facilitates comparisons
- Meets Federal requirements for Wage Comparability Survey

Timeline:

Feb-Mar	Early-Mid April	Late April
PHSA members and Comparable Programs complete the survey	Data analysis	Final report and presentation of findings via webinar

Comparable Organizations

What is a Comparable Organization?

- A Comparable Program is an employer in the same local area that has staff who do similar jobs or offers similar services to Head Start programs

- Comparable organizations include those that are similar in terms of:
  - Size of program
  - Size of budget
  - Qualifications of staff

- The goal is to compare salary/benefit data of organizations similar to Head Start programs in local job markets across the state

Comparable Organizations

Examples of Comparable Organizations:

- Child care and preschool programs
- School Districts
- Health, medical, and mental health centers
- Home Visiting Programs
- Community action agencies, senior citizen programs, and other social/human service agencies in your area

Submitting Data

- Similar to the process used in 2021 with some changes

- Information submitted in Alchemer

- Comparable organizations will receive a **gift card** for completing the wage survey

Pennsylvania Head Start Association

RESEARCH & EVALUATION GROUP
at PHMC

Information Collected

- Organization Information
  - Name, address, program type, organization type, funding sources, annual operating budget, % of budget allocated to salaries & benefits, average annual salary increase, start date of current fiscal year, month of salary adjustments, use of pay scale, factors considered for salary of new hire, factors considered in salary of promoted employee, number of employees total, number of children/clients served annually, type of residential environment (urban/suburban/rural), counties served

- Staff Salary Information
  - Staff initials, county of residence, zip code of residence, hourly wage, number of hours worked per year, funding sources, education level, credentials, certifications, and licenses, years worked at agency, filled vacancy or newly created position (if new hire), years worked in similar position in the field, number of people who report to employee
  - Three categories of staff positions: Administrative, Education, and Other (e.g., Health, Social Service, Service)

- Benefit Information
  - # of hours to be considered a full-time employee, benefits **offered** to full-and part-time employees, $/% paid towards health/dental insurance, contributions to retirement benefits, and paid time off

Things to Know & Suggestions

- We expect the survey should take approximately **1 to 3 hours** to complete

- Gather all employee records including list of employees/titles ahead of sitting down to complete the survey

- You will be able to save, exit, and re-enter the survey where you left off, if you need more time

- Enter as much information as possible
  - The more complete your answers, the stronger the data and comparisons!

- The FAQ and Instructions page on the PHSA website may be helpful.

- Contact PHMC at phsawage@phmc.org if you need assistance with data entry

Salary versus Benefits Data

- For salary data, the survey will ask that you report salary on *all* staff at your organization
  - **If more than 5 staff are employed in a position**, enter data in for the first *five* in alphabetical order by first name

- For benefits data, the survey will only ask you for data on benefits <u>offered</u> to two categories of employees:
  - Full-time
  - Part-time

Staff in Multiple Roles

- If you have staff who have multiple titles/roles, please include them only once under their primary role.

Demo of Survey

1. Screenshots of the Organizational Information section
2. Sample data for one staff person
3. Sample data for Benefits offered

2024 PHSA Comparable Organization Wages and Fringe Benefits Comparability Survey

Welcome!

Thank you for participating in the 2024 Wage and Benefits Comparability Survey. We are asking you for information about your organization, wages, and benefits to better understand wage distribution across Head Start programs serving Pennsylvania and your local community.

After completing this survey, you will sent a **gift card**. There are 5 sections to the survey.

Before you begin:

We recommend that you gather all employee records before beginning the survey. We will be gathering salary information for the positions listed on this Position Description Guide . All employee information that you provide will remain confidential.

As you enter data into each section of the survey, you will be able to:

Save and continue: If you must leave the survey at any point, select the 'Save and Continue' button at the bottom of the page and enter your e-mail. You will be sent an email with a unique link that will allow you to resume the survey at a later time. If you do not see this email, please check your SPAM folder or email us at phsawage@phmc.org.

Enter additional notes: There is a comment section at the end of the survey where you may include notes or additional information about the data you entered. For instance, if an employee's exact position is not listed and you enter their information under a comparable position, you may include a note at the end with their initials and their accurate job title.

Review and record responses: After entering your data, you will have an opportunity to review your responses at the end of each section. If there is an error and you need to make a change, please e-mail PHMC and we can help you edit your survey. You will also receive an email at the end of each section with a copy of your responses. If you do not see this email, please check your SPAM folder.

We expect this survey to take 1-3 hours based on the number of employees you enter.

Please contact us at phsawage@phmc.org with any questions.

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Your Information

Please provide us your and your organization's contact information.

1. Organization Name

[   ]

2. Organization Address

Street Address [   ]

City [   ]

Zip [   ]

3. Your Name

[   ]

4. Your Email Address *

*Please make sure to use the **same email address throughout the survey**, as you will be prompted to enter your email address at the beginning of each survey section. If more than one person is completing the survey, please select one email address to use consistently.*

[   ]

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Organization Information

Thank you! Now we need you to provide some information about your organization.

5. Please select the type of programs your organization provides. (Select all that apply)

- ☐ Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
- ☐ Other Child Development Program or Early Childhood Program
- ☐ Non-Child Development Program

6. From the list below, please select which category best describes your type of organization.

- ☐ Community Action Agency (CAA)
- ☐ School district
- ☐ Charter school
- ☐ Government agency
- ☐ Institution of higher education
- ☐ Private non-profit organization (e.g., church or non-profit hospital)
- ☐ Private for-profit organization (e.g., for-profit hospital)
- ☐ Tribal government or consortium (American Indian/Alaska Native)
- ☐ Other: (Please describe) [_____] *

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Your Organization's Funding and Budget

Now we have some questions about your organization's sources of funds and budget.

7. Where does your organization's funding come from? (Funding sources must add to 100%)

[_____]	Federal
[_____]	State
[_____]	Local (include all local public funding sources)
[_____]	Private (include parent tuition and fees, philanthropy, foundation, etc.)
[_____]	Other source of funding

Total : 0

8. What is your organization's total annual operating budget? Please answer in currency format (For example, $555,500.00)

[_____]

9. What percentage of your organization's budget is allocated to salaries?

[_____]

10. What percentage of your organization's budget is allocated to any kind of benefits (medical, dental, retirement, commute, etc)?

[_____]

11. If your organization had raises in salary for any reason in the past year, what was the average annual salary increase for employees?

- ○ 0%
- ○ 1-3%
- ○ 3-5%
- ○ 5-7%
- ○ 7-9%
- ○ more than 10%

12. On what date did your organization's current fiscal year begin? If you don't have or know the specific date, use the 1st of the appropriate m

[_____] 📅

[Back] [Next]

General Employer, Employee, and Salary Information

This section asks you to provide some information about your organization, the employees, and salaries.

13. In what month does your organization typically adjust salaries?

-- Please Select -- ▾

14. Does your organization use a pay scale (also known as a salary scale, structure salary matrix, job classification system, or compensation plan) or a set policy for determining employees' compensation?

Hover here to view term definitions

○ Yes

○ No

15. How many centers or sites does your organization operate?

16. What is the total number of employees at your organization?

○ 1-20

○ 21-50

○ 51-100

○ 101-150

○ 151 or more (Please write the number):

17. How many children/clients does your organization serve annually?

Geographic and Demographic Information

These questions ask about the type of populations your organization serves.

18. How densely populated are the areas that you serve? (Select all that apply)

☐ Urban

☐ Suburban

☐ Rural

19. Which Pennsylvania counties do you serve? Select all that apply. If you serve counties in states outside of Idaho, please use the "Other - write in" option to indicate out-of-state counties.

☐ Adams	☐ Elk	☐ Montour
☐ Allegheny	☐ Erie	☐ Northampton
☐ Armstrong	☐ Fayette	☐ Northumberland
☐ Beaver	☐ Forest	☐ Perry
☐ Bedford	☐ Franklin	☐ Philadelphia
☐ Berks	☐ Fulton	☐ Pike
☐ Blair	☐ Greene	☐ Potter
☐ Bradford	☐ Huntingdon	☐ Schuylkill
☐ Bucks	☐ Indiana	☐ Snyder

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Review Responses

Please take a moment to review your responses for this section. If responses are correct, click the "**Submit**" button below to move on to the next section: **Administrative staff wage information.**

You should also receive **an email with a pdf of your responses to this section** once submitted. (Note: This email might go to your SPAM folder.)

General Info Review

Your Information

Organization Name
- Example

Organization Address
- Street Address : 123 Street Name
- City : City
- Zip : 00000

Your Name
- Megan Richardson

Your Email Address
- mrichardson@phmc.org

2. Administrative Staff Section: Sample data for an Executive Director

PHSA Comparable Organization Wages Survey - Administrative Staff

Your Information

Please enter your email address again.

As a reminder, please make sure to use the **same email address throughout the survey**. If more than one person is completing the survey, please select one email address to use consistently.

1. Your Email Address *

Next

Wage and Salary Information

Next we will ask you to input salary information for a sample of your full-time and part-time employees in **administrative roles**. Please take a moment to review this Position Description Guide which contains descriptions for each position listed. Determine which descriptions align with the positions offered at your organization.

The list of possible positions to enter may not include all of the positions at your organization. The administrative positions included in this survey are as follows:

Executive Director
Program Director / Chief Operating Officer
Assistant Director
Center Manager / Site Manager
Fiscal Director / Chief Financial Officer
Fiscal Clerk
Accountant
Human Resources Director / Manager
Information Systems Manager
Data Entry
Administrative Assistant

Please gather the information you need. You will be asked to enter the following information specific to individual employees (do not report averages or ranges; we are asking about specific people): initials, county and ZIP code of residence, hourly wage, total hours worked per year, the funding sources that contribute to each employee's salary and the approximate percent, educational level, credentials/certifications/ licenses, years worked at the organization, experience in the field, and number of people who report directly to that employee.

For each position in the survey, enter the number of employees for whom you will enter salary information. The number you enter will affect the number of pages that appear later in the survey so please enter an accurate number.

If a position is held by multiple individuals, please select the **first five (5) alphabetically** and input their information. For example, if your organization's administrative staff includes (among others) 1 executive director, 2 program directors, and 7 center managers, you would enter salary information for the executive director and both program directors. For the center managers, you would only enter information for the first 5 of the 7. Do not choose which five center managers you will enter information for. Enter the information of the first 5 staff persons in this role alphabetically.

If an individual holds more than one position (e.g., John Doe is a cook and a bus monitor), please enter data for only one position. Choose the position which is the individual's primary role.

As a reminder, if you must leave the survey at any point, select the 'Save and Continue' button at the bottom of the page and enter your e-mail. You will be sent an email with a unique link that will allow you to resume the survey at a later time. If you do not see this email, please check your SPAM folder.

If you have any questions please contact us at phsawage@phmc.org.

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Wage and Salary Information - Administrative Staff

Administrative Staff

2. Which of the following administrative positions does your organization have? *

- ☑ Executive Director
- ☐ Program Director / Chief Operating Officer
- ☐ Assistant Director
- ☐ Center Manager / Site Manager
- ☐ Fiscal Director / Chief Financial Officer
- ☐ Fiscal Clerk
- ☐ Accountant
- ☐ Human Resources Director / Manager
- ☐ Information Systems Manager
- ☐ Data Entry
- ☐ Administrative Assistant

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Number of Staff in Each Position

3. Number of Executive Directors: *

1

Characters used: **1** out of 1.

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Wage and Salary Information - Executive Director

Enter wage and salary information for each **Executive Director.**

4. Employee initials

MP

Characters used: **2** out of 5.

5. Employee county of residence

Philadelphia ▾

6. Employee's zip code of residence

19101

Characters used: **5** out of 5.

Next, please enter the employee's **hourly wage** and **total hours worked per year**.

Do not enter monthly or annual salary. We ask for hourly wage and hours per year to allow comparison across employers. (For example, the number of hours per week considered to be "full time" may be different at different employers, such as 40 hrs/week at one organization and 35 hrs/week at another, so each employee's hourly wages and hours per year are needed to compare.)

Total hours per year is the number of weeks this employee works during the year multiplied by the number of hours worked per week. If needed, please utilize this wage calculator.

7. Hourly wage

$60.00

Characters used: 5 out of 6.

8. Total hours worked per year

2080

Characters used: 4 out of 4.

Write in the approximate percent each funding source contributes to employee's salary. Funding sources must total 100%.

MIECHV = Maternal, Infant, and Early Childhood Home Visiting Program
Subsidy = Child Care Works Program (CCW)

9. What percent of the employee's salary comes from each of these funding sources?

	Pre-K Counts	MIECHV	Subsidy	Private pay	Other
Percent	25%	0%	25%	50%	0%

10. What is the employee's highest level of education attained?

- ○ No high school diploma/GED
- ○ High school diploma
- ○ GED
- ○ Some college coursework
- ○ Associate's degree
- ○ Bachelor's degree
- ○ Some graduate school
- ◉ Master's degree
- ○ Postgraduate degree (EdD, PhD, JD, etc.)

11. Credentials, certifications, or licenses held by this employee. Select all that apply.

- ☐ Certificate of Clinical Competency/Speech Pathologist (CCCSP)
- ☐ Certified Nurse Assistant (CNA)
- ☐ Certified Public Accountant (CPA)
- ☐ Child Development Associate (CDA)
- ☐ Commercial Driver's License (CDL)
- ☑ Educational Administration or Supervision
- ☐ Licensed Practical Nurse (LPN)
- ☐ Licensed or Certified Psychologist
- ☐ Licensed or Certified Social Worker
- ☐ Registered Dietician (RD)
- ☐ Registered Nurse (RN)
- ☐ Teaching Certificate
- ☐ Other - Write In

12. Number of years this employee has worked at your organization. If less than a year, enter '0'.

0

Characters used: **1** out of 2.

13. Did this employee fill a vacancy or fill a newly created position?

◉ Filled a vacancy

○ Filled a newly created position

14. Years of experience this employee has had working in similar positions in the field.

○ Less than one year

○ 1 to 2 years

○ 3 to 5 years

◉ 6 to 9 years

○ 10 or more years

○ Unsure / do not know

15. Number of people who report directly to this employee

5

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Review Responses

Please take a moment to review your responses for this section. If responses are correct, click the **"Submit"** button below to move on to the next section: **Educational staff wage information.**

You should also receive **an email with a pdf of your responses to this section** once submitted. (Note: This email might go to your SPAM folder.)

Admin Staff Review

Your Information

Your Email Address
- mrichardson@phmc.org

Wage and Salary
Information -

3. Benefits Section:
Sample data for benefits <u>offered</u> at an organization

PHSA Comparable Organization Wages Survey - Benefits

Your Information

Please enter your email address again.

As a reminder, please make sure to use the **same email address throughout the survey**. If more than one person is completing the survey, please select one email address to use consistently.

1. Your E-mail Address *

mrichardson@phmc.org

Next

Benefits Information

This section asks about the benefits your organization **offers or provides** to some or all employees. Follow up questions ask for more information about which employees are eligible and details such as how much your organization contributes to each benefit.

As a reminder, if you must leave the survey at any point, select the 'Save and Continue' button at the bottom of the page and enter your e-mail. You will be sent an email with a unique link that will allow you to resume the survey at a later time. If you do not see this email, please check your SPAM folder.

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2. How many hours per day and/or per week is considered full time at your organization?

Hours per day for full-time employees: 7.5

Hours per week for full-time employees: 37.5

3. Which of the following benefits does your organization offer? Select all that are offered to full-time and to part-time employees. Check each benefit that is offered at all, even if there are additional limits to who is eligible for the benefit.

	Full-time employees	Part-time employees
Health (medical) insurance for single employee and/or for family members	☑	☐
Dental insurance for single employee and/or family members	☑	☐
Vision insurance for single employee and/or family members	☑	☐
Retirement: Defined Contribution (e.g., 401k, 403b, Profit Sharing)	☑	☐
Retirement: Defined Benefit (i.e., Pension)	☑	☐
Paid time off (vacation, annual, sick, holidays, and/or other paid leave)	☑	☐
Short-term Disability insurance for employee	☑	☑
Long-term Disability insurance for employee	☑	☑
Life insurance for employee	☑	☑
Bonus(es) (e.g., retention bonus, bonus upon hire, one-time bonus for earned credentials)	☑	☐
Tuition assistance	☑	☑
Child care discounts or vouchers	☑	☑
Financial assistance/coverage: Professional development/ training	☑	☑
Financial assistance/coverage: Professional credentialing fees and/or membership fees	☑	☐
Employee Assistance Program (EAP)	☑	☑
Enter another option	☐	☐

For the **majority** of employees who are offered health (medical) insurance, what does your organization contribute or pay towards the premium?

- ⦿ We pay a percentage of the health insurance premium

- ◯ We contribute (pay) a set dollar amount towards employee's health insurance premium

- ◯ Nothing; We don't pay anything towards the health insurance premium

What percentage of the medical (health) insurance premium is employer-paid? Enter 0-100%.

	% Paid for Full-time Employees	% Paid for Part-time Employees
Single coverage for employee only	83%	0%
Employee and dependents	73%	0%

For the **majority** of employees who are offered dental insurance, what does your organization contribute or pay towards the premium?

- ◯ We pay a percentage of the dental insurance premium

- ⦿ We contribute (pay) a set dollar amount towards employee's dental insurance premium

- ◯ Nothing; We don't pay anything towards the dental insurance premium

What dollar amount of the dental insurance premium is **employer-paid**?

	$ Amount Paid for Full-time Employees	$ Amount Paid for Part-time Employees
Single coverage for employee only	300	0
Employee and dependents	600	0

For **full-time** employees who are **offered** defined contribution retirement benefits (401k, 403b, or profit sharing), does your organization contribute to their plan? Choose the option that applies to most employees offered retirement benefits.

- ⦿ Yes, My organization matches employee contributions (may have a maximum match up to a limit of employee salary)

- ◯ Yes, My organization contributes a set amount/percent per employee who uses the retirement benefit

- ◯ No, my my organization does not contribute to employee retirement plans

What is the maximum amount of employee salary that your organization will match in its contribution to an employee's retirement plan? Enter 0-100% as applicable

	Maximum % matched/ contributed for full-time employees	Maximum matched/ contributed for part-time employees (enter 0 if do not match)
Defined Contribution (e.g., 401k, 403b, Profit Sharing), 0-100%	3%	0%

When does your organization begin contributing to employee's pensions/defined retirement benefits?

- ◯ At time of hire / end of hiring probationary period

- ⦿ Between 1 and 5 years of employment

- ◯ More than 5 years of employment

For employees who are **offered** defined retirement benefits (pensions), what is the percent of salary that your organization offers? Enter 0-100% as applicable. If the percent is a range, enter the maximum % as appropriate.

	Set % for all eligible full-time employees	Set % for all eligible part-time employees	Maximum % of salary for all eligible full-time employees	Maximum % of salary for all eligible part-time employees
Defined Benefit (pension), 0-100%	2%	0%		

Do your employees earn (accrue) paid time off at rates that depend on how long they have worked at your organization? Check the best-fitting option.

○ All employees earn (accrue) the same amount of paid time off starting from the time of hire (or from the end of initial hiring probationary period)

◉ Employees earn (accrue) more hours the longer they have been employed at this organization

Enter the total number of *paid hours per year* **that employees can use for each type of paid leave. *NOTE: If your organization offers** *days* **of paid time off, please multiply each day by the number of hours a full-time staff member works in a day (e.g., 7.5 or 8) to calculate the hours per year. For example, if your organization offers 5 days of paid vacation to full-time employees, and a full-time employee works 8 hour days, enter 40 hours in Annual leave/ Vacation. Similarly, if your organization closes and pays employees for 8 holidays a year and a full time employee works 7.5 hour days, enter 60 in Paid holidays for Full-time employees.**

NOTE: If accrual increases the longer a person has worked there, enter the lowest possible number of PTO hours after probationary period.

	Full-time Employees	Part-time Employees
Annual leave/Vacation	75	0
Sick leave	75	0
Paid holidays	90	0
Other paid leave	60	0

4. If there is any further information or details you would like to provide about the benefits your organization offers to employees, please describe here.

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PHSA Comparable Organization Wages Survey - Benefits

Review Responses

Please take a moment to review your responses for this section. If responses are correct, click the **"Submit"** button below to submit your survey.

You should also receive **an email with a pdf of your responses to this section** once submitted. (Note: This email might go to your SPAM folder.)

Your Information

Please enter your email address again.

As a reminder, please make sure to use the same email address throughout the survey. If more than one person is completing the survey, please select one email address to use consistently.
Your E-mail Address
- mrichardson@phmc.org

Benefits Information

This section asks about the benefits your

organization offers or provides to some or all

employees. Follow up questions ask for more

Purchasing the Final Report- Fee Determination for Comparable Organizations

Sliding scale based on program budget:

- Tier 1 <$1,000,000: Fee $605
- Tier 2 >$1,000,000 <$3,000,000: Fee $1,090
- Tier 3 >$3,000,00 <$6,000,000: Fee $1,330
- Tier 4 > $6,000,000 <$12,000,000: Fee $1,695
- Tier 5 >$12,00,000 <$18,000,000: Fee $2,180
- Tier 6 >$18,000,000: Fee $2,780

Pennsylvania Head Start Association

RESEARCH & EVALUATION GROUP at PHMC

Final Report

- PHMC will submit the final report to PHSA in late April 2024

- PHMC will present findings in a webinar at that time.

Thank you!

We look forward to working with you on this project. Please reach out to us at any time with questions.

Contact: phsawage@phmc.org