

# Illinois After-school Partnership

## Out-of-School-Time Workforce--STAFF SURVEY

### Pilot Survey Questions

**Organization:** \_\_\_\_\_  
**Program Name:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Site Address:** \_\_\_\_\_

### POSITION INFORMATION

1. Following is a list of possible roles you may have in your out-of-school-time (OST) program. Next to each role, please mark with an X if it is a Primary role for you (Majority of your time spent in this capacity), or a Secondary Role (less than 50 % of your time spent in this capacity). If this is not a role for you, leave the fields blank.

Role	Primary	Secondary
Assist with Program Activities (aide/teacher assistant, etc.)		
Community Outreach/Collaboration		
Food Preparation		
Lead Overall Program Activities (lead worker/teacher)		
Lead Specialized Components (consultants/specialty staff for art, tech, etc.)		
Maintenance/Building Support		
Office/Clerical Support		
Parent/Family Involvement		
Program Administration/Direction (supervision, program development, grant management, fiscal management, etc.)		
Transportation Services (driving bus, van etc.)		
Volunteer Coordination		
Other (Please List)		

### EXPERIENCE

2. What is your age?    \_\_\_ 18 – 21    \_\_\_ 22-25    \_\_\_ 26 – 29    \_\_\_ 30 – 35    \_\_\_ 36 –40    \_\_\_ Over 40
3. How long have you been in your current position?  
 \_\_\_ Less than 6 months    \_\_\_ 1 year    \_\_\_ 2 years    \_\_\_ 3 years    \_\_\_ 4 years    \_\_\_ 5 or more years
4. How long have you been at your current organization?  
 \_\_\_ Less than 6 months    \_\_\_ 1 year    \_\_\_ 2 years    \_\_\_ 3 years    \_\_\_ 4 years    \_\_\_ 5 or more years
5. How many years of experience do you have in the field of OST?  
 \_\_\_ Less than 6 months    \_\_\_ 1 year    \_\_\_ 2 years    \_\_\_ 3 years    \_\_\_ 4 years    \_\_\_ 5 or more years
6. How many total years of experience do you have in other fields?  
 \_\_\_ Less than 6 months    \_\_\_ 1 year    \_\_\_ 2 years    \_\_\_ 3 years    \_\_\_ 4 years    \_\_\_ 5 or more years
7. What fields have you worked in prior to your current position? (Check all that apply)
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None                  | <input type="checkbox"/> Faith Based Organization | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Youth Work/Child Care | <input type="checkbox"/> Health Care              | <input type="checkbox"/> Technology      |
| <input type="checkbox"/> Education (teaching)  | <input type="checkbox"/> Arts/Recreation          | <input type="checkbox"/> Admin/Support   |
| <input type="checkbox"/> Social Services       | <input type="checkbox"/> Finance                  |  |

**SCHEDULE**

**8. Please list the average hours spent in the following ways for each of the following timeframes:**

	School Year			Summer	
	Mon. - Fri. (Hrs. per week)	Weekends (Hrs. per weekend)	Holidays (Hrs. per day)	Mon. - Fri. (Hrs. per week)	Weekends (Hrs. per weekend)
Community Outreach/Recruitment					
Direct Service w/Youth					
Direct Work with Parents					
Hours at Other Job					
Hours in School/Higher Ed.					
Program Administration (Supervision, Grant/Fiscal management, etc.)					
Program Evaluation/Reporting					
Program Planning (curriculum/materials development)					
Program Support (clerical, transportation, food prep, etc.)					
Training/Professional Development During Work Hours					
Training/Professional Development Outside of Work Hours					
Volunteer coordination					
Other Duties at agency not related to out-of-school time program					
Other: Please List					

**COMPENSATION**

**9. Please check your status as it relates to your role in the OST program.**

- Paid Staff
- Volunteer

**10. If you are paid staff, answer the question below that applies to your compensation schedule:**

➤ **If you receive an annual salary, what is your annual salary range?**

- \$0 - \$5,000
- \$5,000 - \$10,000
- \$10,000 - \$15,000
- \$15,000 - \$20,000
- \$25,000 - \$30,000
- \$35,000 - \$40,000
- \$45,000 - \$50,000
- Over \$50,000

➤ **If you are paid hourly, what is your hourly salary?**

- Less than \$7
- \$7 - \$8.99
- \$9 - \$10.99
- \$11 - \$12.99
- \$13 - \$14.99
- \$15 - \$20
- \$21 - \$25
- \$26 - \$30
- \$31 - \$35
- \$36 - \$40
- \$41 - \$45
- \$46 - \$50
- Over \$50

**11. What benefits do you receive from your OST position?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Medical Insurance       | <input type="checkbox"/> Paid sick leave                 | <input type="checkbox"/> Training/Education Stipends |
| <input type="checkbox"/> Dental Insurance        | <input type="checkbox"/> Retirement Plan                 | <input type="checkbox"/> Disability Insurance        |
| <input type="checkbox"/> Paid holidays           | <input type="checkbox"/> Life Insurance                  | <input type="checkbox"/> Other?                      |
| <input type="checkbox"/> Reduced/Free Child Care | <input type="checkbox"/> Paid Time for Training          | _____  |
| <input type="checkbox"/> Paid vacation           | <input type="checkbox"/> Time off for Training or School | _____  |

**EDUCATIONAL BACKGROUND**

**12. What is your highest level of education?**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than High School Diploma                           | <input type="checkbox"/> Bachelor's Degree-- List Major _____               |
| <input type="checkbox"/> High School Diploma                                     | <input type="checkbox"/> Hours Toward Graduate Degree List Major _____      |
| <input type="checkbox"/> GED   | <input type="checkbox"/> Graduate Degree (MA, MAT, MSW Etc.) _____          |
| <input type="checkbox"/> Hours Toward Vocational/Technical Certificate or Degree | <input type="checkbox"/> Professional Degree (Ph.D. Ed.D, MD, JD etc) _____ |
| <input type="checkbox"/> Vocational/Technical Certificate or Degree              | <input type="checkbox"/> Other (please list) _____                          |
| <input type="checkbox"/> Hours Toward College Degree—List Major _____            |   |
| <input type="checkbox"/> Associates Degree-- List Major _____                    |   |

**13. Which of the following credentials, certification, or accreditation, if any, have you achieved?**

- |   |  |
|---|--|
| <input type="checkbox"/> Public School Teaching Certificate           | <input type="checkbox"/> Food Sanitation Certificate |
| <input type="checkbox"/> Child Development Associate                  | <input type="checkbox"/> Bus Driver Certification    |
| <input type="checkbox"/> Child Care Professional                      | <input type="checkbox"/> CNA/LPN                     |
| <input type="checkbox"/> Family Child Care Accreditation              | <input type="checkbox"/> 04 Certification            |
| <input type="checkbox"/> Youth Development/Youth Worker Certification | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> School Age Care Certificate                  | <input type="checkbox"/> Other _____                 |

**PROFESSIONAL DEVELOPMENT**

**14. Do you currently work full time in the OST field?**

- Yes  No

**15. Do you currently have a second job or attend classes outside of your OST job?**

- Yes  No

**16. If you don't work full time in the OST field, would you like to?**

- Yes  No

a. If yes, what is preventing you from working full-time in this field?

- |  |  |
|--|--|
| <input type="checkbox"/> Lack of Full-time opportunities in area | <input type="checkbox"/> Lack of qualifications (education/experience) |
| <input type="checkbox"/> Child Care for my children              | <input type="checkbox"/> Other (please list) _____                     |

**17. Do you consider the field of OST (i.e. afterschool, school-age care, youth development) your chosen profession?**

- Yes  No

a. Why or Why not?

\_\_\_\_\_  
\_\_\_\_\_

**18. How many years do you intend to stay in this field?**

- 0–2  3–4  5–6  6 or more

**19. Which of the following are most important to you when considering your career in the OST-field? Check your TOP FOUR choices**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Program sufficiently staffed                     | <input type="checkbox"/> Medical Insurance   | <input type="checkbox"/> Personal Interest in the field                    |
| <input type="checkbox"/> Being about to work part-time                    | <input type="checkbox"/> Sufficient Resources (facilities, supplies, etc.) for Programming | <input type="checkbox"/> Public Recognition (by employer, community, etc.) |
| <input type="checkbox"/> Dental Insurance                                 | <input type="checkbox"/> Opportunities for Job Advancement within the program              | <input type="checkbox"/> Retirement Plan (e.g. 401(k))                     |
| <input type="checkbox"/> Having a clear plan for professional development | <input type="checkbox"/> Paid sick leave   | <input type="checkbox"/> Time off for Training or School                   |
| <input type="checkbox"/> Being able to work Full Time                     | <input type="checkbox"/> Paid Time for Training  | <input type="checkbox"/> Training Costs paid by agency                     |
| <input type="checkbox"/> Increased Wages                                  | <input type="checkbox"/> Paid vacation   |  |
| <input type="checkbox"/> Life Insurance                                   |  |  |

**20. If you've left a previous position in an OST program, what were the primary reasons for leaving?**

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**21. Have you done any career planning for your professional development within the OST field?**

- |  |  |
|--|--|
| <input type="checkbox"/> Not at all                    | <input type="checkbox"/> Informal discussions/planning with my employer                        |
| <input type="checkbox"/> Informal planning on my own   | <input type="checkbox"/> Formal written planning with my employer                              |
| <input type="checkbox"/> Formal written plan on my own | <input type="checkbox"/> Career planning with another entity (career service, professor, etc.) |

**22. Are you aware of formal higher educational opportunities in the field?**

- Yes  No

▪ If yes, where/what kind?

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**23. Are you currently, or do you plan on pursuing formal higher education in the field of OST or a related field?**

- Yes  No

▪ If yes, where? \_\_\_\_\_

**24. What level of higher education are you pursuing, or planning to pursue?**

- |  |  |
|--|--|
| <input type="checkbox"/> Certification | <input type="checkbox"/> MA                  |
| <input type="checkbox"/> AA            | <input type="checkbox"/> Other (Please List) |
| <input type="checkbox"/> BA            | _____  |

**25. What will be your major/degree?**

- |  |  |
|--|--|
| <input type="checkbox"/> Education         | <input type="checkbox"/> Social Work         |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Psychology          |
| <input type="checkbox"/> School Age Care   | <input type="checkbox"/> Other (Please List) |
| <input type="checkbox"/> Youth Development | _____  |

**26. Have you planned to pursue higher education but have faced barriers to achieve those plans?**

- Yes  No

▪ If yes, please check the barriers that most prevented you from doing so.

- |   |   |
|---|---|
| <input type="checkbox"/> Conflicting schedule with my job | <input type="checkbox"/> Location of program      |
| <input type="checkbox"/> Child Care for my children       | <input type="checkbox"/> Money for transportation |
| <input type="checkbox"/> Money for tuition/materials      |   |

**27. Do you perceive any challenges when you consider a long-term career in OST?**

Yes

No

▪ If yes, what are those challenges?

**28. TRAINING MATRIX: Please answer the following questions for each type of training:**

Type of Training	Please check if this training is required for your job.	Please check if you have received this training.	Please indicate if this was <b>Formal</b> (formal course or series of classes) or <b>Informal</b> (workshops/in-service training, conference sessions, etc.)	Please rank your interest in receiving this training. 0=no interest 1=interested 2=priority interest
Assessment/referrals for physical and mental health needs of participants				
Athletic Coaching/Training				
Character Education				
Communication Skills				
Computer Skills				
Conflict Resolution				
Creative Arts				
Crime Prevention				
Developing Community Service/Volunteerism Activities				
Developing School/Community Linkages				
Diversity and Cultural Competency (Inclusion)				
Domestic Violence				
Drug Awareness				
Fostering Leadership among Children/Youth				
Grant Writing/Fund Raising				
Health Issues (asthma, lice, etc.)				
HIV/AIDS Education				
Implementing Peer Mediation				
Implementing Service Learning				
Involving Children/Youth in Planning				
Organizing/Planning youth Activities				
Positive Disciplinary Techniques				
Positive School Age/Youth Development				
Safety Regulations				
Social-Emotional Learning				
Staff Leadership Skills				
Standards/Certification				
Strategies for Tutoring Children/Youth				
Supervisory Skills				
Supporting Children and Families in Difficult Situations (Crisis Management)				
Teaching Life Skills				
Teaching Social Skills				
Teaching Techniques				
Working Effectively with Parents				
Working with Children and Youth in After-school				
Working with Special Needs Population				
Youth/School-Age Counseling				
Other:				

**29. Please list any entities you know of that provide training related to out-of-school time.**

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**THANK YOU FOR COMPLETING THIS SURVEY!**

Please share any additional thoughts about your experience and needs as an OST staff person. Use back if needed.