



Early Learning Coalition of the Nature Coast

Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

Provider Alert #42

Date: September 9, 2008
Subject: Teacher Incentive Payment (TIP) Program Information

On September 1, 2008 the Coalition released Provider Alert # 38 requesting providers to complete a survey for the purposed of collecting teacher and provider preferences with regard to rewards paid through the Teacher Incentive Payment Program.

The survey was designed to collect baseline information without leading teacher or provider responses. Specifically, the survey was formatted to allow the responder to provide several responses to each section of the survey.

Now that the Coalition has gathered the baseline information it is important to determine the priority of each item to ensure the Advisory Council and Coalition staff has a clear understanding of teacher and provider preferences.

Please assist the Coalition in this task by completing the attached Provider Survey and requesting each of your employees to complete the Teacher Survey. Please submit all surveys to the Coalition on or before September 15, 2008

If you have any questions or concerns please contact me at sbosanko@elc-naturecoast.org or 352-563-9939 Ext. 224.

Thank you
Sonya Bosanko
Executive Director



Early Learning Coalition of the Nature Coast
Serving Citrus – Dixie – Gilchrist – Levy – Sumter Counties

Teacher Incentive Payment Program Survey
PROVIDER SURVEY

Facility Name: _____ County: _____ Individual Completing Survey: _____

Type of Facility: Licensed Center Licensed Exempt Center Family Child Care Home Public School
Registered FCCH

Facility Capacity: _____ Number of Teachers: _____ Number of Teacher Responses included in Survey: _____

Please prioritize by importance each item listed below using the scale indicated for each section. Note: #1 is always the highest priority.

WHAT TYPES OF INCENTIVES ARE MOST EFFECTIVE IN RETAINING LOW INCOME EMPLOYEES? Please number each response using the numbers 1-7. You must use each number one time only. Utilize the number 1 to indicate the highest priority and number 7 to enter the lowest.

Provider Rating

- _____ Paid Time Off: Paid time off includes vacation, sick and holiday pay
 - _____ Bonuses: Bonuses include stipend awards, longevity bonuses, and incentive bonuses
 - _____ Wages: Wages include better starting wages and annual increases
 - _____ Benefits: Benefits includes a variety of benefits including Medical, Dental and Retirement
 - _____ Reward Programs: Include the implementation of programs to recognize teachers such as teacher of the month, quarter and year
 - _____ Paid Breaks: Includes breaks in addition to state and federal mandated breaks during the work day
 - _____ Regular Hours: Include eight (8) hour days
-

PLEASE CONTINUE ON NEXT PAGE

WHAT TYPES OF IMPROVEMENTS TO THE TEACHER'S WORK ENVIRONMENT ARE EFFECTIVE IN RETAINING LOW INCOME EMPLOYEES? Please number each response using the numbers 1-8. You must use each number one time only. Utilize the number 1 to indicate the highest priority and number 8 to enter the lowest.

Provider Rating	Item
_____	Training: Includes training resources, free training – local and statewide, training that offers CEUs, payment for teachers to attend training, and payment for CEUs)
_____	Classroom resources
_____	Lower ratios
_____	Aide/assistant in every classroom
_____	Safe work environment
_____	Caring work place (for children as well as teachers)
_____	Parent cooperation
_____	Planning periods

WHY DO YOU THINK TEACHERS IN THE NATURE COAST AREA LEAVE THEIR EMPLOYMENT AND/OR THE EARLY EDUCATION INDUSTRY? Please number each response using the numbers 1-9. You must use each number one time only. Utilize the number 1 to indicate the highest priority and number 9 to enter the lowest.

Provider Rating	Item
_____	Low wages
_____	Stress of the job
_____	Long hours
_____	Low hours
_____	No benefits
_____	High ratios
_____	Uncooperative parents
_____	No appreciation
_____	Cost of required training



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Teacher Incentive Payment Program Survey TEACHER SURVEY

Facility Name: _____ County: _____ Teacher Completing Survey: _____

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Teacher Rating

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