

ATTACHMENT D

TIME USE SURVEY

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OMB No.:
Expiration Date:



Time-Use Survey

Self-Administered Questionnaire

March 2017

Center Name _____

Respondent Initials _____

_ _ . _ _	START TIME
_ _ . _ _	END TIME

To help measure the cost of operating high quality early education services, the Administration for Children and Families of the U.S. Department of Health and Human Services is conducting the Assessing the Implementation and Cost of High Quality Care and Education study. The Administration for Children and Families has contracted with Mathematica Policy Research, an independent research organization, to design and conduct the study.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any

INTRODUCTION

As part of the study, we are conducting this survey to learn how staff members in organizations that provide early care and education spend their time.

Who Should Complete the Survey?

- Staff members who spend time managing and administering the services provided at this site, including the center director, education specialists, curriculum director(s) or coordinator(s) and supervisors of teaching staff.
- Staff members who provide direct instruction or care to children birth to age 5, including teachers and assistant teachers.

How to Complete the Survey. This survey will take approximately 15 minutes to complete. For most questions in the survey, you may answer by simply placing a check mark or entering a number in the appropriate box. For some questions, you will be asked to write a brief response. For other questions, you will be asked to enter the number of hours you spent on specific activities in an average or typical week.

For questions that require you to report a number of hours, round up to the nearest half hour, if necessary (for example, if you spent 1 hour and 20 minutes on an activity, please enter 1.5 hours).

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.

Voluntary Participation. Your participation in this survey is important and will help us understand the resources needed to offer high quality early care and education. You may choose not to answer any question. Information you provide will be treated in a private manner, and the study will not identify individuals in any of its reports.

Thank you for your cooperation in completing the survey.

A1. What is your job title?

Job title: _____

A1a. Which of the following best describes your role?

MARK ONE ONLY

- 1 Center Director – A person who does not have regular teaching duties, and who serves as the director of the ECE program, with staff supervisory responsibilities.
- 2 Teacher-Director – A person who regularly performs both teaching and administrative duties (not just filling in for absent teachers).
- 3 Educational/Curriculum Director or Coordinator – A person responsible for the educational program, may supervise teachers.
- 4 Head or Lead Teacher – A person who is in charge of a group or classroom of children, often with staff supervisory responsibilities.
- 5 Teacher – A person who may take responsibility for the classroom at times of the day; collaborates with other teachers.
- 6 Assistant Teacher – A person working under the supervision of a teacher; may or may not lead certain activities but does not have sole responsibility for the classroom and does not have staff supervisory responsibilities.
- 7 Other (*specify*) _____

A2. How many hours are you scheduled and paid to work in a typical week?

|_|_| NUMBER OF HOURS

A3. Sometimes people spend more time working than they are scheduled and paid to work. In a typical week, do you work for more hours than you are scheduled and are paid?

- 1 Yes
- 0 No → GO TO A4

A3a. In a typical week, how many hours do you work in addition to those for which you are scheduled and are paid? (This may include hours you spend working outside of the center.)

|_|_| NUMBER OF HOURS

A4. How many hours do you spend on the following activities in a typical work week? If you do not typically spend time on a particular activity, please enter 0. The total hours should equal your scheduled hours in a typical week. Please round your estimate to the nearest half hour.

	How often do you do this activity in a typical week?	In total, how many hours did you spend on this activity in a typical week?
<p>A4a. Providing instruction or care</p> <p>This includes one-on-one or group interaction with children during play or planned activities; leading a lesson; helping children during mealtimes; naptimes; or transition times, or field trips. Include naptimes only if you are not also conducting another activity described below.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>
<p>A4b. Planning curriculum, activities, and lessons</p> <p>This includes developing or reviewing lesson plans and other forms of instructional planning, and preparing and setting up classroom materials, either individually or with other staff. This may include time during the school day when children are napping or otherwise engaged.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>
<p>A4c. Conducting child assessments during or outside of classroom time</p> <p>This includes assessments to determine whether a child needs further developmental assessment and/or services, to assess growth and development, or to determine children's needs and plan instruction. Include time spent coordinating assessments and administering, scoring, and reviewing results. Also include time spent documenting children's progress such as recording anecdotes and observations in a log.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>
<p>A4d. Parent communication</p> <p>This includes oral (face-to-face or by phone) or written communication (such as preparing a daily report or preparing a newsletter) with parents about the care, activities, or progress of their child(ren). This may include preparing daily reports for parents when children are napping or otherwise engaged. If it is not an activity you conduct daily or weekly, please report the time in A5b.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>
<p>A4e. Staff supervision, coaching, or mentoring</p> <p>This includes scheduled or unscheduled consultation with a supervisor or supervisees and providing or receiving coaching or mentoring either one-on-one or in groups. Also include time spent conducting or discussing classroom observations. Also include time spent providing coaching, mentoring, or TA to other center staff.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>
<p>A4f. Staff meetings</p> <p>This includes time for general staff meetings on topics not already covered in other rows.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/>day <input type="checkbox"/> week</p>

	How often do you do this activity in a typical week?	In total, how many hours did you spend on this activity in a typical week?
<p>A4g. Ongoing regulatory compliance and reporting</p> <p>This includes daily activities to ensure and maintain compliance with federal, state, and city agencies or programs (for example, monitoring child-staff ratios, or completing injury report forms). If it is not an activity you conduct daily or weekly, please report the time in A5g.</p> <p>Regulations may include those related to licensing, subsidy, quality rating and improvement systems (QRIS), Child and Adult Care Food Program (CACFP), Individuals with Disabilities Education Act (IDEA). Also include activities related to accreditation or participation in Early Head Start/Head Start or a state prekindergarten program.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> day <input type="checkbox"/> week</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> day <input type="checkbox"/> week</p>
<p>A4h. Managing center finances</p> <p>This includes collecting payments, budgeting, payroll, accounting, and tracking expenditures.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> day <input type="checkbox"/> week</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> day <input type="checkbox"/> week</p>
<p>A4i. Managing and maintaining center operations</p> <p>This includes overseeing staff schedules, the work of facilities and maintenance staff, working with vendors, and organizing space.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> day <input type="checkbox"/> week</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> day <input type="checkbox"/> week</p>
<p>A4j. Other activities (specify)</p> <p>Please describe any other work activities you conduct <i>in a typical week</i> that have not been captured above:</p> <p>_____</p> <p>—</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> day <input type="checkbox"/> week</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> day <input type="checkbox"/> week</p>
<p>TOTAL HOURS</p> <p>This should add up to the hours you are scheduled to work in a typical week.</p>		<p> _ _ . _ </p>

A5. Next, we would like to ask about activities that may occur less frequently. How many hours did you spend on the following activities in the past year? If you did not spend time on a particular activity, please enter 0. Please round your estimate to the nearest 30 minutes.

	How often did you do this activity in the past year?	In total, how many hours did you spend on this activity per month or year?
<p>A5a. Periodic child assessments and parent conferences</p> <p>This includes time spent preparing for, conducting, and reporting periodic assessments of children's progress, growth, or development. Also include time spent preparing for and conducting periodic parent conferences to discuss the care, activities, and progress of children.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>

	How often did you do this activity in the past year?	In total, how many hours did you spend on this activity per month or year?
<p>A5b. Planning and conducting family engagement or family support activities</p> <p>This includes events for currently enrolled families (such as back-to-school nights or class performances), planning or providing parent education or other family support services, and conducting home visits.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>
<p>A5c. Recruiting and hiring teaching staff</p> <p>This includes preparing job listings, reviewing applications, screening, and interviewing.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>
<p>A5d. Evaluating staff performance</p> <p>This includes time spent preparing for and participating in periodic reviews to evaluate performance or set goals for the coming year, including developing or reviewing training or professional development plans.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>
<p>A5e. Training and professional development activities</p> <p>This includes time spent preparing, conducting, or participating (in-person or online) in training or professional development activities that occur during scheduled work hours, including planned professional development days, if applicable. Do not include time spent pursuing a degree or credential outside of work hours.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>
<p>A5f. Periodic coaching, mentoring, or technical assistance</p> <p>This includes time spent receiving targeted or periodic coaching, mentoring, or technical assistance (TA) that occurs irregularly and is not part of ongoing supervision or program support activities within the center. Also include time spent providing coaching, mentoring, or TA to other center staff.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>
<p>A5g. Periodic regulatory compliance and reporting</p> <p>This includes periodic activities to prepare for and complete annual monitoring requirements of federal, state, city agencies or programs.</p> <p>Regulations may include those related to licensing, subsidy, quality rating and improvement systems (QRIS), Child and Adult Care Food Program (CACFP), Individuals with Disabilities Education Act (IDEA). Also include activities related to accreditation or participation in Early Head Start/Head Start or a state prekindergarten program.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>
<p>A5h. Planning and goal-setting</p> <p>This includes assessing center performance, developing written plans, conducting center self-assessments of quality, pursuing quality improvement grants, participating in planning or board meetings, and marketing and fundraising activities.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>
<p>A5i. Curriculum planning and development</p> <p>This includes periodic activities related to curriculum review, selection, and development, including time spent ensuring alignment with standards or program requirements.</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>

	How often did you do this activity in the past year?	In total, how many hours did you spend on this activity per month or year?
<p>A5j. Other activities (specify)</p> <p>Please describe any other work activities you conducted <i>in a typical year</i> that have not been captured above:</p> <p>_____</p>	<p> _ _ NUMBER OF TIMES</p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>	<p> _ _ . _ </p> <p>PER: <input type="checkbox"/> month <input type="checkbox"/> year</p>
<p>TOTAL HOURS</p>		<p> _ _ . _ </p>

B1. Now we would like to know about any classes you took to pursue a degree or credential, such as a B.A., State Credential or license, or CDA. In the past 12 months, did you take any classes toward a degree or credential?

1 Yes

0 No → GO TO END

B1a. How many hours did you spend taking classes in the past 12 months? Please only count credit hours and exclude time spent fulfilling coursework such as doing homework.

|_|_|_| NUMBER OF HOURS

B1b. How many of these hours occurred during your scheduled work hours?

|_|_|_| NUMBER OF HOURS

B1c. What credential or degree are you working towards?

Credential or degree: _____

Thank you for taking the time to complete this survey.