

ATTACHMENT G
TIME USE SURVEY

Time-Use Survey

Self-Administered Questionnaire

September 2015

|_|_| . |_|_| START TIME

|_|_| . |_|_| END TIME

Public reporting burden for this collection of information is estimated to average 45 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 other aspect of this collection of information, including suggestions for reducing the burden, to XXX ATTN: XXX (xxxx-xxxx). Do not return the completed form to this address.

INTRODUCTION

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.

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 ages 0-5, including teachers, assistant teachers and teacher aides.

How to Complete the Survey. Most questions in the survey may be answered 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, please report to the nearest half hour, using .5 to indicate a half hour (for example, if you spent 1 hour and 20 minute on an activity, please enter 1.5).

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.

Please complete this questionnaire within the next five days. It will take approximately 45 minutes to complete. Please record the amount of time you spent to complete this questionnaire in the space provided on the cover page.

If you have any questions, please contact the project liaison at [PHONE] or eceichq@mathematica-mpr.com.

Thank you for your cooperation in completing the questionnaire. This information will be helpful for planning our future data collection efforts.

A. TIME USE IN A TYPICAL WEEK

A1. What is your job title?

Job title: _____

A1a. Which of the following best describes your role?

MARK ONE ONLY

- 1 Center director
- 2 Curriculum director
- 3 Teacher supervisor
- 4 Teacher
- 5 Assistant teacher
- 6 Teacher aide
- 7 Floater or substitute teacher
- 8 Other, specify: _____

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

|_|_| . |_| NUMBER OF HOURS

A3. In a typical week, do you work for more hours than those scheduled?

- 1 Yes
- 0 No → **GO TO A4**

A3a. Sometimes people spend more time working than they are scheduled or paid to work. In a typical week, how many hours do you work in addition to those for which you are scheduled and are paid?

|_|_| . |_| NUMBER OF HOURS

A3b. Please add the hours reported in A2 and A3a to estimate the total number of hours you work each week.

|_|_| . |_| NUMBER OF HOURS IN A2

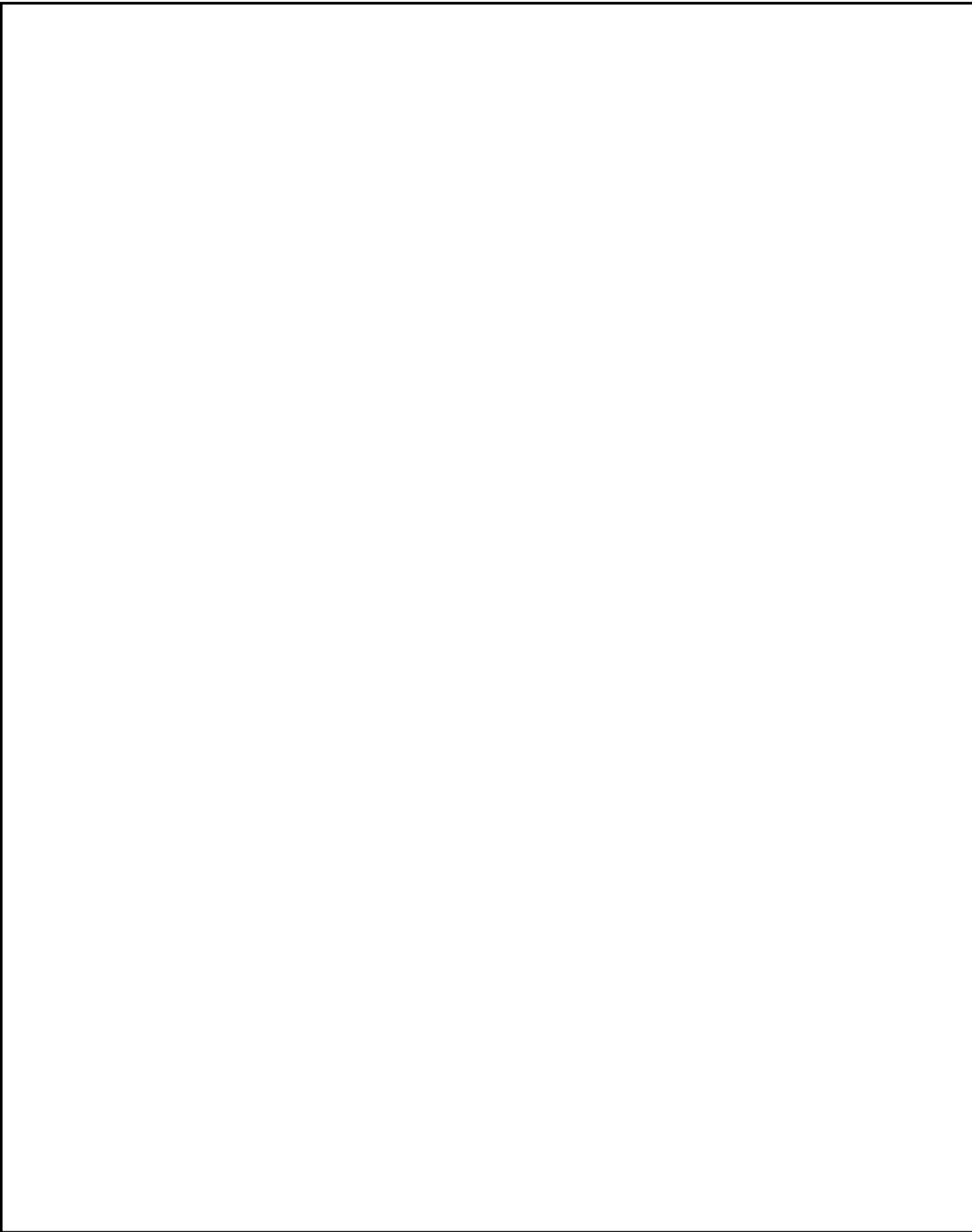
|_|_| . |_| NUMBER OF HOURS IN A3A

|_|_| . |_| TOTAL NUMBER OF HOURS

A4. With which age group do you work most of the time?

MARK ALL THAT APPLY

- 1 Children under 3 years old
- 2 Children ages 3-5



A5. In a typical week, how many hours do you spend doing each of the following activities?

- If you do not spend time on an activity during a **typical or average week**, enter 0. Not all activities are applicable to everyone.
- If you spend time on an activity in some weeks but not others, please enter your best estimate of the average amount of time spent per week.
- If you engage in more than one task at the same time, choose the primary task and assign the hours to that task.

IF NONE, PLEASE ENTER 0.

TEACHING AND WORKING WITH FAMILIES		HOURS
a. Providing instruction or care, such as interacting with children during free play or leading a lesson. Do not include activities specifically tied to licensing or accreditation compliance (for example, time spent counting children to ensure appropriate group size and child-to-adult ratio). Do not include time spent administering assessments.....		_ _ . _
b. Planning activities, developing lesson plans, and preparing and setting up classroom materials, either individually or with other staff.....		_ _ . _
c. Conducting child assessments during or outside of classroom time. Include time coordinating assessments, administering, scoring, and reviewing results. Include communication with families about individual-level services based on child assessments here.....		_ _ . _
d. Providing health screenings or referrals.....		_ _ . _
e. Planning and providing family engagement activities and family support services (includes events for currently enrolled families, planning or providing parent education, conducting home visits, or engaging in oral or written communication with parents.....		_ _ . _
STAFF DEVELOPMENT AND COMMUNICATION		
f. Providing staff supervision and performance evaluations either one-on-one or in groups.....		_ _ . _
g. Receiving staff supervision and performance evaluations either one-on-one or in groups.....		_ _ . _
h. Regularly scheduled meetings with other staff for general communication and updates. Do not include group planning for classroom activities.....		_ _ . _
MANAGEMENT ACTIVITIES		
i. Recruiting and hiring regular teaching and administrative staff.....		_ _ . _
j. Completing paperwork such as those required to comply with licensing, health, or accreditation regulations.....		_ _ . _
k. Managing center finances such as budgeting, tracking expenditures, marketing, and fund raising.....		_ _ . _
l. Managing enrollment (for example, planning and holding open house events for prospective families, reviewing applications, and marketing).....		_ _ . _
m. Managing and maintaining center facilities (including hiring and/or scheduling custodial staff).....		_ _ . _
OTHER ACTIVITIES		
n. Other. Please describe any work activities not listed here, and indicate how many hours per week you typically spend on each activity.....		_ _ . _
n1. _____		_ _ . _
n2. _____		_ _ . _
n3. _____		_ _ . _
TOTAL		
o. Please add the hours in items A5a–A5n. This should be the same number of hours as in item A3b.....		_ _ . _

QUESTIONS A6 AND A7 ARE FOR TEACHING STAFF. IF YOU DO NOT REGULARLY SPEND TIME WITH CHILDREN IN THE CLASSROOM, PLEASE SKIP TO ITEM B1.

A6. Please record the time you reported spending on instruction or care in item A5a in the blank below:

|_|_| . |_| NUMBER OF HOURS

During a typical week, how many of those hours do you spend in the following kinds of activities with the children in your classroom? If you engage in more than one task at the same time, choose the primary task and assign the hours to that task.

	HOURS IF NONE, PLEASE ENTER 0.
a. Planned teacher-directed learning activities.....	_ _ . _
b. Free time for children to read or explore on their own.....	_ _ . _
c. Vigorous physical activity (inside or outside).....	_ _ . _
d. Helping children with basic needs such as eating, toileting/diapering, handwashing, or getting dressed.....	_ _ . _
e. Supervising during naptime.....	_ _ . _
f. <i>Other. Please describe classroom activities not listed here, and indicate how many hours per week you typically spend on each activity.....</i>	_ _ . _
f1. _____	_ _ . _
f2. _____	_ _ . _
g. Please add the hours in items A6a–A6f2. This should be the same number of hours as in item A5a.....	_ _ . _

A7. Please record the time you reported spending on planned teacher-directed learning activities in item A6a in the blank below:

|_|_| . |_| NUMBER OF HOURS

In a typical week, how many of those hours do the children in your classroom spend in the following kinds of teacher-directed planned learning activities?

	HOURS IF NONE, PLEASE ENTER 0.
a. Teacher-directed whole class activities.....	_ _ . _
b. Teacher-directed small group activities.....	_ _ . _
c. Teacher-directed individual activities.....	_ _ . _
d. Please add the hours in items A7a–A7c. This should be the same number of hours as in item A6a.....	_ _ . _

B. TIME USE OVER THE PAST 12 MONTHS

For these questions, we would like you to think about the past 12 months.

B1a. Some centers plan for the future by developing written plans, conducting evaluations with input from staff or parents, pursuing quality improvement grants, or participating in board meetings. Have you spent any time on such activities (often called strategic planning and evaluation activities) in the past 12 months?

1 Yes

0 No → GO TO B2

B1b. How many hours did you spend on strategic planning or evaluation activities?

|_|_|_| . |_| NUMBER OF HOURS

B2. Please list up to 10 professional development activities you have participated in during the past 12 months. Do not count classes taken toward a degree or credential. (The next question asks about classes taken toward a degree or credential.) Please write the name for each professional development or learning activity you participated in during the past 12 months, and indicate the following information:

- A. Activity type.
- B. Hours spent on the activity in the past 12 months.
- C. Whether the center paid for or subsidized the activity (including related expenses such as travel).
- D. Whether the activity took place during your normal working hours.
- E. The primary topic you learned about. See the list of topics included and record the letter for the primary topic. If you select (j), please note the topic covered in the second blank in column D.

a. Health and safety in the classroom	b. General child development (including cognitive development such as early reading or mathematics; social, emotional, and behavioral growth; behavior; and physical development and health)
c. Assessment of children's development or progress monitoring	d. How to work with families
e. Serving children with special physical, emotional, or behavioral needs	f. Working with children who speak more than one language
g. Planning activities that meet the needs of the whole class	h. Learning about a specific curriculum
i. Leadership and management	j. Other (specify)

	A. ACTIVITY TYPE			B. HOURS IN THE PAST 12 MONTHS	C. CENTER PAID OR SUBSIDIZED		D. DID THE ACTIVITY TAKE PLACE DURING NORMAL WORKING HOURS?		E. PRIMARY TOPIC (LETTER)
	Workshop (single workshop or series; in- person or online)	Conference or other off-site meeting	Coaching or mentoring (in-person or online)		1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	
EXAMPLE: NAEYC Conference	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	1 6 . 5	1 <input type="checkbox"/> YES 0 <input checked="" type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input checked="" type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input checked="" type="checkbox"/> NO	h _____	
Activity 1 _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_ _ . _	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	_____	
Activity 2 _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_ _ . _	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	_____	
Activity 3 _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_ _ . _	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	_____	
Activity 4 _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_ _ . _	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	_____	
Activity 5 _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_ _ . _	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	_____	
Activity 6 _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_ _ . _	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	_____	
Activity 7 _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_ _ . _	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	_____	
Activity 8 _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_ _ . _	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES 0 <input type="checkbox"/> NO	_____	

Activity 9 _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> __ __ . __	NO 1 <input type="checkbox"/> YES NO	0 <input type="checkbox"/>	NO 1 <input type="checkbox"/> YES NO	0 <input type="checkbox"/>	_____
Activity 10 _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> __ __ . __	1 <input type="checkbox"/> YES NO	0 <input type="checkbox"/>	1 <input type="checkbox"/> YES NO	0 <input type="checkbox"/>	_____

B3. 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 CDA. In the past 12 months, did you take any classes toward a degree or credential?

1 Yes

0 No → **GO TO END**

B3a. Please list up to 10 classes you took in the past 12 months to pursue a degree or credential. Please write the course title, and indicate the following information:

- A. Hours spent in class and completing course requirements in the past 12 months.
- B. Whether the center paid for or subsidized the class (including related expenses such as travel).
- C. Whether the class took place during your normal working hours.
- D. The primary topic you learned about. See the list of topics included and record the letter for the primary topic. If you select (j), please note the topic covered in the second blank in column D.

a. Health and safety in the classroom	b. General child development (including cognitive development such as early reading or mathematics; social, emotional, and behavioral growth; behavior; and physical development and health)
c. Assessment of children's development or progress monitoring	d. How to work with families
e. Serving children with special physical, emotional, or behavioral needs	f. Working with children who speak more than one language
g. Planning activities that meet the needs of the whole class	h. Learning about a specific curriculum
i. Leadership and management	j. Other (specify)

A . H O U R S I N T H E P A S T 1 2	B. CENTER PAID OR SUBSIDIZED	C. DID THE ACTIVITY TAKE PLACE DURING NORMAL WORKING HOURS?	D . P R I M A R Y T O P I C (L E T T E R)

	M O N T H S			
E X A M P L E: I n t r o d u c t i o n t o C h i l d D e v e l o p m e n t	 - <u>1</u> - - - 0 - - 0 - - - - 5 - -	1 <input type="checkbox"/> Y E S 0 <input checked="" type="checkbox"/> N O	1 <input type="checkbox"/> Y E S 0 <input checked="" type="checkbox"/> N O	- - - -
CLASS 1 _____	 - - - -	1 <input type="checkbox"/> Y E S 0	1 <input type="checkbox"/> Y E S 0	- - - -

			<input type="checkbox"/> N O 1	<input type="checkbox"/> N O 1
CLASS 2 _____			<input type="checkbox"/> Y E S 0	<input type="checkbox"/> Y E S 0
			<input type="checkbox"/> N O 1	<input type="checkbox"/> N O 1
CLASS 3 _____			<input type="checkbox"/> Y E S 0	<input type="checkbox"/> Y E S 0
			<input type="checkbox"/> N O 1	<input type="checkbox"/> N O 1
CLASS 4 _____			<input type="checkbox"/> Y E S	<input type="checkbox"/> Y E S

		0	0	
		<input type="checkbox"/>	<input type="checkbox"/>	
		N O	N O	
		1	1	
		<input type="checkbox"/>	<input type="checkbox"/>	
		Y E S	Y E S	
CLASS 5 _____		0	0	
		<input type="checkbox"/>	<input type="checkbox"/>	
		N O	N O	
		1	1	
		<input type="checkbox"/>	<input type="checkbox"/>	
		Y E S	Y E S	
CLASS 6 _____		0	0	
		<input type="checkbox"/>	<input type="checkbox"/>	
		N O	N O	
		1	1	
		<input type="checkbox"/>	<input type="checkbox"/>	
		Y E S	Y E S	
CLASS 7 _____		0	0	
		<input type="checkbox"/>	<input type="checkbox"/>	
		N O	N O	
		1	1	
		<input type="checkbox"/>	<input type="checkbox"/>	

		YES 0 <input type="checkbox"/>	YES 0 <input type="checkbox"/>	
CLASS 8 _____		NO 1 <input type="checkbox"/>	NO 1 <input type="checkbox"/>	
		YES 0 <input type="checkbox"/>	YES 0 <input type="checkbox"/>	
CLASS 9 _____		NO 1 <input type="checkbox"/>	NO 1 <input type="checkbox"/>	
		YES 0 <input type="checkbox"/>	YES 0 <input type="checkbox"/>	
CLASS 10 _____		NO 1 <input type="checkbox"/>	NO 1 <input type="checkbox"/>	

 	<input type="checkbox"/> Y E S 0 <input type="checkbox"/> N O	<input type="checkbox"/> Y E S 0 <input type="checkbox"/> N O	- - -
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Thank you for taking the time to complete this survey. Please record the amount of time you spent to complete this questionnaire in the space provided on the cover page.

COGNITIVE INTERVIEW PROTOCOL FOR TIME USE SURVEY SAQ

1. Please tell me about your overall experience completing the questionnaire.
 - About how long did it take you to complete?
 - Overall, were some sections easier or more difficult for you to complete? If so, which ones were easier or more difficult? Why?
2. Please tell me about your overall experience completing the “**Time Use in a Typical Week**” section.
 - Was the phrasing of instructions and items in this section clear and easy to understand? Please let me know if any questions or response options were not clear to you, or did not seem relevant to you.
 - How easy or difficult was it for you to recall how you allocated your time among activities in a typical week during the past month?
 - Did you consult any outside sources of information to help you recall how you allocated your time? If so, what sources of information did you consult (for example, a weekly schedule or discussions with other staff)?
 - The survey asked about your weekly activities at the center:
 - Did the categories of activities make sense to you? Are there activities you engage in regularly that you found difficult to fit into one of the set categories? Are there activities that seem to fit in multiple categories? If so, how did you deal with these?
 - Were the response options appropriate for your center? Is there information pertaining to weekly activities that you found difficult to convey given the response options provided?
 - [ASK ONLY IF RESPONDENT ANSWERED A6 AND A7]: The survey asked about the time you spend in different types of instructional activities with the children in your classroom.
 - Did the categories of activities make sense to you? Are there activities you engage in regularly that you found difficult to fit into one of the set categories? Are there activities that seem to fit in multiple categories? If so, how did you deal with these?
 - Can you give an example of an activity you categorized as a “teacher-directed planned learning activity?”
 - [IF RESPONDENT DID NOT WRITE IN CIRCLE TIME OR MORNING MEETING AS AN OTHER, SPECIFY]: How did you think about categorizing circle time?
 - Were the response options appropriate for your classroom? Is there information pertaining to your instructional activities that you found difficult to convey given the response options provided?

3. Please tell me about your overall experience completing the “Time use Over the Past 12 Months” section.

- Was the phrasing of instructions and items in this section clear and easy to understand? Please let me know if any questions or response options were not clear to you, or did not seem relevant to you.
- How easy or difficult was it for you to recall how you allocated your time among activities in the past 12 months?
- Did you use any outside sources of information to complete this section? If so, what sources of information did you use (for example, existing records or discussions with other staff)?
- [ASK ONLY IF ANSWERED B2]: Did the primary topic choices for professional development classes seem appropriate?

Thank you for taking the time to meet with us. We appreciate all of your feedback.

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. The OMB control number for this collection is 0970-0355 and it expires