instrument 5  
  
time use survey roster

**This page has been left blank for double-sided copying.**

Assessing the Implementation and Cost of High Quality Early Care and Education (ECE-ICHQ)

**Staff Roster for Time-Use Surveys**

|  |  |
| --- | --- |
| **Center:** |  |
| **Center Address:** |  |
| **Center Contact:** |  |
| **Field Staff Visit Date:** |  |
| **Staff Positions:** | [PREFILL STAFF POSITIONS TO COLLECT AT THIS CENTER] |

***Purpose and instructions****: The purpose of the Time Use Survey is to help us learn how teachers and administrators at early care and education centers spend their time. The Staff Roster for Time-Use Surveys form will help us obtain a list of staff members in specific administrative and teaching positions to invite them to participate in the Time-Use Survey. Please list the first name, last name, and email address and/or phone number for all administrators and teachers in the pre-filled staff positions included for this center. All information will be kept private.*

|  | **First Name** | **Last Name** | **Staff Position** | **Email Address** | **Classroom Name** | **Classroom Name 2** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |

|  |
| --- |
| Paperwork Reduction Act Statement: This collection of information is voluntary. 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 0970-0499 and it expires 11/30/2022. The time required to complete this collection of information is estimated to average 15 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Gretchen Kirby. |

**This page has been left blank for double-sided copying.**