

INSTRUMENT 6  
TIME-USE SURVEY

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# Time-Use Survey

## Self-Administered Questionnaire

MONTH 2021

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, an independent research organization, to design and conduct the study.

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.

## 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 **and how that compares to time spent on similar activities before the COVID-19 pandemic.**

### **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 over the past month.

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.** Taking part in this study is voluntary. The purpose of the study is to help identify improvements in early childhood services; there are no risks from taking part in the study. 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. The information in this study will be used only for research purposes and in ways that will not reveal who you are or identify your center. Federal or state laws may require us to show information to government officials (or sponsors) who are responsible for monitoring the safety of this study. Neither you nor your center will be identified in any publication from this study. If you have questions about ECE-ICHQ, please call Annalee Kelly, the survey director, toll-free, at XXX-XXX-XXXX or email us at EMAIL@mathematica-mpr.com.

Thank you for your cooperation in completing the survey.

**By placing an “X” in the box to the left, I agree that I understand the purposes of this study, including any privacy assurances, and that my participation is completely voluntary.**

**A1. What is your job title?**

Job title: \_\_\_\_\_

**A1a. Which of the following best describes your current 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  Lead Teacher or Teacher – A person who is regularly in charge of a group or classroom of children. Includes co-teachers.
- 5  Assistant Teacher – A person who is regularly assigned to a particular room who works under the supervision of a teacher; may or may not lead certain activities (such as art projects or story time) but does not have sole responsibility for the classroom.
- 6  Floater/substitute – A person who is not regularly assigned to a particular room and who fills in different positions as necessary to help meet teacher/child ratios.
- 7  Other (*specify*) \_\_\_\_\_

**IF PHASE 3: Continue to A1e**

**IF Field Test: GO TO A1f**

**A1e. Did you work at this center at any time during the period between October 2017 and May 2018?**

**MARK ONE ONLY**

- 1  Yes, I worked at this center between October 2017 and May 2018 in my current role
- 2  Yes, I worked at this center between October 2017 and May 2018 but in a different role than my current role
- 3  No, I did not work at this center between October 2017 and May 2018

**A1f. Did you work at this center at any time during the period between June 2018 and March 2020?**

**MARK ONE ONLY**

- 1  Yes, I worked at this center between June 2018 and March 2020 in my current role
- 2  Yes, I worked at this center between June 2018 and March 2020 but in a different role than my current role

3  No, I did not work at this center between June 2018 and March 2020

**A1b. If you are a teacher, do you work in a classroom funded by...?**

**MARK ONE ONLY**

- 1  Head Start
- 2  the state pre-kindergarten program
- 3  both Head Start and the state pre-kindergarten program
- 4  Neither Head Start nor the state pre-kindergarten program
- 5  Don't know

**A1c. If you are a teacher, do you work with...?**

**MARK ALL THAT APPLY**

- 1  Children ages 0 to less than 18 months
- 2  Children ages 18 to less than 36 months
- 3  Children ages 36 months and older

**A1d. If you are a teacher, when you worked with children over the past month were you mostly with them...?**

**MARK ONE ONLY**

- 1  In person
- 2  Virtually
- 3  Sometimes in person and sometimes virtually

**A2. How many hours were you scheduled and paid to work in a typical week over the past month?**

|\_\_|\_\_| NUMBER OF HOURS

**A2A. ARE THE HOURS IN QUESTION A2 FEWER, MORE, OR ABOUT THE SAME AS THE NUMBER OF HOURS YOU WERE SCHEDULED AND PAID TO WORK BEFORE THE COVID-19 PANDEMIC (BEFORE MARCH 2020)?**

**MARK ONE ONLY**

- 1  I am working fewer hours than I did before the COVID-19 pandemic (before March 2020)
- 2  I am working more hours than I did before the COVID-19 pandemic (before March 2020)
- 3  I am working about the same number of hours as I did before the COVID-19 pandemic (before March 2020)

**A3.** Sometimes people spend more time working than they are scheduled and paid to work. In a typical week over the past month, did you work for more hours than you were scheduled and were paid?

1  Yes

0  No → GO TO A4

**A3a.** In a typical week over the past month, how many hours did you work in addition to those for which you were scheduled and were paid? (This may include hours you spent working outside of the center.)

|\_|\_| NUMBER OF HOURS



The next questions are about how many hours you spend on certain activities in a typical work week. When thinking of a typical work week please consider your work over the past month.

When we ask you to compare your current hours to your typical work week *before the COVID-19 pandemic*, please think about a typical work week before March 2020. If you were not working at this center before March 2020, please check Not applicable.

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

Compare the time you currently spend in a typical work week over the past month to how much time you spent per week on these activities *before the COVID-19 pandemic*. When thinking of the time before COVID-19 please consider a typical work week before March 2020.

Please only count the hours for which you are paid to work, regardless of where you do the work.

	In total, how many hours did you spend on this activity in a <u>typical work week over the past month</u> ?	Compared to your typical work week <i>before the COVID-19 pandemic</i> (before March 2020), did you spend more time on these activities, less time, or about the same? <b>MARK ONE PER ROW</b>
<p><b>A4a. Providing instruction or care</b></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 at the same time.</p>	<p>____. ____</p>	<p>1 <input type="checkbox"/> More time            2 <input type="checkbox"/> Less time            3 <input type="checkbox"/> About the same            time            NA <input type="checkbox"/> Not applicable</p>
<p><b>A4b. Planning curriculum, activities, and lessons</b></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>____. ____</p>	<p>1 <input type="checkbox"/> More time            2 <input type="checkbox"/> Less time            3 <input type="checkbox"/> About the same            time            NA <input type="checkbox"/> Not applicable</p>
<p><b>A4c. Conducting child assessments during or outside of classroom time</b></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>____. ____</p>	<p>1 <input type="checkbox"/> More time            2 <input type="checkbox"/> Less time            3 <input type="checkbox"/> About the same            time            NA <input type="checkbox"/> Not applicable</p>

	In total, how many hours did you spend on this activity in a <u>typical work week over the past month</u> ?	Compared to your typical work week <i>before the COVID-19 pandemic</i> (before March 2020), did you spend more time on these activities, less time, or about the same? <b>MARK ONE PER ROW</b>
<p><b>A4d. Parent communication</b></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 enter 0 and report the time in A5b.</p>	<p>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A4e. Staff supervision, coaching, or mentoring</b></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>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A4f. Staff meetings</b></p> <p>This includes time for general staff meetings on topics not already covered in other rows in this table.</p>	<p>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A4g. Ongoing regulatory compliance and reporting</b></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 enter 0 and 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>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A4h. Managing center finances</b></p> <p>This includes collecting payments, budgeting, payroll, accounting, and tracking expenditures.</p>	<p>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>

	In total, how many hours did you spend on this activity in a <u>typical work week over the past month</u> ?	Compared to your typical work week <i>before the COVID-19 pandemic</i> (before March 2020), did you spend more time on these activities, less time, or about the same? <b>MARK ONE PER ROW</b>
<p><b>A4i. Managing and maintaining center operations</b></p> <p>This includes overseeing staff schedules, the work of facilities and maintenance staff, working with vendors, and organizing space.</p>	<p>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A4k. COVID-19 health and safety protocols</b></p> <p>This includes screening for symptoms, additional cleaning and safety measures, contact tracing, ensuring health and safety protocols are followed.</p>	<p>____. ____</p>	<p>N/A</p>
<p><b>A4j. Other activities (specify)</b></p> <p>Please describe any other work activities you conduct <i>in a typical week over the past month</i> that have not been captured above):</p> <p>_____</p> <p>-</p>	<p>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>TOTAL HOURS</b></p> <p>This should add up to the hours you are scheduled to work in a typical week over the past month.</p>	<p>____. ____</p>	

The next questions are about how many hours you spent on certain activities from August 2020 to March 2021.

When we ask you to compare the hours spent on these activities from August 2020 to March 2021 to your work *before the COVID-19 pandemic*, please think of the period from August 2019 to March 2020.

A5. Next, we would like to ask about activities that may occur less frequently. How many hours did you spend on the following activities from August 2020 to March 2021? If you did not spend time on a particular activity, please enter 0. Please round your estimate to the nearest half hour.

Please only count the hours for which you are paid to work, regardless of where you do the work.

	In total, how many hours did you spend on this activity <u>from August 2020 to March 2021</u> ?	Compared to the period from August 2019 to March 2020 <i>before the COVID-19 pandemic</i> , did you spend more time on these activities, less time, or about the same? <b>MARK ONE PER ROW</b>
<p><b>A5a. Periodic child assessments and parent conferences</b></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>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A5b. Planning and conducting family engagement or family support activities</b></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>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A5c. Recruiting and hiring teaching staff</b></p> <p>This includes preparing job listings, reviewing applications, screening, and interviewing.</p>	<p>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A5d. Evaluating staff performance</b></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>____. ____</p>	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>

	In total, how many hours did you spend on this activity from <u>August 2020 to March 2021</u> ?	Compared to the period from August 2019 to March 2020 before the COVID-19 pandemic, did you spend more time on these activities, less time, or about the same? <b>MARK ONE PER ROW</b>
<p><b>A5e. Training and professional development activities</b></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>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A5f. Periodic coaching, mentoring, or technical assistance</b></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>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A5g. Periodic regulatory compliance and reporting</b></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>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A5h. Planning and goal-setting</b></p> <p>This includes assessing center performance, developing written plans, conducting center self-assessments of quality, pursuing grants or additional funding, participating in planning or board meetings, and marketing and fundraising activities.</p>	_ _ .  _	<p>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>
<p><b>A5i. Curriculum planning and development</b></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>1 <input type="checkbox"/> More time</p> <p>2 <input type="checkbox"/> Less time</p> <p>3 <input type="checkbox"/> About the same</p> <p>time</p> <p>NA <input type="checkbox"/> Not applicable</p>

	In total, how many hours did you spend on this activity from <u>August 2020 to March 2021</u> ?	Compared to the period from August 2019 to March 2020 before the COVID-19 pandemic, did you spend more time on these activities, less time, or about the same? <b>MARK ONE PER ROW</b>
<b>A5k. Planning or coordinating COVID-19 health and safety protocols</b> This includes planning and coordinating health and safety protocols (self-imposed or mandated)	_ _ .  _	N/A
<b>A5j. Other activities (specify)</b> Please describe any other work activities you conducted from <i>September 2020 to March 2021</i> that have not been captured above):  _____ —	_ _ .  _	1 <input type="checkbox"/> More time 2 <input type="checkbox"/> Less time 3 <input type="checkbox"/> About the same time NA <input type="checkbox"/> Not applicable
<b>TOTAL HOURS</b>	_ _ .  _	

**Thank you for taking the time to complete this survey.**

[IF INCENTIVE TO STAFF ALLOWED: As a token of our appreciation, we will send a \$[AMOUNT] Amazon gift code to you using the email address we have on record for you. If you would like us to send it to a different email address or if you have questions about the Amazon gift code, please call us toll-free at XXX-XXX-XXX or email us at [eceichq@mathematica-mpr.com](mailto:eceichq@mathematica-mpr.com).]