

# 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 11 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.

### **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 11 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 to the nearest hour.

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 1-833-616-0137 or email us at [eceichq@mathematica-mpr.com](mailto:eceichq@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*) \_\_\_\_\_

**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 months to less than 36 months
- 3  Children ages 36 months and older

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

|\_|\_| NUMBER OF HOURS

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

- If you do not typically spend time on a particular activity, please enter 0. The total hours should equal your scheduled and paid work hours for this center in a typical work week over the past month.
- Round your estimates to the nearest hour.
- Only count the hours for which you are paid to work, regardless of where you do the work.
- If you are doing more than one task at a time, please count hours for the task that was your primary responsibility at the time.

**N4a. Please divide the [ON THE WEB THIS WILL DISPLAY THE NUMBER OF HOURS INDICATED IN A2] scheduled and paid work hours you spend in a typical work week over the following five types of activities.**

Types of activities	Typical hours per week
<b>i. Providing instruction or care one-on-one or with groups of children during play or planned activities</b>  <i>(This includes leading a lesson; helping children during mealtimes; transition times; or field trips. Include naptimes only if you are not also conducting another activity at the same time.)</i>	_ _
<b>ii. Planning curriculum, activities, or lessons on your own or with other staff, doing child assessments, or communicating with parents</b>	_ _
<b>iii. Participating in or providing professional development activities, coaching, or mentoring; hiring, training or supervising staff; attending staff meetings</b>	_ _
<b>iv. Documenting or reporting for compliance with program requirements or standards; managing center finances or operations</b>	_ _
<b>v. Identifying and assessing needs, or providing support services for children and families (beyond the care, learning, and development needs of children)</b>  <i>(Services might include health, mental health, therapy, counseling, or social services.)</i>	_ _
<b>TOTAL HOURS</b>  This should add up to the hours you are scheduled and paid to work in a typical week over the past month.	_ _

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

- If you do not typically spend time on a particular activity, please enter 0. The total hours should equal your scheduled and paid work hours for this center in a typical work week over the past month.
- Round your estimates to the nearest hour.
- Only count the hours for which you are paid to work, regardless of where you do the work.
- If you are doing more than one task at a time, please count hours for the task that was your primary responsibility at the time.

Now we would like to gather some more detail about how you spend your scheduled and paid work hours on some activities for this center.

**N4b.** Please divide the [ON THE WEB THIS WILL DISPLAY THE NUMBER OF HOURS INDICATED IN N4a.ii.] scheduled and paid work hours you spend in a typical work week on planning curriculum, activities, or lessons on your own or with other staff, doing child assessments, or communicating with parents (item ii in N4a) across the following three types of activities for this center.

IF YOU ENTERED 0 HOURS IN ITEM ii IN N4a, GO TO N4c.

	Typical hours per week
<p><b>i. Planning curriculum, activities, and lessons</b></p> <p><i>(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.)</i></p>	_ _
<p><b>ii. Conducting child assessments during or outside of classroom time</b></p> <p><i>(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.)</i></p>	_ _
<p><b>iii. Parent communication</b></p> <p><i>(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/children. This may include preparing daily reports for parents when children are napping or otherwise engaged.)</i></p>	_ _
<p><b>Total</b></p> <p>This should add up to the hours you spend on planning curriculum, activities, or lessons on your own or with other staff, doing child assessments, or communicating with parents (the value of N4a.ii) in a typical week over the past month.</p>	_ _

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

- If you do not typically spend time on a particular activity, please enter 0. The total hours should equal your scheduled and paid work hours for this center in a typical work week over the past month.
- Round your estimates to the nearest hour.
- Only count the hours for which you are paid to work, regardless of where you do the work.
- If you are doing more than one task at a time, please count hours for the task that was your primary responsibility at the time.

**N4c.** Please divide the [ON THE WEB THIS WILL DISPLAY THE NUMBER OF HOURS INDICATED IN N4a.iv.] scheduled and paid work hours you spend in a typical work week on documenting or reporting for compliance with program requirements or standards; managing center finances or operations (item iv in N4a) across the following three types of activities for this center.

**IF YOU ENTERED 0 HOURS IN ITEM iv IN N4a, GO TO N5a1.**

	<b>Typical hours per week</b>
<p><b>i. Ongoing regulatory compliance and reporting</b></p> <p><i>(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). 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.)</i></p>	_ _
<p><b>ii. Managing center finances</b></p> <p><i>(This includes collecting payments, budgeting, payroll, accounting, and tracking expenditures.)</i></p>	_ _
<p><b>iii. Managing and maintaining center operations</b></p> <p><i>(This includes overseeing staff schedules, the work of facilities and maintenance staff, working with vendors, and organizing space.)</i></p>	_ _
<p><b>Total</b></p> <p>This should add up to the hours you spend on documenting or reporting for compliance with program requirements or standards; managing center finances or operations (the value of N4aiv) in a typical week over the past month.</p>	_ _

**N4d.**

**Does the distribution of hours you have provided for a typical week differ significantly from how you spent your working hours *before* the COVID pandemic?**

**MARK ONE ONLY**

1  Yes

0  No

3  Not Applicable (for example, you did not work at this center before COVID)

**For reference, the table below shows the distribution of hours you provided for a typical week.**

<b>Types of activities</b>	<b>Typical hours per week</b>
<b>i. Providing instruction or care one-on-one or with groups of children during play or planned activities</b>	[Hours entered from N4a]
<b>ii. Planning curriculum, activities, or lessons on your own or with other staff, doing child assessments, or communicating with parents</b>	[Hours entered from N4a]
<b>iii. Participating in or providing professional development activities, coaching, or mentoring; hiring, training or supervising staff; attending staff meetings</b>	[Hours entered from N4a]
<b>iv. Documenting or reporting for compliance with program requirements or standards; managing center finances or operations</b>	[Hours entered from N4a]
<b>v. Identifying and assessing needs, or providing support services for children and families (beyond the care, learning, and development needs of children)</b>	[Hours entered from N4a]
<b>TOTAL HOURS</b>	[Hours entered from N4a]

**[If N4d="Yes"]**

**N4d1. How have your work activities changed since the beginning of the pandemic?**

Open ended: \_\_\_\_\_

**[If N4d="Not Applicable"]**

**N4d2. Why can't you compare your current work activities with your activities from before the pandemic?**

Open ended: \_\_\_\_\_

The next questions are about activities that do not typically occur every week. The activities in these next questions are things you might do **once a month or as needed throughout the year**.

**N5a1. Did you spend at least 10 hours on periodic child assessments and parent conferences during the past year?**

Please **do not include** time you already mentioned in the previous questions about a typical week.

*This includes time spent preparing for, doing, and reporting periodic assessments of children's progress, growth, or development. Also include time spent preparing for and having periodic parent conferences to discuss the care, activities, and progress of children.*

**MARK ONE ONLY**

1  Yes → **GO TO N5a2**

0  No

**N5a2. How many hours did you spend on periodic child assessments and parent conferences during the past year?**

Please **do not include** time you already mentioned in the previous questions about a typical week.

*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.*

|\_|\_|\_|\_| HOURS PER YEAR

**N5i1. Did you spend at least 10 hours reviewing, selecting, or creating a curriculum during the past year?**

Please **do not include** time you already mentioned in the previous questions about curriculum planning in a typical week.

**MARK ONE ONLY**

1  Yes

0  No → **GO TO N5b1**

**N5i2. How many hours did you spend reviewing, selecting, or creating a curriculum during the past year?**

Please **do not include** time you already mentioned in the previous questions about curriculum planning in a typical week.

|\_|\_|\_|\_| HOURS PER YEAR





**N5b1. During the past year, did you spend at least 10 hours providing referrals or direct services that support children and families with things beyond the care, learning, and development needs of children?**

Please **do not include** time you already mentioned in the previous questions about identifying or assessing needs for services or providing services that you do in a typical week.

*Services could include health, mental health, therapy, counseling, or social services; and conducting home visits.*

**MARK ONE ONLY**

1  Yes → **GO TO N5b2**

0  No

**N5b2. During the past year, how many hours did you spend on providing referrals or direct services that support children and families with things beyond the care, learning, and development needs of children?**

Please **do not include** time you already mentioned in the previous questions about identifying or assessing needs for services or providing services that you do in a typical week.

*Services could include health, mental health, therapy, counseling, or social services; and conducting home visits.*

|\_|\_|\_|\_| HOURS PER YEAR

**N5c1. Did you spend at least 10 hours on recruiting and hiring teaching staff and evaluating staff performance during the past year?**

Please **do not include** time you already mentioned in the previous questions about a typical week.

*This includes preparing job listings, reviewing applications, screening, and interviewing; as well as 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.*

**MARK ONE ONLY**

1  Yes

0  No → **GO TO N5e1**

**N5c2. How many hours did you spend on recruiting and hiring teaching staff and evaluating staff performance during the past year?**

Please **do not include** time you already mentioned in the previous questions about a typical week.

*This includes preparing job listings, reviewing applications, screening, and interviewing; as well as 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.*

|\_|\_|\_|\_| HOURS PER YEAR



**N5e1. Did you spend at least 10 hours on training and professional development activities and periodic coaching, mentoring, or technical assistance during the past year?**

Please **do not include** time you already mentioned in the previous questions about a typical week.

*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.*

*This also 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.*

**MARK ONE ONLY**

1  Yes

0  No → GO TO N5g1

**N5e2. How many hours did you spend on training and professional development activities and periodic coaching, mentoring, or technical assistance during the past year?**

Please **do not include** time you already mentioned in the previous questions about a typical week.

*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.*

*This also 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.*

|\_|\_|\_|\_| HOURS PER YEAR

**N5g1. Did you spend at least 10 hours on periodic regulatory compliance and reporting and planning and goal-setting during the past year?**

Please **do not include** time you already mentioned in the previous questions about a typical week.

*This includes periodic activities to prepare for and complete annual monitoring requirements of federal, state, city agencies or programs.*

*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.*

*This also 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.*

**MARK ONE ONLY**

1  Yes  
0  No → **GO TO THANK YOU**

**N5g2. How many hours did you spend on periodic regulatory compliance and reporting and planning and goal-setting during the past year?**

Please **do not include** time you already mentioned in the previous questions about a typical week.

*This includes periodic activities to prepare for and complete annual monitoring requirements of federal, state, city agencies or programs.*

*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.*

*This also 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.*

|\_|\_|\_|\_| HOURS PER YEAR

**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 [eceichg@mathematica-mpr.com](mailto:eceichg@mathematica-mpr.com).]**