

Time-Use Survey

Self-Administered Questionnaire

June 2016

Center Name _____

Respondent Initials _____

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

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

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.

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.

A. RECENT TIME USE

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

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. On your most recent workday, how many hours did you work?

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

A6. On your most recent workday, how much time did you spend doing each of the following activities?

Please enter your answer in Column A, then follow the instructions in columns B and C.

- You may refer to your calendar or classroom schedule as a reference, but please make sure to record the percent of time you *actually spent* on each type of activity.
- Not all activities will be applicable to everyone.
- Please enter "0" in Column A if you did not spend time on a given activity during your most recent workday, then follow the instructions in Columns B and C.

	(A)	(B)	(C)
	Percent of time during most recent workday	How often did you do this type of activity in the last year? <i>Please enter the number of times and the corresponding unit. For example, if you did something every other week, you can enter 2, and then check "month." If you did not do this activity at all, please enter 0 and check "year."</i>	How much time do you usually spend on this activity each time you do it?
A6a. Teaching and working with families (such as providing instruction or care; planning activities and developing lesson plans; conducting child assessments; providing health screenings or referrals; or planning and providing family engagement activities and family support services).	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A6b. Staff development and communication (such as providing staff supervision and performance evaluations; receiving staff supervision and performance evaluations; and participating in regularly scheduled meetings with other staff for general communication and updates).	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A6c. Management activities (such as recruiting and hiring staff; completing required paperwork to comply with regulation; managing center finances; managing enrollment; and managing and maintaining center facilities).	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A6d. Other activities (specify) (please describe any other work activities not listed here): _____	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours

		5 <input type="checkbox"/> 4-6 hours
		6 <input type="checkbox"/> 6-8 hours
		7 <input type="checkbox"/> 8 or more hours
TOTAL	_ _ _ %	Please make sure your answers in Column A add to 100%

A7. Of the time you spent on teaching and working with families on your most recent workday, what percent was on...?

- Please complete this table even if you did not spend time teaching and working with families on your most recent workday.
- You may refer to your calendar or classroom schedule as a reference, but please make sure to record the percent of time you *actually spent* on each type of activity.
- Not all activities will be applicable to everyone.
- Please enter "0" in Column A if you did not spend time on a given activity during your most recent workday, then follow the instructions in Columns B and C.

	(A)	(B)	(C)
Teaching and Working with Families	Percent of teaching and working with families time during <u>most recent workday</u>	How often did you do this type of activity in the <u>past year</u>? <i>Please enter the number of times and the corresponding unit. For example, if you did something every other week, you can enter 2, and then check "month." If you did not do this activity at all, please enter 0 and check "year."</i>	How much time do you usually spend on this activity each time you do it?
A7a. 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.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A7b. Planning activities, developing lesson plans, and preparing and setting up classroom materials, either individually or with other staff.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A7c. Conducting child assessment during or outside of classroom time. Include time coordinating assessments, administering, scoring, and reviewing results. Include communication with families about individual-level	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours

	(A)	(B)	(C)
Teaching and Working with Families	Percent of teaching and working with families time during <u>most recent workday</u>	How often did you do this type of activity in the past year? <i>Please enter the number of times and the corresponding unit. For example, if you did something every other week, you can enter 2, and then check "month." If you did not do this activity at all, please enter 0 and check "year."</i>	How much time do you usually spend on this activity each time you do it?
services based on child assessments here.			6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A7d. Providing health screenings or referrals.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A7e. 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.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A7f. Other teaching and working with families tasks (specify): _____	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
TOTAL	_ _ _ %	Please make sure your answers in Column A add to 100% if you spent any time working with children and families.	

- A8. Of the time you spent on staff development and communication on your most recent workday, what percent was on...?**
- Please complete this table even if you did not spend time on staff development and communication on your most recent workday.
 - You may refer to your calendar or classroom schedule as a reference, but please make sure to record the percent of time you *actually spent* on each type of activity.
 - Not all activities will be applicable to everyone.

- Please enter "0" in Column A if you did not spend time on a given activity during your most recent workday, then follow the instructions in Columns B and C.

	(A)	(B)	(C)
Staff Development and Communication	Percent of staff development and communication time during most recent workday	How often did you do this type of activity in the past year? <i>Please enter the number of times and the corresponding unit. For example, if you did something every other week, you can enter 2, and then check "month." If you did not do this activity at all, please enter 0 and check "year."</i>	How much time do you usually spend on this activity each time you do it?
A8a. If you supervise or manage staff, providing staff supervision and performance evaluations either one-on-one or in groups.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A8b. Receiving staff supervision and performance evaluations either one-on-one or in groups.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A8c. Regularly scheduled meetings with other staff for general communication and updates. Do not include group planning for classroom activities.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A8d. Other staff development and communication tasks (specify):	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
TOTAL	_ _ _ % Please make sure your answers in Column A add to 100% if you spent time on staff development and communication.		

A9. Of the time you spent on management activities on your most recent workday, what percent was on...?

- Please complete this table even if you did not spend time on management activities on your most recent workday.
- You may refer to your calendar or classroom schedule as a reference, but please make sure to record the percent of time you *actually spent* on each type of activity.
- Not all activities will be applicable to everyone.
- Please enter "0" in Column A if you did not spend time on a given activity during your most recent workday, then follow the instructions in Columns B and C.

	(A)	(B)	(C)
Management Activities	Percent of management activity time during <u>most recent workday</u>	How often did you do this type of activity in the <u>past year</u>? <i>Please enter the number of times and the corresponding unit. For example, if you did something every other week, you can enter 2, and then check "month." If you did not do this activity at all, please enter 0 and check "year."</i>	How much time do you usually spend on this activity each time you do it?
A9a. Recruiting and hiring regular teaching and administrative staff.	____ ____ ____ %	____ ____ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A9b. Completing paperwork such as those required to comply with licensing, health, or accreditation regulations.	____ ____ ____ %	____ ____ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A9c. Managing center finances such as budgeting, tracking expenditures, marketing, and fundraising.	____ ____ ____ %	____ ____ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A9d. Managing enrollment. For example, planning and holding open house events for prospective families, reviewing applications, and marketing.	____ ____ ____ %	____ ____ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A9e. Managing and maintaining center facilities. Including hiring and/or scheduling custodial staff.	____ ____ ____ %	____ ____ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month 3 <input type="checkbox"/> year	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A9f. Other management	____ ____ ____ %	____ ____ NUMBER PER:	1 <input type="checkbox"/> < 30 minutes

QUESTIONS A10 AND A11 ARE FOR TEACHING STAFF. IF YOU DO NOT REGULARLY SPEND TIME WITH CHILDREN IN THE CLASSROOM, PLEASE SKIP TO ITEM B1.

A10. Of the time you spent providing instruction or care on your most recent workday, what percent was spent on each of the following activities?

- You may refer to your calendar or classroom schedule as a reference, but please make sure to record the percent of time you *actually spent* on each type of activity.
- Not all activities will be applicable to everyone.
- Please enter "0" in Column A if you did not spend time on a given activity during your most recent workday, then follow the instructions in Columns B and C.
- If you engaged in more than one task at the same time, choose the primary task and assign the percentage of time to that task.

	(A)	(B)	(C)
	Percent of instruction and caregiving time during the <u>most recent work day</u>	How often did you do this type of activity in the <u>past year</u>? <i>Please enter the number of times and the corresponding unit. For example, if you did something every day, you can enter 5, and then check "week." If you did not do this activity at all, please enter 0 and check "month."</i>	How much time do you usually spend on this activity each time you do it?
A10a. Planned teacher-directed learning activities.	_ _ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A10b. Free time for children to read or explore on their own.	_ _ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A10c. Vigorous physical activity (inside or outside).	_ _ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A10d. Helping children with basic needs	_ _ _ _ %	_ _ NUMBER PER: 1 <input type="checkbox"/> week	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour

	(A)	(B)	(C)
	Percent of instruction and caregiving time during the most recent work day	How often did you do this type of activity in the past year ? <i>Please enter the number of times and the corresponding unit. For example, if you did something every day, you can enter 5, and then check "week." If you did not do this activity at all, please enter 0 and check "month."</i>	How much time do you usually spend on this activity each time you do it?
such as eating, toileting/diapering, handwashing, or getting dressed.		OF TIMES 2 <input type="checkbox"/> month	3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A10e. Supervising during naptime.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A10f. Other 1 Please describe classroom activities not listed here, and indicate the percentage of time per week you typically spend on each activity. _____	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A10g. Other 2 Please describe classroom activities not listed here, and indicate the percentage of time per week you typically spend on each activity. _____	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
TOTAL	_ _ _ %	Please make sure your answers in Column A add to 100% if you spent time providing instruction or care.	

A11. Thinking about the time you spent on teacher-directed planned learning activities on your most recent work day, what percentage of time did the children in your classroom spend on the following activities?

- You may refer to your calendar or classroom schedule as a reference, but please make sure to record the percent of time you *actually spent* on each type of activity.
- Not all activities will be applicable to everyone.
- Please enter "0" in Column A if you did not spend time on a given activity during your most recent workday, then follow the instructions in Columns B and C.

- If you engaged in more than one task at the same time, choose the primary task and assign the percentage of time to that task.

	(A)	(B)	(C)
	Percent of teacher-directed planned learning time during <u>most recent work day</u>	How often did you do this type of activity in the <u>past year</u>? <i>Please enter the number of times and the corresponding unit. For example, if you did something every day, you can enter 5, and then check "week." If you did not do this activity at all, please enter 0 and check "month."</i>	How much time do you usually spend on this activity each time you do it?
A11a. Teacher-directed whole class activities.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A11b. Teacher-directed small group activities.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
A11c. Teacher-directed individual activities.	_ _ _ %	_ _ NUMBER OF TIMES PER: 1 <input type="checkbox"/> week 2 <input type="checkbox"/> month	1 <input type="checkbox"/> < 30 minutes 2 <input type="checkbox"/> 30 min > 1 hour 3 <input type="checkbox"/> 1-2 hours 4 <input type="checkbox"/> 2-4 hours 5 <input type="checkbox"/> 4-6 hours 6 <input type="checkbox"/> 6-8 hours 7 <input type="checkbox"/> 8 or more hours
TOTAL	_ _ _ %	Please make sure your answers in Column A add to 100% if you spent time on teacher-directed planned learning activities.	

B. TIME USE OVER THE PAST 12 MONTHS

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

B1. 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

B1a. How many hours did you spend on strategic planning or evaluation activities?

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

B2. Did you receive any mentoring or coaching in the past 12 months?

1 Yes

0 No → GO TO B3

B2a. How many hours of coaching or mentoring did you receive?

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

B2b. Which of the following topics were addressed by your coach/mentor?

MARK ALL THAT APPLY

1 Health and safety in the classroom

2 General child development (including cognitive development such as early reading or mathematics; social, emotional, and behavioral growth; behavior; and physical development and health)

3 Assessment of children's development or progress monitoring

4 How to work with families

5 Serving children with special physical, emotional, or behavioral needs

6 Working with children who speak more than one language

7 Planning activities that meet the needs of the whole class

8 Learning about a specific curriculum

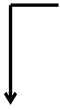
9 Leadership and management

10 Other (*specify*) _____

B3. Some staff participate in professional development activities such as trainings, workshops, and conferences. Have you spent any time on such activities in the past 12 months?

1 Yes

0 No → GO TO B4



B3a. 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			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 1: NAEYC Conference Example 2: Small business workshop				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"/>		_ _ . _ _	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"/>		_ _ . _ _	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"/>		_ _ . _ _	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"/>		_ _ . _ _	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"/>		_ _ . _ _	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"/>		_ _ . _ _	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"/>		_ _ . _ _	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"/>		_ _ . _ _	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"/>	_ _ · _	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"/>	_ _ · _	1 <input type="checkbox"/> YES NO	0 <input type="checkbox"/>	1 <input type="checkbox"/> YES NO	0 <input type="checkbox"/>	_____

B4. 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

B4a. How many hours did you spend taking classes?

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

B4b. What credential or degree are you working towards?

Credential or degree: _____

B4c. Is the center helping to pay for these classes?

1 Yes

0 No

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.

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