

INSTRUMENT 7  
CLASSROOM ROSTER FOR OBSERVATIONS

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**NOTE:** Upon arrival at a selected center, a Field Enrollment Specialist (FES), will request a list of all classrooms from the center director or a designated staff member. The attached classroom sampling form is an example of the information required for classroom sampling. The center director may provide this information in various formats such as print outs from an administrative record system or photocopies of hard copy lists or records. Therefore, staff will not physically fill out the attached classroom sampling form. The FES will enter the information into a tablet computer. For each classroom, the FES will enter the teacher's first and last name, the session type (morning, afternoon, or full day), the number of children currently enrolled, and the number of children in each of the specified age groups. The FES will enter this information into a web-based sampling program that will include fields that match those on the attached form. The sampling program will randomly select classrooms for participation in the study.

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### Assessing the Implementation and Cost of High Quality Early Care and Education (ECE-ICHQ) Classroom Roster for Observations

<b>Center:</b> _____ <div style="text-align: center;">[Center Name]</div>	<b>Center Director:</b> _____ <div style="text-align: center;">[Director Name]</div>
<b>Center Phone:</b> _____ <div style="text-align: center;">[Phone #]</div>	<b>Director Phone:</b> _____ <div style="text-align: center;">[Phone #]</div>
<b>Licensed Capacity:</b> _____	<b>F.E.S. Name:</b> _____

**INSTRUCTIONS:** Please enter into the sampling website the information below for each classroom in this center (or center group) that serves children ages 0-5.

A		B	C	D	E		
Lead Teacher <i>(Lead teachers are the head or primary teachers in the classroom.)</i>		Classroom Type <i>(Select Only One)</i> AM, PM, Full Day,	Classroom Funding* <i>(Select Only One)</i> PK only, HS only, PK some, HS some, M, N	Number of Children Currently Enrolled	How many children in each age group are in this classroom?		
First Name	Last Name				0 to < 18 months	18 to < 36 months	3 to 5 year olds
1.	_____	1.	_____	1.	_____	1.	_____
2.	_____	2.	_____	2.	_____	2.	_____
3.	_____	3.	_____	3.	_____	3.	_____
4.	_____	4.	_____	4.	_____	4.	_____
5.	_____	5.	_____	5.	_____	5.	_____
6.	_____	6.	_____	6.	_____	6.	_____
7.	_____	7.	_____	7.	_____	7.	_____
8.	_____	8.	_____	8.	_____	8.	_____
9.	_____	9.	_____	9.	_____	9.	_____
10.	_____	10.	_____	10.	_____	10.	_____
11.	_____	11.	_____	11.	_____	11.	_____
12.	_____	12.	_____	12.	_____	12.	_____
13.	_____	13.	_____	13.	_____	13.	_____
14.	_____	14.	_____	14.	_____	14.	_____

\*Classroom funding key: PK only = only state/public preK; HS only = only Head Start; PK some = some preK with other sources (NOT HS); HS some = some HS with other sources (NOT preK); M = Mix of both HS and preK; N = Neither Head Start or preK.

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 XX/XX/XXXX. The time required to complete this collection of information is estimated to average 30 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.

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