

# SCORE SHEET – EXPANDED VERSION

## Early Childhood Environment Rating Scale - Revised

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Observer: \_\_\_\_\_ Observer Code: \_\_\_\_\_

Date of Observation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m m d d y y

Center/School: \_\_\_\_\_ Center Code: \_\_\_\_\_

Number of children with identified disabilities: \_\_\_\_\_

Room: \_\_\_\_\_ Room Code: \_\_\_\_\_

Check type(s) of disability:  physical/sensory  cognitive/language  
 social/emotional  other: \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Teacher Code: \_\_\_\_\_

Birthdates of children enrolled: youngest \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m m d d y y  
oldest \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m m d d y y

Time observation began: \_\_\_\_ : \_\_\_\_  AM  PM

Time observation ended: \_\_\_\_ : \_\_\_\_  AM  PM

Time interview began: \_\_\_\_ : \_\_\_\_  AM  PM

Time interview ended: \_\_\_\_ : \_\_\_\_  AM  PM

Time				
# of staff present				
# of children present				

Highest number center allows in class at one time: \_\_\_\_\_

Highest number of children present during observation: \_\_\_\_\_

### SPACE AND FURNISHINGS

#### 1. Indoor space

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N NA	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	
1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>		
	3.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

#### 2. Furniture for care, play, & learning

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N NA	Y N NA	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

5.1 Child sized? \_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_  
(# child sized) (# children) (% child sized)

**3. Furnishings for Relaxation**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5.1 Total time – cozy area: \_\_\_\_\_

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	S 5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	

S = substantial portion of the day

**4. Room arrangement**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

3.1, 5.1, 7.1 List defined interest centers:

Y N	Y N NA	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**5. Space for privacy**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

5.2 Total time – space for privacy: \_\_\_\_\_

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	S 5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>

S = substantial portion of the day

**6. Child-related display**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	

**7. Space for gross motor**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

1.1, 3.2 Safety hazards:      major \_\_\_\_\_      minor \_\_\_\_\_

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>

outdoors

indoors



**12. Toileting/diapering**      **1 2 3 4 5 6 7**

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	
1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>		
	3.5 <input type="checkbox"/> <input type="checkbox"/>		

1.3, 3.3 Handwashing observed (√=yes, χ=no)      3.1 Sanitary conditions (√=yes, χ=no)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Child															
Teacher															

Toilets flushed? \_\_\_\_ Same sink sanitized? \_\_\_\_

Other issues:

**Adult handwashing** completed \_\_\_\_ out of \_\_\_\_ times  
Percentage completed = \_\_\_\_ %

**Child handwashing** completed \_\_\_\_ out of \_\_\_\_ times  
Percentage completed = \_\_\_\_ %

**13. Health practices**      **1 2 3 4 5 6 7**

Y N	Y N	Y N	Y NNA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	
	3.4 <input type="checkbox"/> <input type="checkbox"/>		

1.1, 3.1, 3.2 Handwashing observations (tally)

	Adult		Child	
	Yes	No	Yes	No
Upon arrival in class or re-entry from outdoors				
After sand or messy play				
Before/after water play				
After dealing w/ bodily fluids or skin contact				
After touching pets or contaminated objects				

**Adult handwashing**  
Completed \_\_\_\_ out of \_\_\_\_ times  
Percentage completed = \_\_\_\_ %

**Child handwashing**  
Completed \_\_\_\_ out of \_\_\_\_ times  
Percentage completed = \_\_\_\_ %

**14. Safety practices**      **1 2 3 4 5 6 7**

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>		

1.1, 3.1 Safety hazards:      major      minor

outdoors		
indoors		

Subscale (Items 9 - 14) Score \_\_\_\_      Number of items scored \_\_\_\_      **PERSONAL CARE ROUTINES Average Score (A ÷ B) \_\_\_\_**

**LANGUAGE-REASONING**

**15. Books & pictures**      **1 2 3 4 5 6 7**

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	
		5.4 <input type="checkbox"/> <input type="checkbox"/>	
		5.5 <input type="checkbox"/> <input type="checkbox"/>	

5.1 Total time – books and pictures = \_\_\_\_\_      5.5 Informal reading observed? {y / n}

5.1 Wide selection (tally):      fantasy \_\_\_\_\_

nature/science _____	factual _____	race/culture _____
people _____	abilities _____	animals _____

5.4 Violence? \_\_\_\_\_

Also see Item 26, 3.1 and 5.1, and Item 28, 3.1 and 5.1.

<b>16. Encouraging children to communicate</b>	1 2 3 4 5 6 7	5.1 Communication activities Examples during free play:
Y N 1.1 <input type="checkbox"/> <input type="checkbox"/>	Y N 3.1 <input type="checkbox"/> <input type="checkbox"/>	Examples during group time:  7.2 Examples of written communication:
1.2 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	
3.2 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	
3.3 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	

<b>17. Using language to develop reasoning skills</b>	1 2 3 4 5 6 7	3.1, 5.1 Examples of logical relationships:
Y N 1.1 <input type="checkbox"/> <input type="checkbox"/>	Y N 3.1 <input type="checkbox"/> <input type="checkbox"/>	5.2 Examples of child's explanations:
1.2 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	
3.2 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	
5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	

<b>18. Informal use of language</b>	1 2 3 4 5 6 7	5.3 Examples of staff expanding on children's ideas:
Y N 1.1 <input type="checkbox"/> <input type="checkbox"/>	Y N 3.1 <input type="checkbox"/> <input type="checkbox"/>	7.2 Examples of staff questioning for longer answers:
1.2 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	
1.3 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	
	5.3 <input type="checkbox"/> <input type="checkbox"/>	
	5.4 <input type="checkbox"/> <input type="checkbox"/>	

A. Subscale (Items 15 - 18) Score \_\_\_ \_\_\_      B. Number of items scored \_\_\_ \_\_\_      **LANGUAGE-REASONING Average Score (A ÷ B) \_\_\_ . \_\_\_ \_\_\_**

### ACTIVITIES

<b>19. Fine Motor</b>	1 2 3 4 5 6 7	5.1 Total time – fine motor activities = _____
Y N 1.1 <input type="checkbox"/> <input type="checkbox"/>	Y N 3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 Types of fine motor material (list 3 to 5 of each):  • Small building materials _____  • Art: _____  • Manipulatives _____  • Puzzles _____
1.2 <input type="checkbox"/> <input type="checkbox"/>	S 5.1 <input type="checkbox"/> <input type="checkbox"/>	
	5.2 <input type="checkbox"/> <input type="checkbox"/>	
	5.3 <input type="checkbox"/> <input type="checkbox"/>	

**20. Art** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y NNA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	S 5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
			7.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

5.1 Total time – art materials = \_\_\_\_\_  
 5.1 Types of art materials (list 3 to 5 of each):

- **drawing** (required) \_\_\_\_\_
- paints \_\_\_\_\_
- 3-D \_\_\_\_\_
- collage \_\_\_\_\_
- tools \_\_\_\_\_

S = substantial portion of the day

**21. Music/movement** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>		7.3 <input type="checkbox"/> <input type="checkbox"/>

3.1, 5.1 Total time – music materials = \_\_\_\_\_  
 5.1 Types of music materials:

- instruments \_\_\_\_\_
- music to listen to, and for older kids to play \_\_\_\_\_
- dance props with music \_\_\_\_\_

7.1 Music available as a free choice? \_\_\_\_\_ As a group activity? \_\_\_\_\_

**22. Blocks** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
		S 5.4 <input type="checkbox"/> <input type="checkbox"/>	

5.4 Total time – block area = \_\_\_\_\_  
 7.1 Types of blocks (√=observed):

- \_\_ unit
- \_\_ large hollow
- \_\_ homemade
- \_\_ other: \_\_\_\_\_

S = substantial portion of the day

**23. Sand/water** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	

3.1, 5.1, 7.1 Provision for... (√=observed):

	Indoors	Outdoors
Sand		
Water		

5.3 Total time – sand or water play = \_\_\_\_\_

**24. Dramatic play** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	S 5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
		5.4 <input type="checkbox"/> <input type="checkbox"/>	7.4 <input type="checkbox"/> <input type="checkbox"/>

5.1 Gender-specific dress-up clothing (list):

Male	Female
1.	
2.	
3.	

5.3 Themes represented in props (name at least two):

5.2 Total time – dramatic play = \_\_\_\_\_

S = substantial portion of the day

**25. Nature/science** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	S 5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

S = substantial portion of the day

5.1 Types of nature/science materials (list 3 to 5 of each):

- Collections of natural objects \_\_\_\_\_
- Living things \_\_\_\_\_
- Books, games, toys \_\_\_\_\_
- Activities \_\_\_\_\_

5.2 Total time – nature/science: \_\_\_\_\_

**26. Math/number** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	S 5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

S = substantial portion of the day

5.1 Types of math/number materials (list 3 to 5 of each):

- Counting \_\_\_\_\_
- Written numbers \_\_\_\_\_
- Measuring \_\_\_\_\_
- Comparing quantities \_\_\_\_\_
- Shapes \_\_\_\_\_

5.2 Total time – math/number: \_\_\_\_\_

**27. Use of TV, video, and/or computers** 1 2 3 4 5 6 7 NA

Y N	Y N	Y N NA	Y N NA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

**28. Promoting acceptance of diversity** 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>		

5.1 Diversity in materials (tally)

	Books	Pictures	Other materials
Races			
Cultures			
Ages			
Abilities			
Gender			

A. Subscale (Items 19 - 28) Score \_\_\_

B. Number of items scored \_\_\_

**ACTIVITIES Average Score (A ÷ B) \_\_\_.**

## INTERACTION

### 29. Supervision of gross motor activities

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>

### 30. General supervision of children

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

### 31. Discipline

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>

### 32. Staff-child interactions

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>		5.3 <input type="checkbox"/> <input type="checkbox"/>	

### 33. Interactions among children

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>		



A. Subscale (Items 29 - 33) Score \_\_\_

B. Number of items scored \_\_\_

**INTERACTION Average Score (A ÷ B) \_\_\_**

**PROGRAM STRUCTURE**

**34. Schedule**

1 2 3 4 5 6 7

5.3 Time – indoor play = \_\_\_\_\_

Time – outdoor play = \_\_\_\_\_

**Total time – play = \_\_\_\_\_**

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	<b>S</b> 5.3 <input type="checkbox"/> <input type="checkbox"/>	
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	

S = substantial portion of the day

**35. Free play**

1 2 3 4 5 6 7

5.1 Time – free play indoors = \_\_\_\_\_

Time – free play outdoors = \_\_\_\_\_

**Total time – free play = \_\_\_\_\_**

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	<b>S</b> 5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	

S = substantial portion of the day

**36. Group time**

1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>

**37. Provisions for children with disabilities**

1 2 3 4 5 6 7 NA

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>		

A. Subscale (Items 34 - 37) Score \_\_\_

B. Number of items scored \_\_\_

**PROGRAM STRUCTURE Average Score (A ÷ B) \_\_\_**

**PARENTS AND STAFF**

**38. Provisions for parents**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	

**39. Provisions for personal needs of staff**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N NA	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	
	3.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**40. Provisions for professional needs of staff**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	

**41. Staff interaction and cooperation**

1	2	3	4	5	6	7	NA
---	---	---	---	---	---	---	----

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>

**42. Supervision and evaluation of staff**

1	2	3	4	5	6	7	NA
---	---	---	---	---	---	---	----

Y N	Y N	Y N NA	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
		5.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**43. Opportunities for professional growth**

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Y N	Y N	Y N	Y N NA
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

A. Subscale (Items 38 - 43) Score \_\_\_ \_\_

B. Number of items scored \_\_\_ \_\_

**PARENTS AND STAFF Average Score (A ÷ B) \_\_. \_\_ \_\_**

**Total and Average Score**

	<u>Score</u>	<u># of Items Scored</u>	<u>Average Score</u>
Space and Furnishings	_____	_____	_____
Personal Care	_____	_____	_____
Language-Reasoning	_____	_____	_____
Activities	_____	_____	_____
Interaction	_____	_____	_____
Program Structure	_____	_____	_____
Parents and Staff	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____

Schedule

Planned

Observed

**Substantial Portion of the Day Calculations**

REFERENCE CHART

hours	s. portion	hours	s. portion
4.....	1:20	8.....	2:40
4½.....	1:30	8½.....	2:50
5.....	1:40	9.....	3:00
5½.....	1:50	9½.....	3:10
6.....	2:00	10.....	3:20
6½.....	2:10	10½.....	3:30
7.....	2:20	11.....	3:40
7½.....	2:30	11½.....	3:50
		12.....	4:00

Time center opens: \_\_\_ : \_\_\_ AM PM

Time center closes: \_\_\_ : \_\_\_ AM PM

Total hours of operation = \_\_\_ hrs \_\_\_ mins

Substantial portion of the day = \_\_\_ hrs \_\_\_ mins

<p>3. Furnishings for relaxation and comfort</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>	<p>24. Dramatic play</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>
<p>5. Space for privacy</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>	<p>25. Nature/science</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>
<p>15. Books and pictures</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>	<p>26. Math/numbers</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>
<p>19. Fine motor</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>	<p>34. Schedules</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>
<p>20. Art</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>	<p>35. Free play</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>
<p>22. Block area</p> <p style="text-align: right;">Total time = ___ hrs ___ mins</p>	