

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

8. Gross motor equipment	1 2 3 4 5 6 7	3.1 Total time – gross motor equipment: _____ 5.2 List variety of skills: 1) _____ 5) 2) _____ 6) 3) _____ 7) 4) _____ 8)	7.1 stationary: portable:
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"/> 1.3 <input type="checkbox"/> <input type="checkbox"/> 3.3 <input type="checkbox"/> <input type="checkbox"/> 5.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

A. Subscale (Items 1 - 8) Score ____ B. Number of items scored ____ **SPACE AND FURNISHINGS Average Score (A ÷ B) ____**

PERSONAL CARE ROUTINES

9. Greeting/departing	1 2 3 4 5 6 7	1.1, 3.1, 5.1, 5.3, 7.3 Greetings observed (√=yes, χ=no) Child Parent Info shared 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — —	
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"/> 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"/> <input type="checkbox"/> 7.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

10. Meals/snacks	1 2 3 4 5 6 7	1.3, 3.3 Sanitary conditions observed (√=yes, χ=no) <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td> </tr> <tr> <td>Children's hands washed</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Teachers' hands washed</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Children's hands washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teachers' hands washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tables sanitized? Other problems?
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																																				
Children's hands washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				
Teachers' hands washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				
Y N NA 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"/> 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"/> 5.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																			

11. Nap/rest	1 2 3 4 5 6 7 NA	Y N 3.2 All cots/mats ≥ 18" apart? <input type="checkbox"/> <input type="checkbox"/> 5.3 All cots/mats ≥ 36" apart? <input type="checkbox"/> <input type="checkbox"/>	
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"/> 3.4 <input type="checkbox"/> <input type="checkbox"/>			

12. Toileting/diapering

1 2 3 4 5 6 7

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

3.1 Sanitary conditions (√=yes, χ=no)

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	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

1.1, 3.1, 3.2 Handwashing observations (tally)

Adult handwashing

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"/>		

	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				

Completed ____ out of ____ times

Percentage completed = ____ %

Child handwashing

Completed ____ out of ____ times

Percentage completed = ____ %

14. Safety practices

1 2 3 4 5 6 7

1.1, 3.1 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"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>		

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

5.1 Total time – books and pictures = _____

5.5 Informal reading observed? {y / n}

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 Wide selection (tally): fantasy _____

nature/science _____ factual _____

people _____ abilities _____

5.4 Violence? _____

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

race/culture _____

animals _____

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

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

18. Informal use of language	1 2 3 4 5 6 7	5.3 Examples of staff expanding on children's ideas:
Y N Y N	Y N Y N	7.2 Examples of staff questioning for longer answers:
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.3 <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"/>	

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

ACTIVITIES

19. Fine Motor	1 2 3 4 5 6 7	5.1 Total time – fine motor activities = _____
Y N Y N	Y N Y N	5.1 Types of fine motor material (list 3 to 5 of each):
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	• Small building materials _____
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	• Art: _____
	5.3 <input type="checkbox"/> <input type="checkbox"/>	• Manipulatives _____
		• Puzzles _____

20. Art 1 2 3 4 5 6 7

Y N	Y N	Y N	Y N N A
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"/>	S 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"/>	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"/>
	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	_____	_____	_____
TOTAL	_____	_____	_____

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>	