

# SCORE SHEET- Expanded Version

## Infant/Toddler Environment Rating Scale–Revised

Thelma Harms, Debby Cryer and Richard M. Clifford

Observer: \_\_\_\_\_ Observer Code: \_\_\_\_ \_\_\_\_  
 Center/School: \_\_\_\_\_ Center Code: \_\_\_\_ \_\_\_\_  
 Room: \_\_\_\_\_ Room Code: \_\_\_\_ \_\_\_\_  
 Teacher(s): \_\_\_\_\_ Teacher Code: \_\_\_\_ \_\_\_\_

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

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

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

Birthdates of children enrolled: youngest \_\_\_\_ / \_\_\_\_ / \_\_\_\_ age (yr/mos) \_\_\_\_  
m m d d y y  
 oldest \_\_\_\_ / \_\_\_\_ / \_\_\_\_ age (yr/mos) \_\_\_\_  
m m d d y y

Number of staff present: \_\_\_\_ \_\_\_\_

Number of children enrolled in class: \_\_\_\_ \_\_\_\_

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

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

Classroom hours of operation \_\_\_\_\_ # of non-mobile infants: \_\_\_\_

Staff left alone with children? Y/N

Children with food allergies? Y/N

Medications administered? Y/N

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

Time observation ended: \_\_\_\_ : \_\_\_\_  AM  PM # of infants <1yr \_\_\_\_  
 # of infants >1yr \_\_\_\_

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

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

### 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"/>	7.3 <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"/>							

**Notes:**  
 3.5/5.3 accessibility:

2. Furniture for routine care and play		1 2 3 4 5 6 7						
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"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <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"/>					
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	7.4 <input type="checkbox"/> <input type="checkbox"/>					
		5.5 <input type="checkbox"/> <input type="checkbox"/>						

5.2, 7.2 Child-sized table(s) and chairs? \_\_\_\_\_  
 Feet touch floor Y/N Elbows above table  
 Y/N 7.4 Enough seating for each adult? Y/N

<b>3. Provision for relaxation &amp; comfort</b>	1 2 3 4 5 6 7	<b>Notes:</b> 3.1 furnishings 5.1 cozy area? {y / n} 3.2, 5.3 # of soft toys:  3.2, 5.1, 5.3 Non-mobile opportunity {Y/N}																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N NA</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	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"/>		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"/>			5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>						
Y N	Y N	Y N	Y N NA																			
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		5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>																			
<b>4. Room arrangement</b>	1 2 3 4 5 6 7	1.2, 3.2, 5.2 problems with visual supervision																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N NA</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table>	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"/> <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"/>			
Y N	Y N NA	Y N	Y N																			
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		5.4 <input type="checkbox"/> <input type="checkbox"/>																				
<b>5. Display for children</b>	1 2 3 4 5 6 7	5.4 Staff talk about display? (observe 1 example)      7.1 Family photos displayed? Y/N																				
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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"/>																			
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		5.4 <input type="checkbox"/> <input type="checkbox"/>	7.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																			
<p>A. Subscale (Items 1 - 5) Score ___</p>																						
<p>B. Number of items scored ___      <b>SPACE AND FURNISHINGS Average Score (A ÷ B) ___.</b></p>																						

<b>PERSONAL CARE ROUTINES</b>																																																													
<b>6. Greeting/departing</b>	1 2 3 4 5 6 7	1.1, 3.1, 3.4, 5.1, 7.2 Greetings observed (√=yes, χ=no, w=warm)																																																											
		Child      Parent      Enter class(3.3)      Info. shared (must be health or safety related)																																																											
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Y N	Y N	Y N NA	Y N NA																																																										
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7.	_____	_____	_____	_____																																																									
8.	_____	_____	_____	_____																																																									

**7. Meals/snacks**

1	2	3	4	5	6	7
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**Notes:**

1.3, 3.3, 5.3 Handwashing: (√=yes, χ=no)

1.3, 3.3, 5.3 Same sink used? {y/n}

Y N N A	Y N N A	Y N N A	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"/>	5.4 <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"/>	5.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

	Children		Adults
Before eating		Before food prep, feeding	
After eating		After feeding	

Sink sanitized? {y / n}

Sanitizer type: \_\_\_\_\_

Tables/highchair tray washed, sanitized? \_\_\_\_\_

3.1 Water offered between meals? Y/N

**8. Nap**

1	2	3	4	5	6	7	NA
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1.1 All cots/ mats, cribs > 36" apart or solid barrier? {y / n}

Y N	Y N	Y N N A	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"/> <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"/>		

Other issues:

**9. Diapering/toileting**

1	2	3	4	5	6	7
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1.1, 3.1 Diapering procedure (every adult observed): (√=yes, χ=no)

Other issues:

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"/>	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"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <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"/>	

Prep														
Proper disposal														
Wipe child's hands														
Wipe adult's hands														
Sanitize diap. area														
Same sink sanitized														

1.1, 3.1 Same sink sanitized? (y/n)

1.3, 3.3 Handwashing

Adult														
Child														

Y=Yes, N=No, I=Incomplete

**10. Health practices**

1	2	3	4	5	6	7
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1.1, 3.2, 5.2 Handwashing observations: (√=yes, χ=no)

Y N	Y N N A	Y N N A	Y N N A
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"/>
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"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

	Child	Adult
Upon arrival in class or re-entry from outside		
Before water; after sand, water, messy play		
After dealing w/ bodily fluids		
After touching pets or contaminated objects		

**11. Safety practices**

1	2	3	4	5	6	7
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1.1, 1.2, 3.1, 5.1 Safety hazards:

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"/>		

	Major	Minor
Indoor:		
Outdoor:		

A. Subscale (Items 6 - 11) Score \_\_ \_\_

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

**PERSONAL CARE ROUTINES Average Score (A ÷ B) \_\_. \_\_ \_\_**

## LISTENING AND TALKING

### 12. Helping children understand language

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"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	

**Notes:**

5.4, 7.1 Examples of descriptive words used:

7.2 Examples of observed verbal play:

### 13. Helping children use language

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"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
			7.4 <input type="checkbox"/> <input type="checkbox"/>

3.1 During routines:  
During play:

7.2 Staff add words/ideas to what children say (observe 2 examples):

7.3 Staff ask simple questions (observe 2 examples):

### 14. Using books

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"/> <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"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	

3.1, 5.1 Total # of books \_\_\_\_\_

1.2, 3.2 # of books in disrepair: \_\_\_\_\_

5.1 Any inappropriate books: {y / n}  
(violent, frightening)

5.3 Staff read to individuals/small groups: {y / n}  
(observed at least 1 example)

3.1, 5.1 Non-mobile opportunity? Y/N

5.2 Wide selection of books

Races: \_\_\_\_\_

Ages: \_\_\_\_\_

Abilities: \_\_\_\_\_

Animals: \_\_\_\_\_

Familiar routines: \_\_\_\_\_

Familiar objects: \_\_\_\_\_

Nature science books for Item 22:

A. Subscale (Items 12 - 14) Score \_\_\_

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

**LISTENING AND TALKING Average Score (A ÷ B) \_\_\_.**

## ACTIVITIES

<b>15. Fine motor</b>	<b>1 2 3 4 5 6 7</b>	<b>Notes:</b> 1.1, 3.1, 5.1 Materials for infants:  Materials for toddlers:	3.2, 5.1 Non-mobile opportunity {Y/N}  Total items needed _____ Total items counted _____																							
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	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"/>												
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"/>																									
<b>16. Active physical play</b>	<b>1 2 3 4 5 6 7</b>	1.1, 1.2, 3.3, 5.5 Any equipment/materials inappropriate/unsafe?  Appropriate indoor/outdoor space:	7.1 Firm Surface: _____ Soft Surface: _____  7.3 7-9 skills encouraged _____ _____ _____																							
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>5.5 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table>	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"/>			5.4 <input type="checkbox"/> <input type="checkbox"/>				5.5 <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"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>																							
		5.4 <input type="checkbox"/> <input type="checkbox"/>																								
		5.5 <input type="checkbox"/> <input type="checkbox"/>																								
<b>17. Art</b>	<b>1 2 3 4 5 6 7 NA</b>	1.2 Toxic/unsafe art materials used? {y / n}  3.2 Appropriate/safe/nontoxic art materials used:	7.1 Types of art materials provided each week:																							
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N NA</td> <td style="text-align: center;">Y N NA</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table>	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"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <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"/>											
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"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <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"/>																								
<b>18. Music &amp; movement</b>	<b>1 2 3 4 5 6 7</b>	3.1, 5.1 List # of musical toys/instruments:  5.2 Informal singing observed? {y / n}	5.1 Non-mobile opportunity {Y/N}																							
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table>	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"/>			5.4 <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"/>																							
	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"/>																								
<b>19. Blocks</b>	<b>1 2 3 4 5 6 7 NA</b>	3.1, 5.1, 7.1 Sets of blocks: 1) 2) 3)  3.2, 7.2 Accessories: #Animals - _____ #Transportation - _____ #People - _____																								
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	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"/>										
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"/>																							

**20. Dramatic play**

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

**Notes:** 3.2 Non-mobile opportunity {Y/N}

5.1 Dramatic play materials:

Infants and toddlers:

- Dolls-
- Soft animals-
- Toy telephones-
- Pots & pans-

Toddlers only:

- Dress-ups-
- Child-sized play furniture-
- Play foods-
- Dishes/eating utensils-
- Doll furniture-
- Small play buildings & accessories-

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"/>
	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"/>
		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"/>	

**21. Sand and water play**

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"/>
	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"/>	

**22. Nature/science**

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

5.3 Example of science/nature observed in daily events:

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"/>	

**23. Use of TV, video, and/or computer**

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

Y N NA	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"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	

**24. Promoting acceptance of diversity**

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

5.1 Diversity in materials (10 examples, all types of categories):

5.2 Dolls (3 different skin tones/facial features):

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"/>		

	Books	Pictures	Materials
Races/Culture			
Ages			
Abilities			
Gender			

7.1 Non-sexist images:

7.2 Variety of activities:

A. Subscale (Items 15 - 24) Score \_\_\_

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

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

## INTERACTION

### 25. Supervision of play and learning

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

Notes:

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"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

### 26. Peer interaction

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

7.1 Examples (observe 2 examples)  
Action:

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"/>

Feelings:

Intentions:

7.2 Positive social interaction talked about (observe 1 example):

### 27. Staff-child interaction

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"/>	
	3.4 <input type="checkbox"/> <input type="checkbox"/>		

### 28. Discipline

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

7.1 Explanation of how a child's behavior affected another person (1 example)

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"/>
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

7.2 Staff help children learn to use communication rather than aggression (1 example)

A. Subscale (Items 25 - 28) Score \_\_\_

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

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

## PROGRAM STRUCTURE

### 29. Schedule

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

**Notes:**

5.4 Example of more than 3 minute wait:

"Much of the day" {Start time/Stop time/Minutes lost}  
Total minutes lost {      }

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"/>	
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

### 30. Free play

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

7.1 Supervision as educational interaction (observe 2 examples):

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"/>	

### 31. Group play activities

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

5.2 Group size \_\_\_\_\_

5.3 Interesting play options for children who don't participate (2 examples)

1.3, 3.3 Negative staff response to children during group 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"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	

### 32. 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 29 - 32) Score \_\_\_\_

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

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



**PARENTS AND STAFF**

**33. Provisions for parents**

1 2 3 4 5 6 7

Notes:

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"/>	

**34. 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"/>	5.5 <input type="checkbox"/> <input type="checkbox"/>	

**35. 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"/>	

**36. 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"/>

**37. Staff continuity**

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"/>
1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	

**38. Supervision and evaluation of staff**

1 2 3 4 5 6 7 NA

Notes:

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"/>
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

**39. 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 33 - 39) Score \_\_\_ B. Number of items scored \_\_\_ **PARENTS AND STAFF Average Score (A ÷ B) \_\_\_.**

**Total and Average Score**

	<u>Subscale/Total Score</u>	<u># of Items Scored</u>	<u>Average Score</u>
Space and Furnishings	_____ ÷ _____	_____	= _____
Personal Care Routines	_____ ÷ _____	_____	= _____
Listening and Talking	_____ ÷ _____	_____	= _____
Activities	_____ ÷ _____	_____	= _____
Interaction	_____ ÷ _____	_____	= _____
Program Structure	_____ ÷ _____	_____	= _____
Parents and Staff	_____ ÷ _____	_____	= _____
<b>TOTAL</b>	_____ ÷ _____	_____	= _____