

SCORE SHEET – EXPANDED VERSION

Early Childhood Environment Rating Scale - Revised

Thelma Harms, Richard M. Clifford, and Debby Cryer

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

16. Encouraging children to communicate	1 2 3 4 5 6 7	5.1 Communication activities Examples during free play:																				
<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> <td></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> <td>Examples during group time:</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> <td></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> <td>7.2 Examples of written communication:</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"/>	Examples during group time:	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"/>			7.2 Examples of written communication:		
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"/>	Examples during group time:																		
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"/>			7.2 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:															
<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> <td></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> <td>5.2 Examples of child's explanations:</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> <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"/>	5.2 Examples of child's explanations:	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"/>			
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"/>	5.2 Examples of child's explanations:													
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"/>														

18. Informal use of language	1 2 3 4 5 6 7	5.3 Examples of staff expanding on children's ideas:																									
<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> <td></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> <td>7.2 Examples of staff questioning for longer answers:</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> <td></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>5.4 <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"/>	7.2 Examples of staff questioning for longer answers:	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"/>				
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"/>	7.2 Examples of staff questioning for longer answers:																							
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"/>																									

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 = _____																														
<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> <td></td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>S 5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 Types of fine motor material (list 3 to 5 of each):</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> <td>• Small building materials _____</td> </tr> <tr> <td></td> <td></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td>• Art: _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>• Manipulatives _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>• Puzzles _____</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"/>	S 5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 Types of fine motor material (list 3 to 5 of each):	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"/>	• Small building materials _____			5.3 <input type="checkbox"/> <input type="checkbox"/>		• Art: _____					• Manipulatives _____					• Puzzles _____		
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"/>	5.1 Types of fine motor material (list 3 to 5 of each):																												
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"/>	• Small building materials _____																												
		5.3 <input type="checkbox"/> <input type="checkbox"/>		• Art: _____																												
				• Manipulatives _____																												
				• Puzzles _____																												

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>	