

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

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"/>	

3.1 Total time – gross motor equipment: _____ 7.1 stationary: _____

5.2 List variety of skills:

1) _____	5) _____
2) _____	6) _____
3) _____	7) _____
4) _____	8) _____

portable: _____

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

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"/>

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	—	—	—

10. Meals/snacks 1 2 3 4 5 6 7

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"/>		

1.3, 3.3 Sanitary conditions observed (√=yes, χ=no) Tables sanitized? _____

	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"/>

Other problems? _____

11. Nap/rest 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"/>	
	3.4 <input type="checkbox"/> <input type="checkbox"/>		

Y N

3.2 All cots/mats ≥ 18" apart?

5.3 All cots/mats ≥ 36" apart?

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 3.1 5.1 7.1
- 1.2 3.2 5.2 7.2
- 1.3 3.3 5.3
- 1.4 3.4
- 3.5

	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 N NA
- 1.1 3.1 5.1 7.1
- 1.2 3.2 5.2 7.2
- 3.3 5.3
- 3.4

	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 3.1 5.1 7.1
- 1.2 3.2 5.2 7.2
- 1.3 3.3

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 3.1 S 5.1 7.1
- 1.2 3.2 5.2 7.2
- 5.3
- 5.4
- 5.5

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:																
<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</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"/>				Examples during group time: 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"/>															
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"/>																	

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="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</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> </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"/>		5.2 Examples of child's explanations:
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"/>											

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="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</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></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></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"/>	1.3 <input type="checkbox"/> <input type="checkbox"/>		5.3 <input type="checkbox"/> <input type="checkbox"/>				5.4 <input type="checkbox"/> <input type="checkbox"/>			7.2 Examples of staff questioning for longer answers:
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"/>																				

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="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</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> </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></td> <td>5.3 <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"/>	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"/>			5.1 Types of fine motor material (list 3 to 5 of each): <ul style="list-style-type: none"> • Small building materials _____ • 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"/>															
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"/>																

20. Art

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

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

5.1 Total time – art materials = _____

5.1 Types of art materials (list 3 to 5 of each):

- **drawing** (required) _____
- paints _____
- 3-D _____
- collage _____
- tools _____

S = substantial portion of the day

21. Music/movement

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

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

3.1, 5.1 Total time – music materials = _____

5.1 Types of music materials:

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

7.1 Music available as a free choice? _____ As a group activity? _____

22. Blocks

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

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

5.4 Total time – block area = _____

7.1 Types of blocks (√=observed):

- __ unit
- __ large hollow
- __ homemade
- __ other: _____

S = substantial portion of the day

23. Sand/water

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

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

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

	Indoors	Outdoors
Sand		
Water		

5.3 Total time – sand or water play = _____

24. Dramatic play

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

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

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

	Male	Female
1.		
2.		
3.		

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

5.2 Total time – dramatic play = _____

S = substantial portion of the day

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

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

S = substantial portion of the day

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

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

5.2 Total time – nature/science: _____

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

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

S = substantial portion of the day

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

- Counting _____
- Written numbers _____
- Measuring _____
- Comparing quantities _____
- Shapes _____

5.2 Total time – math/number: _____

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

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

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

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

5.1 Diversity in materials (tally)

	Books	Pictures	Other materials
Races			
Cultures			
Ages			
Abilities			
Gender			

A. Subscale (Items 19 - 28) Score ____

B. Number of items scored ____

ACTIVITIES Average Score (A ÷ B) ____

INTERACTION

29. Supervision of gross motor activities

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

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

30. General supervision of children

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

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

31. Discipline

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

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

32. Staff-child interactions

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

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

33. Interactions among children

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

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

A. Subscale (Items 29 - 33) Score ___

B. Number of items scored ___

INTERACTION Average Score (A ÷ B) ___

PROGRAM STRUCTURE

34. Schedule

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

5.3 Time – indoor play = _____

Time – outdoor play = _____

Total time – play = _____

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

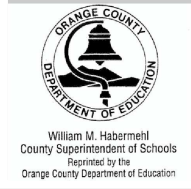
hours	s. portion	hours	s. portion
4.....	1:20	8.....	2:40
4½.....	1:30	8½.....	2:50
5.....	1:40	9.....	3:00
5½.....	1:50	9½.....	3:10
6.....	2:00	10.....	3:20
6½.....	2:10	10½.....	3:30
7.....	2:20	11.....	3:40
7½.....	2:30	11½.....	3:50
		12.....	4:00

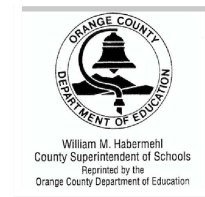
Time center opens: ___ : ___ AM PM

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>	



ECERS-R Profile

Center/School: _____

Observation 1: $\frac{\text{m}}{\text{m}}$ / $\frac{\text{d}}{\text{d}}$ / $\frac{\text{y}}{\text{y}}$

Observer: _____

Teacher(s)/Classroom: _____

Observation 2: $\frac{\text{m}}{\text{m}}$ / $\frac{\text{d}}{\text{d}}$ / $\frac{\text{y}}{\text{y}}$

Observer: _____

	1	2	3	4	5	6	7		
I. Space & Furnishings (1-8) Obs. 1 <input style="width: 40px; height: 20px;" type="text"/> Obs. 2 <input style="width: 40px; height: 20px;" type="text"/> average subscale score								1. Indoor space	
									2. Furnishings for routine care, play & learning
									3. Furnishings for relaxation & comfort
									4. Room arrangement for play
									5. Space for privacy
									6. Child-related display
									7. Space for gross motor play
									8. Gross motor equipment
II. Personal Care Routines (9-14) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>								9. Greeting/departing	
									10. Meals/snacks
									11. Nap/rest
									12. Toileting/diapering
									13. Health practices
									14. Safety practices
III. Language-Reasoning (15-18) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>								15. Books and pictures	
									16. Encouraging children to communicate
									17. Using language to develop reasoning skills
									18. Informal use of language
IV. Activities (19-28) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>								19. Fine motor	
									20. Art
									21. Music/movement
									22. Blocks
									23. Sand/water
									24. Dramatic play
									25. Nature/science
									26. Math/number
									27. Use of TV, video, and/or computers
									28. Promoting acceptance of diversity
V. Interaction (29-33) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>								29. Supervision of gross motor activities	
									30. General supervision of children
									31. Discipline
									32. Staff-child interactions
									33. Interactions among children
VI. Program Structure (34-37) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>								34. Schedule	
									35. Free play
									36. Group time
									37. Provisions for children with disabilities
VII. Parents and Staff (38-43) <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>								38. Provisions for parents	
									39. Provisions for personal needs of staff
									40. Provisions for professional needs of staff
									41. Staff interaction and cooperation
									42. Supervision and evaluation of staff
									43. Opportunities for professional growth
Average Subscale Scores								SPACE & FURNISHING	
								PERSONAL CARE ROUTINES	
								LANGUAGE-REASONING	
								ACTIVITIES	
								INTERACTION	
								PROGRAM STRUCTURE	
								PARENTS & STAFF	