

SCORE SHEET – EXPANDED VERSION

Early Childhood Environment Rating Scale—Revised

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Observer: _____ Center Code: _____
 Center/School: _____ Room Code: _____
 Room: _____ Teacher Code: _____
 Teachers: _____

Time					
# of staff present					
# of children present					

Highest number center allows in class at one time: _____
 Highest number of children present during observation: _____

Date of Observation: _____ / _____ / _____
 Number of children with identified disabilities: _____
 Check type(s) of disability: physical/sensory cognitive/language
 social/emotional other: _____

Birthdates of children enrolled: youngest _____ / _____ / _____
 oldest _____ / _____ / _____
 Time observation began: _____ : _____ : _____ AM PM
 Time observation ended: _____ : _____ : _____ AM PM
 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	NNA	Y N	Y N	Y N	Y N	
1.1 <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"/>	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"/>	3.3 <input type="checkbox"/>	<input type="checkbox"/>	5.3 <input type="checkbox"/>	<input type="checkbox"/>			
1.4 <input type="checkbox"/>	3.4 <input type="checkbox"/>	<input type="checkbox"/>					
	3.5 <input type="checkbox"/>	<input type="checkbox"/>					

2. Furniture for care, plays, & learning

	1	2	3	4	5	6	7
Y N	Y N	NNA	Y N	NNA	Y N	Y N	
1.1 <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"/>	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"/>	3.3 <input type="checkbox"/>	<input type="checkbox"/>	5.3 <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
Y N							
4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.1 Total time, cozy area: _____

S = substantial portion of the day

4. Room arrangement

	1	2	3	4	5	6	7
Y N							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.1, 5.1, 7.1 List defined interest centers:

5. Space for privacy

	1	2	3	4	5	6	7
Y N							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.2 Total time, space for privacy: _____

S = substantial portion of the day

6. Child-related display

	1	2	3	4	5	6	7
Y N							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Space for gross motor

	1	2	3	4	5	6	7
Y N							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2, 3.2 Safety hazards: major

minor

outdoors

indoors

8. Gross motor equipment

	1	2	3	4	5	6	7
Y N	Y N	Y N N A	Y N	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>
1.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>
1.3 <input type="checkbox"/>	3.3 <input type="checkbox"/>	5.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>

3.1 Total time, gross motor equipment: _____

5.2 List variety of skills:

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

7.1 stationary: _____

portable: _____

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

1.1, 3.1, 5.1, 5.3, 7.3 Greetings observed (✓ = Yes, X = no)

Child	Parent	Info shared
1	---	---
2	---	---
3	---	---
4	---	---
5	---	---
6	---	---

10. Meals/snacks

	1	2	3	4	5	6	7
Y N N A	Y N N A	Y N N A	Y N N A	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>
1.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>
1.3 <input type="checkbox"/>	3.3 <input type="checkbox"/>	5.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>
1.4 <input type="checkbox"/>	3.4 <input type="checkbox"/>	5.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>
1.5 <input type="checkbox"/>	3.5 <input type="checkbox"/>	5.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>
	3.6 <input type="checkbox"/>	5.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>

1.3, 3.3 Sanitary conditions observed (✓ = yes, X = no)

Tables sanitized?

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Children's hands washed															
Teachers' hands washed															

Other problems? _____

11. Nap/rest

	1	2	3	4	5	6	7	NA
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>
1.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>
1.3 <input type="checkbox"/>	3.3 <input type="checkbox"/>	5.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>
	3.4 <input type="checkbox"/>	5.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>

3.2 All cots/mats ≥ 18" apart?

5.3 All cots/mats ≥ 36" apart?

12. Tolerating/diapering 1 2 3 4 5 6 7 1.3, 3.3 Handwashing observed (✓=yes, X=no) 3.1 Sanitary conditions (✓=yes, X=no)

Y N Y N Y N Y N Y N
 1.1 3.1 5.1 -1.0
 1.2 3.2 5.2 -2.0
 1.3 3.3 5.3
 1.4 3.4
 3.5

Child _____ Toilet flushed? _____ Same sink sanitized? _____
 Teacher _____
 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		Child handwashing
	<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"/>		
Upon arrival in class or re-enter from outdoors																	Completed _____ out of _____ times
After snack or messy play																	Percentage completed = _____ %
Before/after water play																	Child handwashing
After dealing w/ bodily fluids																	Completed _____ out of _____ times
After touching pots or contaminated objects																	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 Y N
 1.1 3.1 5.1 -1.0
 1.2 3.2 5.2 -2.0
 1.3 3.3

outdoors _____
 indoors _____

A. Total Subscale (Items 9-14) Score _____ B. Number of items scored _____ PERSONAL CARE ROUTINES Average Score (A ÷ B) _____

LANGUAGE-REASONING I

15. Books and 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 Y N
 1.1 3.1 S 5.1 7.1
 1.2 3.2 5.2 -2.0
 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.

16. Encouraging children to communicate

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

5.1 Communication activities
Examples during free play:

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

Examples during group time:
7.2 Examples of written communication:

17. Using language to develop reasoning skills

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

3.1. 5.1 Examples of logical relationships:

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

5.2 Examples of child's explanations:

18. Informal use of language

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

5.3 Examples of staff expanding on children's ideas:

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

7.2 Examples of staff questioning for longer answers:

A. Total 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: _____
5.1 Types of fine motor material (list 3 to 5 of each):

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

- Small building materials _____
- Art _____
- Manipulatives _____
- Puzzles _____

S = substantial portion of the day

20. Art

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

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

21. Music/movement

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

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

5.4 Total time, block area: _____
 7.1 Types of blocks (✓ = observed):

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

23. Sand/water

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

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

5.1 Gender-specific dress-up clothing (list):
 Male _____ Female _____
 5.3 Themes represented in props (name at least two):

1. _____
2. _____
3. _____

5.2 Total time, dramatic play: _____

S = substantial portion of the day

25. Nature/science

	1	2	3	4	5	6	7
Y N							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

S = substantial portion of the day

5.2 Total time, nature/science: _____

26. Math/number

	1	2	3	4	5	6	7
Y N							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

S = substantial portion of the day

5.2 Total time, math/number: _____

27. Use of TV, video, and/or computers

	1	2	3	4	5	6	7	NA
Y N								
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Promoting acceptance of diversity

	1	2	3	4	5	6	7
Y N							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.1 Diversity in materials (fully)

	Books	Pictures	Other materials
Races			
Cultures			
Ages			
Abilities			
Gender			

A. Total Subscale (Items 19-28) Score _____

B. Number of items scored _____

ACTIVITIES Average Score (A ÷ B) _____

INTERACTION

29. Supervision of gross motor activities

	Y	N	Y	N	Y	N	Y	N
1.10	<input type="checkbox"/>	<input type="checkbox"/>	3.10	<input type="checkbox"/>	5.10	<input type="checkbox"/>	7.10	<input type="checkbox"/>
1.20	<input type="checkbox"/>	<input type="checkbox"/>	3.20	<input type="checkbox"/>	5.20	<input type="checkbox"/>	7.20	<input type="checkbox"/>
					5.30	<input type="checkbox"/>	7.30	<input type="checkbox"/>

30. General supervision of children

	Y	N	Y	N	Y	N	Y	N
1.10	<input type="checkbox"/>	<input type="checkbox"/>	3.10	<input type="checkbox"/>	5.10	<input type="checkbox"/>	7.10	<input type="checkbox"/>
1.20	<input type="checkbox"/>	<input type="checkbox"/>	3.20	<input type="checkbox"/>	5.20	<input type="checkbox"/>	7.20	<input type="checkbox"/>
			3.30	<input type="checkbox"/>	5.30	<input type="checkbox"/>		
					5.40	<input type="checkbox"/>		

31. Discipline

	Y	N	Y	N	Y	N	Y	N
1.10	<input type="checkbox"/>	<input type="checkbox"/>	3.10	<input type="checkbox"/>	5.10	<input type="checkbox"/>	7.10	<input type="checkbox"/>
1.20	<input type="checkbox"/>	<input type="checkbox"/>	3.20	<input type="checkbox"/>	5.20	<input type="checkbox"/>	7.20	<input type="checkbox"/>
1.30	<input type="checkbox"/>	<input type="checkbox"/>	3.30	<input type="checkbox"/>	5.30	<input type="checkbox"/>	7.30	<input type="checkbox"/>

32. Staff-child interactions

	Y	N	Y	N	Y	N	Y	N
1.10	<input type="checkbox"/>	<input type="checkbox"/>	3.10	<input type="checkbox"/>	5.10	<input type="checkbox"/>	7.10	<input type="checkbox"/>
1.20	<input type="checkbox"/>	<input type="checkbox"/>	3.20	<input type="checkbox"/>	5.20	<input type="checkbox"/>	7.20	<input type="checkbox"/>
1.30	<input type="checkbox"/>	<input type="checkbox"/>			5.30	<input type="checkbox"/>		

33. Interactions among children

	Y	N	Y	N	Y	N	Y	N
1.10	<input type="checkbox"/>	<input type="checkbox"/>	3.10	<input type="checkbox"/>	5.10	<input type="checkbox"/>	7.10	<input type="checkbox"/>
1.20	<input type="checkbox"/>	<input type="checkbox"/>	3.20	<input type="checkbox"/>	5.20	<input type="checkbox"/>	7.20	<input type="checkbox"/>
1.30	<input type="checkbox"/>	<input type="checkbox"/>	3.30	<input type="checkbox"/>				

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

5.3 Time, indoor play: _____

Time, outdoor play: _____

Total time, play: _____

S = substantial portion of the day

35. Free play

	1	2	3	4	5	6	7
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	S 5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>
1.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>
	3.3 <input type="checkbox"/>	5.3 <input type="checkbox"/>					

5.1 Time, free play indoors: _____

Time, free play outdoors: _____

Total time, free play: _____

S = substantial portion of the day

36. Group time

	1	2	3	4	5	6	7
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>
1.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>
		5.3 <input type="checkbox"/>	7.3 <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	Y N	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>
1.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>
1.3 <input type="checkbox"/>	3.3 <input type="checkbox"/>	5.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	5.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	5.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>	5.3 <input type="checkbox"/>
1.4 <input type="checkbox"/>	3.4 <input type="checkbox"/>							

A. Total Subscale (Items 34-37) Score _____

B. Number of items scored _____

PROGRAM STRUCTURE Average Score (A ÷ B) _____

PARENTS AND STAFF

38. Provisions for parents

	Y	N	Y	N	Y	N	Y	N	Y	N
1.10	<input type="checkbox"/>	<input type="checkbox"/>	3.10	<input type="checkbox"/>	5.10	<input type="checkbox"/>	7.10	<input type="checkbox"/>		
1.20	<input type="checkbox"/>	<input type="checkbox"/>	3.20	<input type="checkbox"/>	5.20	<input type="checkbox"/>	7.20	<input type="checkbox"/>		
			3.30	<input type="checkbox"/>	5.30	<input type="checkbox"/>	7.30	<input type="checkbox"/>		
			3.40	<input type="checkbox"/>	5.40	<input type="checkbox"/>				

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

39. Provisions for personal needs of staff

	Y	N	Y	N	Y	N	Y	N	Y	N
1.10	<input type="checkbox"/>	<input type="checkbox"/>	3.10	<input type="checkbox"/>	5.10	<input type="checkbox"/>	7.10	<input type="checkbox"/>		
1.20	<input type="checkbox"/>	<input type="checkbox"/>	3.20	<input type="checkbox"/>	5.20	<input type="checkbox"/>	7.20	<input type="checkbox"/>		
			3.30	<input type="checkbox"/>	5.30	<input type="checkbox"/>	7.30	<input type="checkbox"/>		
			3.40	<input type="checkbox"/>	5.40	<input type="checkbox"/>				
			3.50	<input type="checkbox"/>						

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

40. Provisions for professional needs of staff

	Y	N	Y	N	Y	N	Y	N	Y	N
1.10	<input type="checkbox"/>	<input type="checkbox"/>	3.10	<input type="checkbox"/>	5.10	<input type="checkbox"/>	7.10	<input type="checkbox"/>		
1.20	<input type="checkbox"/>	<input type="checkbox"/>	3.20	<input type="checkbox"/>	5.20	<input type="checkbox"/>	7.20	<input type="checkbox"/>		
1.30	<input type="checkbox"/>	<input type="checkbox"/>	3.30	<input type="checkbox"/>	5.30	<input type="checkbox"/>				

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

41. Staff interaction and cooperation

	Y	N	Y	N	Y	N	Y	N	Y	N
1.10	<input type="checkbox"/>	<input type="checkbox"/>	3.10	<input type="checkbox"/>	5.10	<input type="checkbox"/>	7.10	<input type="checkbox"/>		
1.20	<input type="checkbox"/>	<input type="checkbox"/>	3.20	<input type="checkbox"/>	5.20	<input type="checkbox"/>	7.20	<input type="checkbox"/>		
1.30	<input type="checkbox"/>	<input type="checkbox"/>	3.30	<input type="checkbox"/>	5.30	<input type="checkbox"/>	7.30	<input type="checkbox"/>		

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

42. Supervision and evaluation of staff

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

43. Opportunities for professional growth

	Y	N	Y	N	Y	N	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"/>	<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"/>	<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"/>	7.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						5.4	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Total Subscale (Items 38-43) Score _____ B. Number of items scored _____ PARENT'S AND STAFF Average Score (A + B) _____

	Total Subscale Score	# of Items Scored	Average Score	Total and Average Score
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	a. portion	hours	a. portion
4.....	1:30	8.....	2:50
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
8.....	2:50	12.....	4:00

Time center opens: _____ : _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Time center closes: _____ : _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Total hours of operation = _____ hrs _____ mins	
Substantial portion of the day = _____ hrs _____ mins	
3. Furnishings for relaxation and comfort	24. Dramatic play
Total time = _____ hrs _____ mins	Total time = _____ hrs _____ mins
5. Space for privacy	25. Nature/science
Total time = _____ hrs _____ mins	Total time = _____ hrs _____ mins
15. Books and pictures	26. Math/number
Total time = _____ hrs _____ mins	Total time = _____ hrs _____ mins
19. Fine motor	34. Schedule
Total time = _____ hrs _____ mins	Total time = _____ hrs _____ mins
20. Art	35. Free play
Total time = _____ hrs _____ mins	Total time = _____ hrs _____ mins
22. Block area	
Total time = _____ hrs _____ mins	

Sample of a Filled-in Score Sheet and Profile

Sample Score Sheet: Observation 1 9/18/97

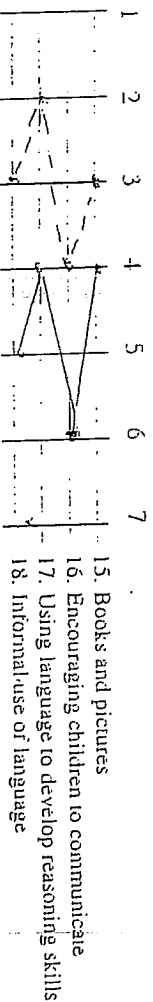
LANGUAGE-REASONING		4/13/97							
15. Books & pictures		1	2	3	4	5	6	7	Notes
Y	N								- few books
110	W	31	W	51	W	71	W	0	occasional
120	W	32	W	52	W	72	W	0	- one picture
				53	W	0			at anytime daily
				54	W	0			
				55	W	0			
16. Encouraging children to communicate		1	2	3	4	5	6	7	Notes
Y	N								- communicate with materials
110	W	31	W	51	W	71	W	0	- after activity
120	W	32	W	52	W	72	W	0	occasional
				53	W	0			
				54	W	0			
				55	W	0			
17. Using language to develop reasoning skills		1	2	3	4	5	6	7	Notes
Y	N								- no instances
110	W	31	W	51	W	71	W	0	instance of
120	W	32	W	52	W	72	W	0	with reasoning
									- logical reasoning
									correct
18. Informal use of language		1	2	3	4	5	6	7	Notes
Y	N								- frequent
110	W	31	W	51	W	71	W	0	child - choice
120	W	32	W	52	W	72	W	0	convention
130	W	33	W	53	W	73	W	0	- after activity
				54	W	0			- child conversation

A. Subscale (Items 15 - 18) Score 13
 B. Number of items scored 17
 LANGUAGE-REASONING Average Score (A + B) 3/10

Sample Score Sheet: Observation 2 4/29/98

LANGUAGE-REASONING		4/29/98							
15. Books & pictures		1	2	3	4	5	6	7	Notes
Y	N								- few books
110	W	31	W	51	W	71	W	0	no picture
120	W	32	W	52	W	72	W	0	correct
				53	W	0			- good answer for
				54	W	0			making and
				55	W	0			language reason
									- found book next
16. Encouraging children to communicate		1	2	3	4	5	6	7	Notes
Y	N								- no picture with children
110	W	31	W	51	W	71	W	0	language
120	W	32	W	52	W	72	W	0	
				53	W	0			
17. Using language to develop reasoning skills		1	2	3	4	5	6	7	Notes
Y	N								reasoning from
110	W	31	W	51	W	71	W	0	and only in
120	W	32	W	52	W	72	W	0	few pictures
									no activity
									feedback on
									input seen
18. Informal use of language		1	2	3	4	5	6	7	Notes
Y	N								activity
110	W	31	W	51	W	71	W	0	convention
120	W	32	W	52	W	72	W	0	with only a
130	W	33	W	53	W	73	W	0	few children
				54	W	0			- no use of
									questions for pictures

A. Subscale (Items 15 - 18) Score 19
 B. Number of items scored 17
 LANGUAGE-REASONING Average Score (A + B) 44/72



Sample of a Profile

III. Language-Reasoning

(15-18)

Obs. 1 3 Obs. 2 4-75

average subscale score