

# SCORE SHEET—EXPANDED VERSION

## Infant/Toddler Environment Rating Scale—Revised

Thelma Harms, Debby Cryer, and Richard M. Clifford

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

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

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

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

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

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

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

3.5, 5.3. Accessibility:

Y N	Y N NA	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>		
	3.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

#### 2. Furniture for routine care and play

1 2 3 4 5 6 7

5.2, 7.2. Child-sized table(s) and chairs?

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

<b>3. Provision for relaxation and comfort</b>	1 2 3 4 5 6 7	3.1. Furnishings: 5.1. Cozy area? {y / n} 3.2, 5.3. Number of soft toys:
Y N      Y N      Y N      Y N NA 1.1 <input type="checkbox"/> <input type="checkbox"/> 3.1 <input type="checkbox"/> <input type="checkbox"/> 5.1 <input type="checkbox"/> <input type="checkbox"/> 7.1 <input type="checkbox"/> <input type="checkbox"/> 3.2 <input type="checkbox"/> <input type="checkbox"/> 5.2 <input type="checkbox"/> <input type="checkbox"/> 7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5.3 <input type="checkbox"/> <input type="checkbox"/> 7.3 <input type="checkbox"/> <input type="checkbox"/>		
<b>4. Room arrangement</b>	1 2 3 4 5 6 7	1.2, 3.2, 5.2. Problems with visual supervision
Y N      Y N NA      Y N      Y N 1.1 <input type="checkbox"/> <input type="checkbox"/> 3.1 <input type="checkbox"/> <input type="checkbox"/> 5.1 <input type="checkbox"/> <input type="checkbox"/> 7.1 <input type="checkbox"/> <input type="checkbox"/> 1.2 <input type="checkbox"/> <input type="checkbox"/> 3.2 <input type="checkbox"/> <input type="checkbox"/> 5.2 <input type="checkbox"/> <input type="checkbox"/> 7.2 <input type="checkbox"/> <input type="checkbox"/> 3.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5.3 <input type="checkbox"/> <input type="checkbox"/> 7.3 <input type="checkbox"/> <input type="checkbox"/> 5.4 <input type="checkbox"/> <input type="checkbox"/>		
<b>5. Display for children</b>	1 2 3 4 5 6 7	5.4. Staff talk about display? (Observe 1 example)
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"/> 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"/> <input type="checkbox"/>		
A. Subscale (Items 1–5) Score ___ ___      B. Number of items scored ___ ___ <b>SPACE AND FURNISHINGS Average Score (A ÷ B) ___ . ___ ___</b>		

PERSONAL CARE ROUTINES																													
<b>6. Greeting/departing</b>	1 2 3 4 5 6 7	1.1, 3.1, 3.4, 5.1, 7.2. Greetings observed (✓ = yes, X = no, W = warm)																											
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"/> 3.4 <input type="checkbox"/> <input type="checkbox"/>		<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%; text-align: left; padding: 2px;">Child</th> <th style="width: 33%; text-align: left; padding: 2px;">Parent</th> <th style="width: 33%; text-align: left; padding: 2px;">Info. shared</th> </tr> <tr><td style="padding: 2px;">1. _____</td><td style="padding: 2px;">_____</td><td style="padding: 2px;">_____</td></tr> <tr><td style="padding: 2px;">2. _____</td><td style="padding: 2px;">_____</td><td style="padding: 2px;">_____</td></tr> <tr><td style="padding: 2px;">3. _____</td><td style="padding: 2px;">_____</td><td style="padding: 2px;">_____</td></tr> <tr><td style="padding: 2px;">4. _____</td><td style="padding: 2px;">_____</td><td style="padding: 2px;">_____</td></tr> <tr><td style="padding: 2px;">5. _____</td><td style="padding: 2px;">_____</td><td style="padding: 2px;">_____</td></tr> <tr><td style="padding: 2px;">6. _____</td><td style="padding: 2px;">_____</td><td style="padding: 2px;">_____</td></tr> <tr><td style="padding: 2px;">7. _____</td><td style="padding: 2px;">_____</td><td style="padding: 2px;">_____</td></tr> <tr><td style="padding: 2px;">8. _____</td><td style="padding: 2px;">_____</td><td style="padding: 2px;">_____</td></tr> </table>	Child	Parent	Info. shared	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____	4. _____	_____	_____	5. _____	_____	_____	6. _____	_____	_____	7. _____	_____	_____	8. _____	_____	_____
Child	Parent	Info. shared																											
1. _____	_____	_____																											
2. _____	_____	_____																											
3. _____	_____	_____																											
4. _____	_____	_____																											
5. _____	_____	_____																											
6. _____	_____	_____																											
7. _____	_____	_____																											
8. _____	_____	_____																											

<b>7. Meals/snacks</b>	1 2 3 4 5 6 7	1.3, 3.3, 5.3. Handwashing: (√ = yes, X = no)	1.3, 3.3, 5.3. Same sink used? {y / n}																																			
<table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Y N NA</td> <td style="text-align:center;">Y N NA</td> <td style="text-align:center;">Y N NA</td> <td style="text-align:center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1.4 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.4 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>3.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>5.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table>	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"/>		1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>		1.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;"></th> <th style="width:35%;">Children</th> <th style="width:15%;"></th> <th style="width:35%;">Adults</th> </tr> <tr> <td>Before eating</td> <td></td> <td>Before food prep, feeding</td> <td></td> </tr> <tr> <td>After eating</td> <td></td> <td>After feeding</td> <td></td> </tr> </table>		Children		Adults	Before eating		Before food prep, feeding		After eating		After feeding		Sink sanitized? {y / n}  Tables/highchair tray washed, sanitized? {y / n}
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"/>																																				
1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>																																				
1.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																				
	Children		Adults																																			
Before eating		Before food prep, feeding																																				
After eating		After feeding																																				

<b>8. Nap</b>	1 2 3 4 5 6 7 NA	1.1. All cots/ mats, cribs > 36" apart or solid barrier? {y / n}																				
<table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Y N</td> <td style="text-align:center;">Y N</td> <td style="text-align:center;">Y N NA</td> <td style="text-align:center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></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"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>3.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	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"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>			3.4 <input type="checkbox"/> <input type="checkbox"/>			Other issues:	
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"/> <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"/>																					

<b>9. Diapering/toileting</b>	1 2 3 4 5 6 7	1.1, 3.1. Diapering procedure (every adult observed): (√ = yes, X = no)	Other issues:																																																																																																			
<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 NA</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>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"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.4 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.4 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table>	Y N	Y N	Y N	Y N NA	1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>	1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Prep</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Proper disposal</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Wipe child's hands</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Wipe adult's hands</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Sanitize diaper area</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Same sink sanitized</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	Prep										Proper disposal										Wipe child's hands										Wipe adult's hands										Sanitize diaper area										Same sink sanitized										1.1, 3.1. Same sink sanitized? {y / n}  1.3, 3.3. Handwashing <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Adult</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td style="text-align:center;">Child</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	Adult	<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"/>	Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y N	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"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																																																			
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>																																																																																																			
1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>																																																																																																				
Prep																																																																																																						
Proper disposal																																																																																																						
Wipe child's hands																																																																																																						
Wipe adult's hands																																																																																																						
Sanitize diaper area																																																																																																						
Same sink sanitized																																																																																																						
Adult	<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"/>																																																																																													
Child	<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"/>																																																																																													

<b>10. Health practices</b>	1 2 3 4 5 6 7	1.1, 3.2, 5.2. Handwashing observations: (√ = yes, X = no)																																			
<table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Y N</td> <td style="text-align:center;">Y N NA</td> <td style="text-align:center;">Y N NA</td> <td style="text-align:center;">Y N NA</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>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"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table>	Y N	Y N NA	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"/> <input type="checkbox"/>	1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>		3.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;"></th> <th style="width:20%;">Child</th> <th style="width:20%;">Adult</th> </tr> <tr> <td>Upon arrival in class or re-entry from outside</td> <td></td> <td></td> </tr> <tr> <td>Before water; after sand, water, messy play</td> <td></td> <td></td> </tr> <tr> <td>After dealing with bodily fluids</td> <td></td> <td></td> </tr> <tr> <td>After touching pets or contaminated objects</td> <td></td> <td></td> </tr> </table>		Child	Adult	Upon arrival in class or re-entry from outside			Before water; after sand, water, messy play			After dealing with bodily fluids			After touching pets or contaminated objects			
Y N	Y N NA	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"/> <input type="checkbox"/>																																		
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>																																		
	3.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																			
	Child	Adult																																			
Upon arrival in class or re-entry from outside																																					
Before water; after sand, water, messy play																																					
After dealing with bodily fluids																																					
After touching pets or contaminated objects																																					

<b>11. Safety practices</b>	1 2 3 4 5 6 7	1.1, 1.2, 3.1, 5.1. Safety hazards:																									
<table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Y N</td> <td style="text-align:center;">Y N</td> <td style="text-align:center;">Y N</td> <td style="text-align:center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Y N	Y N	Y N	Y N	1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:35%;"></th> <th style="width:35%;">Major</th> <th style="width:30%;">Minor</th> </tr> <tr> <td>Indoor:</td> <td></td> <td></td> </tr> <tr> <td>Outdoor:</td> <td></td> <td></td> </tr> </table>		Major	Minor	Indoor:			Outdoor:			
Y N	Y N	Y N	Y N																								
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>																								
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>																								
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>																										
	Major	Minor																									
Indoor:																											
Outdoor:																											

A. Subscale (Items 6–11) Score ___	B. Number of items scored ___	<b>PERSONAL CARE ROUTINES Average Score (A ÷ B) ___</b>
------------------------------------	-------------------------------	---

## LISTENING AND TALKING

### 12. Helping children understand language

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

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

3.1, 5.1. During routines:  
During play:

5.4, 7.1. Examples of descriptive words used:

7.2. Examples of observed verbal play:

### 13. Helping children use language

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

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

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

7.3. Staff ask simple questions (observe 2 examples):

### 14. Using books

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

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

1.2, 3.2. Number of books in disrepair:

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

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

5.2. Wide selection of books

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

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

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

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

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

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

Nature science books for Item 22:

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

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

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

## ACTIVITIES

### 15. Fine motor

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

1.1, 3.1, 5.1.  
Materials for infants:

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"/>		

Materials for toddlers:

### 16. Active physical play

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

1.1, 1.2, 3.3, 5.5.  
Any equipment/materials inappropriate/unsafe?

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

Appropriate indoor/outdoor space:

### 17. Art

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

1.2. Toxic/unsafe art materials used? {y / n}

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

3.2. Appropriate/safe/nontoxic art materials used

### 18. Music and movement

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

3.1, 5.1. List number of musical toys/instruments:

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

5.2. Informal singing observed? {y / n}

### 19. Blocks

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

3.1, 5.1, 7.1. Sets of blocks:

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"/>

1)

2)

3)

3.2, 7.2. Accessories:

**20. Dramatic play**

1 2 3 4 5 6 7

Y N      Y N      Y N NA      Y N NA  
 1.1      3.1      5.1      7.1    
                  3.2      5.2      7.2     
                                  5.3      7.3    
                                  5.4

5.1 Dramatic play materials:

Infants and toddlers:

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

Toddlers only:

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

**21. Sand and water play**

1 2 3 4 5 6 7 NA

Y N      Y N      Y N      Y N  
 1.1      3.1      5.1      7.1    
                  3.2      5.2      7.2    
                  3.3      5.3

**22. Nature/science**

1 2 3 4 5 6 7

Y N      Y N      Y N      Y N  
 1.1      3.1      5.1      7.1    
 1.2      3.2      5.2      7.2    
                  3.3      5.3

5.3. Example of science/nature observed in daily events:

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

1 2 3 4 5 6 7 NA

Y N NA      Y N      Y N      Y N  
 1.1      3.1      5.1      7.1    
 1.2      3.2      5.2      7.2    
 1.3       3.3      5.3

**24. Promoting acceptance of diversity**

1 2 3 4 5 6 7

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

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

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

	Books	Pictures	Materials
Races/ Cultures			
Ages			
Abilities			
Gender			

7.1. Non-sexist images:

7.2. Variety of activities:

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

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

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

## INTERACTION

### 25. Supervision of play and learning

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

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

### 26. Peer interaction

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

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"/>

7.1. Staff explain actions/intensions/feelings (observe 2 examples):

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

### 27. Staff-child interaction

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

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

### 28. Discipline

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

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

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

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

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

## PROGRAM STRUCTURE

### 29. Schedule

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

5.4. Example of more than 3-minute wait, or obvious distress while waiting:

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

### 30. Free play

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

7.1. Supervision as educational interaction (observe 2 examples):

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

### 31. Group play activities

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

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

### 32. Provisions for children with disabilities

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

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>		

A. Subscale (Items 29–32) Score \_\_\_

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

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

**PARENTS AND STAFF**

**33. Provisions for parents**

1 2 3 4 5 6 7

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

**34. Provisions for personal needs of staff**

1 2 3 4 5 6 7

Y N	Y N NA	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	
	3.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.5 <input type="checkbox"/> <input type="checkbox"/>	

**35. Provisions for professional needs of staff**

1 2 3 4 5 6 7

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

**36. Staff interaction and cooperation**

1 2 3 4 5 6 7 NA

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

**37. Staff continuity**

1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
1.4 <input type="checkbox"/> <input type="checkbox"/>	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	

**38. Supervision and evaluation of staff**

1 2 3 4 5 6 7 NA

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

**39. Opportunities for professional growth**

1 2 3 4 5 6 7

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

A. Subscale (Items 33–39) Score \_\_\_ B. Number of items scored \_\_\_ PARENTS AND STAFF Average Score (A ÷ B) \_\_\_

**Total and Average Score**

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

# ITERS-R Profile

Center/School: \_\_\_\_\_ Observation 1:  $\frac{m}{m} / \frac{d}{d} / \frac{y}{y}$  / Observer: \_\_\_\_\_  
 Teacher(s)/Classroom: \_\_\_\_\_ Observation 2:  $\frac{m}{m} / \frac{d}{d} / \frac{y}{y}$  / Observer: \_\_\_\_\_

	1	2	3	4	5	6	7
<b>I. Space and Furnishings</b> (1-5)							
Obs. 1 <input type="text"/>							
Obs. 2 <input type="text"/>							
average subscale score							
<b>II. Personal Care Routines</b> (6-11)							
<input type="text"/>							
<input type="text"/>							
<b>III. Listening and Talking</b> (12-14)							
<input type="text"/>							
<input type="text"/>							
<b>IV. Activities</b> (15-24)							
<input type="text"/>							
<input type="text"/>							
<b>V. Interaction</b> (25-28)							
<input type="text"/>							
<input type="text"/>							
<b>VI. Program Structure</b> (29-32)							
<input type="text"/>							
<input type="text"/>							
<b>VII. Parents and Staff</b> (33-39)							
<input type="text"/>							
<input type="text"/>							
<b>Average Subscale Scores</b>							

1. Indoor space
2. Furniture for routine care and play
3. Provision for relaxation and comfort
4. Room arrangement
5. Display for children
6. Greeting/departing
7. Meals/snacks
8. Nap
9. Diapering/toileting
10. Health practices
11. Safety practices
12. Helping children understand language
13. Helping children use language
14. Using books
15. Fine motor
16. Active physical play
17. Art
18. Music and movement
19. Blocks
20. Dramatic play
21. Sand and water play
22. Nature/science
23. Use of TV, video, and/or computers
24. Promoting acceptance of diversity
25. Supervision of play and learning
26. Peer interaction
27. Staff-child interaction
28. Discipline
29. Schedule
30. Free play
31. Group play activities
32. Provisions for children with disabilities
33. Provisions for parents
34. Provisions for personal needs of staff
35. Provisions for professional needs of staff
36. Staff interaction and cooperation
37. Staff continuity
38. Supervision and evaluation of staff
39. Opportunities for professional growth

- SPACE AND FURNISHING
- PERSONAL CARE ROUTINES
- LISTENING AND TALKING
- ACTIVITIES
- INTERACTION
- PROGRAM STRUCTURE
- PARENTS AND STAFF