



SCORE SHEET – EXPANDED VERSION

Early Childhood Environment Rating Scale®–Revised

Thelma Harms, Richard M. Clifford, and Debby Cryer

Observer: _____ Observer Code: _____

Center/School: _____ Center Code: _____

Room: _____ Room Code: _____

Teacher(s): _____ Teacher Code: _____

Date of Observation: ___/___/___
m m d d y y

Number of children with identified disabilities: _____

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

Birthdates of children enrolled: youngest ___/___/___
m m d d y y

oldest ___/___/___
m m d d y y

Time observation began: ___:___ AM PM

Time observation ended: ___:___ AM PM

Time interview began: ___:___ AM PM

Time interview ended: ___:___ AM PM

| | | | | |
|-----------------------|--|--|--|--|
| Time | | | | |
| # of staff present | | | | |
| # of children present | | | | |

Highest number center allows in class at one time: _____

Highest number of children present during observation: _____

SPACE AND FURNISHINGS

1. Indoor space

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

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

2. Furniture for care, play, & learning

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

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

5.1 Child-sized? _____ ÷ _____ = _____
(# child-sized) (# children) (% child-sized)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|-----|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|---|---|---|---|---|--|--|---|---|--|----------|--|--|---------|--|--|
| 3. Furnishings for relaxation | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">7</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <p>5.1 Total time, cozy area: _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; 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>S 5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> <p>S = substantial portion of the day</p> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | S 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | |
| 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"/> | S 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Room arrangement | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">7</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <p>3.1, 5.1, 7.1 List defined interest centers:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N NA</td> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table> | Y N | Y N NA | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 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"/> | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y N | Y N NA | Y N | Y N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | 7.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Space for privacy | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">7</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <p>5.2 Total time, space for privacy: _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>S 5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> <p>S = substantial portion of the day</p> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | 3.2 <input type="checkbox"/> <input type="checkbox"/> | S 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y N | Y N | Y N | Y N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. Child-related display | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">7</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Space for gross motor | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">7</td> </tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">1.2, 3.2 Safety hazards: major</td> <td style="width: 35%; text-align: center;">minor</td> </tr> <tr> <td style="vertical-align: top;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> </td> <td style="vertical-align: top;"> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">outdoors</td> <td style="width: 35%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td style="text-align: center;">indoors</td> <td></td> <td></td> </tr> </table> </td> </tr> </table> | | 1.2, 3.2 Safety hazards: major | minor | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> <td style="width: 25%; text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | 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"/> | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">outdoors</td> <td style="width: 35%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td style="text-align: center;">indoors</td> <td></td> <td></td> </tr> </table> | outdoors | | | indoors | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| outdoors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| indoors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---|---------------|--|---|----------------------------------|
| 8. Gross motor equipment | 1 2 3 4 5 6 7 | | 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: |
| Y N Y N Y N NA Y N 1.1 <input type="checkbox"/> <input type="checkbox"/> 3.1 <input type="checkbox"/> <input type="checkbox"/> 5.1 <input type="checkbox"/> <input type="checkbox"/> 7.1 <input type="checkbox"/> <input type="checkbox"/> 1.2 <input type="checkbox"/> <input type="checkbox"/> 3.2 <input type="checkbox"/> <input type="checkbox"/> 5.2 <input type="checkbox"/> <input type="checkbox"/> 7.2 <input type="checkbox"/> <input type="checkbox"/> 1.3 <input type="checkbox"/> <input type="checkbox"/> 3.3 <input type="checkbox"/> <input type="checkbox"/> 5.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |

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 | | 1.1, 3.1, 5.1, 5.3, 7.3 Greetings observed (✓=yes, ✗=no) Child Parent Info shared 1 — — — 2 — — — 3 — — — 4 — — — 5 — — — 6 — — — |
| 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"/> | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 10. Meals/snacks | 1 2 3 4 5 6 7 | | 1.3, 3.3 Sanitary conditions observed (✓=yes, ✗=no) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td> </tr> <tr> <td>Children's hands washed</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Teachers' hands washed</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Children's hands washed | | | | | | | | | | | | | | | | Teachers' hands washed | | | | | | | | | | | | | | | | Tables sanitized? Other problems? |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children's hands washed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teachers' hands washed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y N NA Y N NA Y N NA Y N 1.1 <input type="checkbox"/> <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"/> <input type="checkbox"/> 3.2 <input type="checkbox"/> <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"/> <input type="checkbox"/> 3.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7.3 <input type="checkbox"/> <input type="checkbox"/> 1.4 <input type="checkbox"/> <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"/> 1.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|------------------|--|---|
| 11. Nap/rest | 1 2 3 4 5 6 7 NA | | Y N 3.2 All cots/mats ≥ 18" apart? <input type="checkbox"/> <input type="checkbox"/> 5.3 All cots/mats ≥ 36" apart? <input type="checkbox"/> <input type="checkbox"/> |
| Y N Y N Y N Y N 1.1 <input type="checkbox"/> <input type="checkbox"/> 3.1 <input type="checkbox"/> <input type="checkbox"/> 5.1 <input type="checkbox"/> <input type="checkbox"/> 7.1 <input type="checkbox"/> <input type="checkbox"/> 1.2 <input type="checkbox"/> <input type="checkbox"/> 3.2 <input type="checkbox"/> <input type="checkbox"/> 5.2 <input type="checkbox"/> <input type="checkbox"/> 7.2 <input type="checkbox"/> <input type="checkbox"/> 1.3 <input type="checkbox"/> <input type="checkbox"/> 3.3 <input type="checkbox"/> <input type="checkbox"/> 5.3 <input type="checkbox"/> <input type="checkbox"/> 3.4 <input type="checkbox"/> <input type="checkbox"/> | | | |

12. Toileting/diapering 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"/> | |
| 1.4 <input type="checkbox"/> <input type="checkbox"/> | 3.4 <input type="checkbox"/> <input type="checkbox"/> | | |
| | 3.5 <input type="checkbox"/> <input type="checkbox"/> | | |

1.3, 3.3 Handwashing observed (✓=yes, ✗=no)

| | | | | | | | | | | | | | | | |
|---------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Child | | | | | | | | | | | | | | | |
| Teacher | | | | | | | | | | | | | | | |

3.1 Sanitary conditions (✓=yes, ✗=no)
Toilets flushed? ____ Same sink sanitized? ____

Other issues:

Adult handwashing completed ____ out of ____ times
Percentage completed = ____ %

Child handwashing completed ____ out of ____ times
Percentage completed = ____ %

13. Health practices 1 2 3 4 5 6 7

| | | | |
|---|---|---|--|
| 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"/> |
| | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | |
| | 3.4 <input type="checkbox"/> <input type="checkbox"/> | | |

1.1, 3.1, 3.2 Handwashing observations (tally)

| | Adult | | Child | |
|---|-------|----|-------|----|
| | Yes | No | Yes | No |
| Upon arrival in class or re-entry from outdoors | | | | |
| After sand or messy play | | | | |
| Before/after water play | | | | |
| After dealing w/ bodily fluids | | | | |
| After touching pets or contaminated objects | | | | |

Adult handwashing
Completed ____ out of ____ times
Percentage completed = ____ %

Child handwashing
Completed ____ out of ____ times
Percentage completed = ____ %

14. Safety practices 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"/> | | |

1.1, 3.1 Safety hazards: major minor

| | | |
|----------|--|--|
| outdoors | | |
| indoors | | |

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

LANGUAGE-REASONING

15. Books and pictures 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"/> | S 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> |
| | | 5.3 <input type="checkbox"/> <input type="checkbox"/> | |
| | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | |
| | | 5.5 <input type="checkbox"/> <input type="checkbox"/> | |

5.1 Total time, books and pictures = _____ 5.5 Informal reading observed? {y / n}

5.1 Wide selection (tally): fantasy _____

| | | |
|----------------------|-----------------|--------------------|
| nature/science _____ | factual _____ | race/culture _____ |
| people _____ | abilities _____ | animals _____ |

5.4 Violence? _____

Also see Item 26, 3.1 and 5.1, and Item 28, 3.1 and 5.1.

S = substantial portion of the day

| | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|-----|---|---|---|---|---|---|---|---|--|---|--|--|---|---------------|--|
| 16. Encouraging children to communicate <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | 3.3 <input type="checkbox"/> <input type="checkbox"/> | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1 2 3 4 5 6 7</td> </tr> </table> | 1 2 3 4 5 6 7 | 5.1 Communication activities: Examples during free play: Examples during group time: 7.2 Examples of written communication: |
| Y N | Y N | Y N | Y N | | | | | | | | | | | | | | | | |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | 3.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 1 2 3 4 5 6 7 | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|-----|---|---|---|---|---|---|---|---|---|---------------|--|
| 17. Using language to develop reasoning skills <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> </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"/> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1 2 3 4 5 6 7</td> </tr> </table> | 1 2 3 4 5 6 7 | 3.1, 5.1 Examples of logical relationships: 5.2 Examples of child's explanations: |
| Y N | Y N | Y N | Y N | | | | | | | | | | | | |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | |
| 1 2 3 4 5 6 7 | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|-----|---|---|---|---|---|---|---|---|---|--|---|--|--|--|---|--|---|---------------|---|
| 18. Informal use of language <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></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | 1.3 <input type="checkbox"/> <input type="checkbox"/> | | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1 2 3 4 5 6 7</td> </tr> </table> | 1 2 3 4 5 6 7 | 5.3 Examples of staff expanding on children's ideas: 7.2 Examples of staff questioning for longer answers: |
| Y N | Y N | Y N | Y N | | | | | | | | | | | | | | | | | | | | |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| 1.3 <input type="checkbox"/> <input type="checkbox"/> | | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| 1 2 3 4 5 6 7 | | | | | | | | | | | | | | | | | | | | | | | |

A. Total Subscale (Items 15–18) Score B. Number of items scored LANGUAGE-REASONING Average Score (A ÷ B)

ACTIVITIES

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|-----|---|---|---|---|---|---|---|---|--|--|---|--|---|---------------|---|
| 19. Fine motor <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>S 5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | S 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">1 2 3 4 5 6 7</td> </tr> </table> | 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): <ul style="list-style-type: none"> • Small building materials _____ • Art _____ • Manipulatives _____ • Puzzles _____ |
| Y N | Y N | Y N | Y N | | | | | | | | | | | | | | | | |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | S 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| 1 2 3 4 5 6 7 | | | | | | | | | | | | | | | | | | | |

S = substantial portion of the day

20. Art

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

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

5.1 Total time, art materials: _____
 5.1 Types of art materials (list 3 to 5 of each):

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

S = substantial portion of the day

21. Music/movement

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

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

3.1, 5.1 Total time, music materials: _____
 5.1 Types of music materials:

- instruments _____
- music to listen to, and for older 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"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> |
| | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> |
| | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | 7.3 <input type="checkbox"/> <input type="checkbox"/> |
| | | S 5.4 <input type="checkbox"/> <input type="checkbox"/> | |

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

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

S = substantial portion of the day

23. Sand/water

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

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

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

| | Indoors | Outdoors |
|-------|---------|----------|
| Sand | | |
| Water | | |

5.3 Total time, sand or water play: _____

24. Dramatic play

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

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

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

| | Male | Female |
|----|------|--------|
| 1. | | |
| 2. | | |
| 3. | | |

5.2 Total time, dramatic play: _____

S = substantial portion of the day

| <p>25. Nature/science</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1 2 3 4 5 6 7</td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>S 5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> </td> </tr> </table> <p>S = substantial portion of the day</p> | 1 2 3 4 5 6 7 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>S 5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | 3.2 <input type="checkbox"/> <input type="checkbox"/> | S 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | <p>5.1 Types of nature/science materials (list 3 to 5 of each):</p> <ul style="list-style-type: none"> • Collections of natural objects _____ • Living things _____ • Books, games, toys _____ • Activities _____ <p>5.2 Total time, nature/science: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--------|---|---|---|--|---|--|--|---|--|---|---|---|---|--|---|--|---|----------|---|-------|-------|----------|-----------------|----------|--|--|--|----------|--|--|--|-----------|--|--|--|-----------|--|--|--|--------|--|--|--|
| 1 2 3 4 5 6 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>S 5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | 3.2 <input type="checkbox"/> <input type="checkbox"/> | S 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y N | Y N | Y N | Y N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.2 <input type="checkbox"/> <input type="checkbox"/> | S 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>26. Math/number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1 2 3 4 5 6 7</td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>S 5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> </td> </tr> </table> <p>S = substantial portion of the day</p> | 1 2 3 4 5 6 7 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>S 5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | S 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | <p>5.1 Types of math/number materials (list 3 to 5 of each):</p> <ul style="list-style-type: none"> • Counting _____ • Written numbers _____ • Measuring _____ • Comparing quantities _____ • Shapes _____ <p>5.2 Total time, math/number: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 2 3 4 5 6 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>S 5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | S 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y N | Y N | Y N | Y N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | S 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>27. Use of TV, video, and/or computers</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1 2 3 4 5 6 7 NA</td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N NA</td> <td style="width: 25%;">Y N NA</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/> <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></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></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> </td> </tr> </table> | 1 2 3 4 5 6 7 NA | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N NA</td> <td style="width: 25%;">Y N NA</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/> <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></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></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> | Y N | Y N | Y N NA | Y N NA | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | <p>5.1 Diversity in materials (tally)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Books</th> <th style="width: 20%;">Pictures</th> <th style="width: 30%;">Other materials</th> </tr> </thead> <tbody> <tr> <td>Races</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cultures</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ages</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Abilities</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Gender</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Books | Pictures | Other materials | Races | | | | Cultures | | | | Ages | | | | Abilities | | | | Gender | | | |
| 1 2 3 4 5 6 7 NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N NA</td> <td style="width: 25%;">Y N NA</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/> <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></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></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table> | Y N | Y N | Y N NA | Y N NA | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y N | Y N | Y N NA | Y N NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5.4 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Books | Pictures | Other materials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Races | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cultures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>28. Promoting acceptance of diversity</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1 2 3 4 5 6 7</td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table> </td> </tr> </table> | 1 2 3 4 5 6 7 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>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"/> | | | <p>5.1 Diversity in materials (tally)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Books</th> <th style="width: 20%;">Pictures</th> <th style="width: 30%;">Other materials</th> </tr> </thead> <tbody> <tr> <td>Races</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cultures</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ages</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Abilities</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Gender</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Books | Pictures | Other materials | Races | | | | Cultures | | | | Ages | | | | Abilities | | | | Gender | | | | | | | |
| 1 2 3 4 5 6 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y N | Y N | Y N | Y N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3 <input type="checkbox"/> <input type="checkbox"/> | 3.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Books | Pictures | Other materials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Races | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cultures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Abilities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A. Total Subscale (Items 19–28) Score ____</p> | <p>B. Number of items scored ____</p> | <p>ACTIVITIES Average Score (A ÷ B) ____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INTERACTION

29. Supervision of gross motor activities

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

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

30. General supervision of children

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

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

31. Discipline

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

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

32. Staff-child interactions

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

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

33. Interactions among children

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

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

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

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

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

37. Provisions for children with disabilities

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

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

A. Total Subscale (Items 34–37) Score ___

B. Number of items scored ___ PROGRAM STRUCTURE Average Score (A ÷ B) ___

PARENTS AND STAFF

38. Provisions for parents

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

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

39. Provisions for personal needs of staff

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

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

40. Provisions for professional needs of staff

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

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

41. Staff interaction and cooperation

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

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

42. Supervision and evaluation of staff

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

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

43. Opportunities for professional growth

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

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

A. Total Subscale (Items 38–43) Score __ __

B. Number of items scored __ __

PARENTS AND STAFF Average Score (A ÷ B) __. __ __

Total and Average Score

| | <u>Total Subscale Score</u> | <u># of Items Scored</u> | <u>Average Score</u> |
|-----------------------|-----------------------------|--------------------------|----------------------|
| Space and Furnishings | _____ | _____ | _____ |
| Personal Care | _____ | _____ | _____ |
| Language-Reasoning | _____ | _____ | _____ |
| Activities | _____ | _____ | _____ |
| Interaction | _____ | _____ | _____ |
| Program Structure | _____ | _____ | _____ |
| Parents and Staff | _____ | _____ | _____ |
| TOTAL | _____ | _____ | _____ |

Schedule

Planned

Observed

Substantial Portion of the Day Calculations

REFERENCE CHART

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

Time center opens: ___ : ___ AM PM
 Time center closes: ___ : ___ AM PM
 Total hours of operation = ___ hrs ___ mins
 Substantial portion of the day = ___ hrs ___ mins

| | |
|--|---|
| 3. Furnishings for relaxation and comfort Total time = ___ hrs ___ mins | 24. Dramatic play Total time = ___ hrs ___ mins |
| 5. Space for privacy Total time = ___ hrs ___ mins | 25. Nature/science Total time = ___ hrs ___ mins |
| 15. Books and pictures Total time = ___ hrs ___ mins | 26. Math/number Total time = ___ hrs ___ mins |
| 19. Fine motor Total time = ___ hrs ___ mins | 34. Schedule Total time = ___ hrs ___ mins |
| 20. Art Total time = ___ hrs ___ mins | 35. Free play Total time = ___ hrs ___ mins |
| 22. Block area Total time = ___ hrs ___ mins | |

