

SCORE SHEET – EXPANDED VERSION

Early Childhood Environment Rating Scale–Revised

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Observer: _____

Observer Code: _____

Center/School: _____

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

Room: _____

Center Code: _____

Teacher(s): _____

Room Code: _____

Teacher Code: _____

Time						
# of staff present						
# of children present						

Highest number center allows in class at one time: _____

Highest number of children present during observation: _____

Birthdates of children enrolled: youngest ____/____/____

oldest ____/____/____
m m d d y y

Time observation began: ____:____

Time observation ended: ____:____

Time interview began: ____:____

Time interview ended: ____:____

physical/sensory cognitive/language
 social/emotional other: _____

AM PM
 AM PM

SPACE AND FURNISHINGS

1. Indoor space

	1	2	3	4	5	6	7
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <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"/>						

2. Furniture for care, play, & learning

	1	2	3	4	5	6	7
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <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"/>					

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

3. Furnishings for relaxation

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

5.1 Total time, cozy area: _____

S = substantial portion of the day

4. Room arrangement

	1	2	3	4	5	6	7
Y N							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Y N
							<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Y N
							<input type="checkbox"/>
							<input type="checkbox"/>
							7.1
							<input type="checkbox"/>
							<input type="checkbox"/>
							7.2
							<input type="checkbox"/>
							<input type="checkbox"/>
							7.3
							<input type="checkbox"/>
							<input type="checkbox"/>
							5.3
							<input type="checkbox"/>
							<input type="checkbox"/>
							3.4
							<input type="checkbox"/>

3.1, 5.1, 7.1 List defined interest centers:

5. Space for privacy

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

5.2 Total time, space for privacy: _____

S = substantial portion of the day

6. Child-related display

	1	2	3	4	5	6	7
Y N							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Y N
							<input type="checkbox"/>
							<input type="checkbox"/>
							7.1
							<input type="checkbox"/>
							<input type="checkbox"/>
							7.2
							<input type="checkbox"/>
							<input type="checkbox"/>
							5.3
							<input type="checkbox"/>

7. Space for gross motor

	1	2	3	4	5	6	7
Y N							
1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Y N
							<input type="checkbox"/>
							<input type="checkbox"/>
							7.1
							<input type="checkbox"/>
							<input type="checkbox"/>
							7.2
							<input type="checkbox"/>
							<input type="checkbox"/>
							5.3
							<input type="checkbox"/>

1.2, 3.2 Safety hazards:		major	minor
outdoors			
indoors			

8. Gross motor equipment

1 2 3 4 5 6 7

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

3.1 Total time, gross motor equipment: _____
 5.2 List variety of skills:

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

7.1 stationary:

portable:

A. Total Subscale (Items 1–8) Score ____

B. Number of items scored ____

SPACE AND FURNISHINGS Average Score (A + B) ____

PERSONAL CARE ROUTINES

9. Greeting/departing

1 2 3 4 5 6 7

Y N Y N Y N NA Y N NA
 1.1 3.1 5.1 7.1
 1.2 3.2 5.2 7.2
 1.3 3.3 5.3 7.3

1.1, 3.1, 5.1, 5.3, 7.3 Greetings observed (✓=yes, X=no)
 Child Parent Info shared

1	___	___	___
2	___	___	___
3	___	___	___
4	___	___	___
5	___	___	___
6	___	___	___

10. Meals/snacks

1 2 3 4 5 6 7

Y N NA Y N NA Y N NA Y N
 1.1 3.1 5.1 7.1
 1.2 3.2 5.2 7.2
 1.3 3.3 5.3 7.3
 1.4 3.4 5.4
 1.5 3.5
 3.6

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

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

Tables sanitized?
 Other problems?

11. Nap/rest

1 2 3 4 5 6 7 NA

Y N Y N Y N Y N
 1.1 3.1 5.1 7.1
 1.2 3.2 5.2 7.2
 1.3 3.3 5.3
 3.4

3.2 All cots/mats ≥ 18" apart?
 5.3 All cots/mats ≥ 36" apart?

12. Toileting/diapering

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 5.3
 1.4 3.4
 3.5

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

Child	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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 N N A
 1.1 3.1 5.1 7.1
 1.2 3.2 5.2 7.2
 3.3 5.3
 3.4

1.1, 3.1, 3.2 Handwashing observations (tally)

	Adult		Child		Adult handwashing
	Yes	No	Yes	No	
Upon arrival in class or re-entry from outdoors					Completed _____ out of _____ times Percentage completed = _____ %
After sand or messy play					Child handwashing Completed _____ out of _____ times Percentage completed = _____ %
Before/after water play					
After dealing w/ bodily fluids					
After touching pers or contaminated objects					

14. Safety practices

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

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 3.1 S 5.1 7.1
 1.2 3.2 5.2 7.2
 5.3
 5.4
 5.5

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

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

5.1 Communication activities:
Examples during free play:

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

Examples during group time:

7.2 Examples of written communication:

17. Using language to develop reasoning skills

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

3.1, 5.1 Examples of logical relationships:

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

5.2 Examples of child's explanations:

18. Informal use of language

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

5.3 Examples of staff expanding on children's ideas:

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

7.2 Examples of staff questioning for longer answers:

A. Total Subscale (Items 15–18) Score ____

B. Number of items scored ____

LANGUAGE-REASONING Average Score (A ÷ B) ____

ACTIVITIES

19. Fine motor

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

5.1 Total time, fine motor activities: _____
5.1 Types of fine motor material (list 3 to 5 of each):

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

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

S = substantial portion of the day

20. Art

	1	2	3	4	5	6	7
Y N	Y N	Y N	Y N	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"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <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"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
			7.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>

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

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

S = substantial portion of the day

21. Music/movement

	1	2	3	4	5	6	7
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <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"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <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"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <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	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <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"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <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"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <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	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <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"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <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	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <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"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <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"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <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"/>	7.4 <input type="checkbox"/> <input type="checkbox"/>	7.4 <input type="checkbox"/> <input type="checkbox"/>	7.4 <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

25. 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

3.2 S 5.2 7.2

3.3 5.3 5.4

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

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

S = substantial portion of the day

5.2 Total time, nature/science: _____

26. Math/number

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

Y N Y N Y N Y N

1.1 3.1 5.1 7.1

1.2 3.2 S 5.2 7.2

5.3 5.4

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

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

S = substantial portion of the day

5.2 Total time, math/number: _____

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

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

Y N Y N Y N NA Y N NA

1.1 3.1 5.1 7.1

1.2 3.2 5.2 7.2

3.3 5.3 5.4

28. Promoting acceptance of diversity

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

Y N 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 (tally)

	Books	Pictures	Other materials
Races			
Cultures			
Ages			
Abilities			
Gender			

A. Total Subscale (Items 19–28) Score ____

B. Number of items scored ____

ACTIVITIES Average Score (A + B) ____

INTERACTION

29. Supervision of gross motor activities	1	2	3	4	5	6	7
Y N	Y N	Y N	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	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	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	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	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	Y N	Y N	Y N	Y N	5.3 Time, indoor play: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time, outdoor play: _____
								Total time, play: _____

S = substantial portion of the day

35. Free play

	1 2 3 4 5 6 7							
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	5.1 Time, free play indoors: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time, free play outdoors: _____
								Total time, free play: _____

S = substantial portion of the day

36. Group time

	1 2 3 4 5 6 7						
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Y N	Y N	Y N	Y N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Total Subscale (Items 34-37) Score _____ B. Number of items scored _____ **PROGRAM STRUCTURE Average Score (A + B) _____**

PARENTS AND STAFF

38. Provisions for parents

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

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

39. Provisions for personal needs of staff

	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"/>	7.1	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>	5.2	<input type="checkbox"/>	7.2	<input type="checkbox"/>
			3.3	<input type="checkbox"/>	<input type="checkbox"/>	5.3	<input type="checkbox"/>	7.3	<input type="checkbox"/>
			3.4	<input type="checkbox"/>	<input type="checkbox"/>	5.4	<input type="checkbox"/>		
			3.5	<input type="checkbox"/>	<input type="checkbox"/>				

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

40. Provisions for professional needs of staff

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

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

41. Staff interaction and cooperation

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

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

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"/>		7.1	<input type="checkbox"/>	<input type="checkbox"/>
1.2	<input type="checkbox"/>	<input type="checkbox"/>	3.2	<input type="checkbox"/>	<input type="checkbox"/>		7.2	<input type="checkbox"/>	<input type="checkbox"/>
							7.3	<input type="checkbox"/>	<input type="checkbox"/>
							5.4	<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"/>
						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

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

Schedule

Planned

Observed

Substantial Portion of the Day Calculations

REFERENCE CHART

	hours	s. portion	hours	s. portion
Time center opens: ___:___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	4.....	1:20	8.....	2:40
Time center closes: ___:___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM	4½.....	1:30	8½.....	2:50
Total hours of operation = ___ hrs ___ mins	5.....	1:40	9.....	3:00
Substantial portion of the day = ___ hrs ___ mins	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

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	

ECERS-R Profile

Center/School: _____

Observation 1: / / / / /
m m d d y y

Observer(s): _____

Teacher(s)/Classroom: _____

Observation 2: / / / / /
m m d d y y

Observer(s): _____

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