

INFANT/TODDLER ENVIRONMENT RATING SCALE

REVISED EDITION

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Introduction to the ITERS-R

The Infant/Toddler Environment Rating Scale-Revised Edition (ITERS-R) is a thorough revision of the original Infant/Toddler Environment Rating Scale (ITERS, 1990). It is one of a series of four scales that share the same format and scoring system but vary considerably in requirements, because each scale assesses a different age group and/or type of child development setting. The ITERS-R retains the original broad definition of environment including organization of space, interaction, activities, schedule, and provisions for parents and staff. The 39 items are organized into seven subscales: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interaction, Program Structure, and Parents and Staff. This scale is designed to assess programs for children from birth to 30 months of age, the age group that is most vulnerable physically, mentally, and emotionally. Therefore, the ITERS-R contains items to assess provision in the environment for the protection of children's health and safety, appropriate stimulation through language and activities, and warm, supportive interaction.

Admittedly, it is very challenging to meet the needs of infants and toddlers in a group care setting because each of these very young children requires a great deal of personal attention in order to thrive. The economic pressure of raising a family continues to make the use of out-of-home group care for infants and toddlers the norm rather than the exception. Therefore, as a society, we are increasingly aware that we must face the challenge of providing child care settings for very young children that promote optimal development. It has long been the personal challenge of professional early childhood educators to provide the nurturance and stimulation that very young children need on a daily basis. A comprehensive, reliable, and valid instrument that assesses process quality and quantifies what is observed to be happening in a classroom, can play an important role in improving the quality of infant/toddler care.

In order to define and measure quality, the ITERS-R draws from three main sources: research evidence from a number of relevant fields (health, development, and education), professional views of best practice, and the practical constraints of real life in a child care setting. The requirements of the ITERS-R are based on what these sources judge to be important conditions for positive outcomes in children both while they are in the program and long afterward. The guiding principle here, as in all of our environment rating scales, has been to focus on what we know to be good for children.

Process of Revision

The process of revision drew on four main sources of information: (1) research on development in the early years and findings related to the impact of child care environments on children's health and development; (2) a content comparison of the original ITERS with other assessment instruments designed for a similar age group, and additional documents describing aspects of program quality; (3) feedback from ITERS users, solicited through a questionnaire that was circulated and also put on our website, as well as from a focus group of professionals familiar with the ITERS; and (4) intensive use for more than two years by two of the ITERS co-authors and over 25 ITERS trained assessors for The North Carolina Rated License Project.

The data from studies of program quality gave us information about the range of scores on various items, the relative difficulty of items, and their validity. The content comparison helped us to identify items to consider for addition or deletion. By far the most helpful guidance for the revision was the feedback from direct use in the field. Colleagues from the US, Canada, and Europe who had used the ITERS in research, monitoring, and program improvement gave us valuable suggestions based on their experience with the scale. The focus group discussed in particular what was needed to make the revised ITERS more sensitive to issues of inclusion and diversity.

Changes in the ITERS-R

While retaining the basic similarities in format and content that provide continuity between the ITERS and ITERS-R, the following changes were made:

1. The indicators under each level of quality in an item were numbered so that they could be given a score of "Yes", "No", or "Not Applicable" (NA) on the scoresheet. This makes it possible to be more exact in reflecting observed strengths and weaknesses in an item.
2. Negative indicators on the minimal level were removed from one item and are now found only in the 1 (inadequate) level. In levels 3 (minimal), 5 (good), and 7 (excellent) only indicators of positive attributes are listed. This eliminates the one exception to the scoring rule in the original ITERS.
3. The Notes for Clarification have been expanded to give additional information to improve accuracy in scoring and to explain the intent of specific items and indicators.

4. Indicators and examples were added throughout the scale to make the items more inclusive and culturally sensitive. This follows the advice given to us by scales users to include indicators and examples in the scale instead of adding a subscale.
5. New items were added to several subscales including the following:
 - Listening and Talking: Item 12. Helping children understand language, and Item 13. Helping children use language.
 - Activities: Item 22. Nature/science, and Item 23. Use of TV, video and/or computer.
 - Program Structure: Item 30. Free play, and Item 31. Group play activities.
 - Parents and Staff: Item 37. Staff continuity, and Item 38. Supervision and evaluation of staff.
6. Some items in the Space and Furnishings subscale were combined to remove redundancies, and two items were dropped in Personal Care Routines: Item 12. Health policy, and Item 14. Safety policy. Research showed that these items were routinely rated with high scores because they were based on regulation but the corresponding items assessing practice were rated much lower. It is practice that the ITTERS-R should concentrate on since the aim is to assess process quality.
7. The scaling of some of the items in the subscale Personal Care Routines was made more gradual to better reflect varying levels of health practices in real life situations, including Item 6. Greeting/departing, Item 7. Meals/snacks, Item 9. Diapering/toileting, Item 10. Health practices, and Item 11. Safety practices.
8. Each item is printed on a separate page, followed by the Notes for Clarification.
9. Sample questions are included for indicators that are difficult to observe.

Reliability and Validity

As noted earlier in this introduction, the ITTERS-R is a revision of the widely used and documented ITTERS, that is one in a family of instruments designed to assess the overall quality of early childhood programs. Together, with the original instrument, the Early Childhood Environment Rating Scale (ECERS), and the more recent revision of that scale, the ECERS-R, these scales have been used in major research projects in the United States as well as in a number of other countries. This extensive research has documented both the ability of the scales to be used reliably and the validity of the scales in terms of their relation to other measures of quality and their tie to child development outcomes for children in classrooms with varying environmental ratings.

In particular, both the ECERS and ITTERS scores are predicted by structural measures of quality such as child-staff ratios, group size, and staff education levels (Cryer, Tierze, Burchinal, Leal, & Palacios, 1999; Phillipsen, Burchinal, Howes, & Cryer, 1998). The scores are also related to other characteristics normally expected to be related to quality such as teacher salaries and total program costs (Cryer et al., 1999; Marshall, Creps, Burstein, Glantz, Robeson, Barnett, 2001; Phillipsen et al., 1998; Whitebook, Howes, & Phillips, 1989). In turn, rating scale scores have been shown to predict children's development (Burchinal, Roberts, Nabors, & Bryant, 1996; Peisner-Feinberg et al., 1999).

Since the concurrent and predictive validity of the original ITTERS is well established and the current revision maintains the basic properties of the original instrument, the studies of the ITTERS-R have focused on the degree to which the revised version maintains the ability of trained observers to use the scale reliably. Additional studies will be needed to document the continued relationship with other measures of quality as well as to document its ability to predict child outcomes. A two-phase study was completed in 2001 and 2002 to establish reliability in use of the scale.

The first phase was a pilot phase. In this phase a total of 10 trained observers in groups of two or three used the first version of the revised scale in 12 observations in nine centers with infant and/or toddler groups. After these observations, modifications were made in the revised scale to adjust for issues that arose in the pilot observations.

The final phase of the field test involved a more formal study of reliability. In this phase, six trained observers conducted 45 paired observations. Each observation lasted approximately three hours, followed by a 20–30 minute teacher interview. The groups observed were selected to be representative of the range of quality in programs in North Carolina. North Carolina has a rated license system that awards points for various features related to quality. Centers are given a license with one to five stars depending on the total number of points earned. A center receiving a one-star license meets only the very basic requirements in the licensing law while a five-star center meets much higher standards. For our sample we selected 15 groups in centers with one or two stars, 15 with three stars, and 15 with four or five stars. The programs were also chosen to represent various age ranges of children served. Of the 45 groups observed, 15 were from groups with children under 12 months of age, 15 from groups with children 12–24 months old, and 15 with children 18–30 months old. The groups were in 34 different centers and seven of them included children with identified disabilities. All centers were in the central portion of North Carolina.

The field test resulted in 90 observations with two paired observations each in 45 group settings. Several measures of reliability have been calculated.

Indicator Reliability. Across all 39 items in the revised ITERS, there are a total of 467 indicators. There was agreement on 91.65% of all indicator scores given by the raters. Some researchers will omit the Parents and Staff Subscale in their work. Thus, we have calculated the indicator reliability for the child specific items in the first six subscales, Items 1–32. The observer agreement for the 378 indicators in these items was 90.27%. Only one item had indicator agreement of less than 80% (Item 11, Safety practices was 79.11%). The item with the highest level of indicator agreement was Item 35, Staff professional needs, with an agreement of 97.36%. It is apparent that a high level of observer agreement at the indicator level can be obtained using the ITERS-R.

Item Reliability. Because of the nature of the scoring system, it is theoretically possible to have high indicator agreement but low agreement at the item level. Two measures of item agreement have been calculated. First, we calculated the agreement between pairs of observers within 1 point on the seven-point scale. Across the 32 child-related items, there was agreement at this level 83% of the time. For the full 39 items, agreement within 1 point was obtained in 85% of the cases. Item agreement within one point ranged from a low of 64% for Item 4, Room arrangement, to 98% for Item 38, Evaluation of staff.

A second, somewhat more conservative measure of reliability is Cohen's Kappa. This measure takes into account the difference between scores. The mean weighted Kappa for the first 32 items was .55 and for the full 39-item scale it was .58. Weighted Kappa's ranged from a low of .14 for Item 9.

Diapering/toileting, to a high of .92 for Item 34, Provisions for personal needs of staff. Only two items had weighted Kappa's below .40 (Item 9, Diapering/toileting, and Item 11, Safety practices, with a weighted Kappa of .20). In both cases the mean item score was extremely low. A characteristic of the Kappa statistic is that for items with little variability the reliability is particularly sensitive to even minor differences between observers. The authors and observers agreed that the low scores on these items accurately reflected the situation in the groups observed and that any changes to substantially increase variability would provide an inaccurate picture of the features of quality reflected in these two items. For all items with a weighted Kappa below .50 the authors examined the items carefully and made minor changes to improve the reliability of the item without changing its basic content. These changes are included in the printed version of the scale. Even using the more conservative measure of reliability, the overall results indicate a clearly acceptable level of reliability.

Overall Agreement. For the full scale, the intraclass correlation was .92 both for the full 39 items as well as for the 32 child-related items. Intraclass correlations for the seven subscales are shown in Table 1. It should be noted that the intraclass correlation for the Program Structure Subscale is calculated excluding Item 32. Provision for children with disabilities, since only a small portion of groups received a score on this item. Taken together with the high levels of agreement at the item level, the scale has clearly acceptable levels of reliability. It should be remembered that this field test used observers who had been trained and had a good grasp of the concepts used in the scale.

Table 1 Intraclass Correlations of Subscales

Subscale	Correlation
Space and Furnishings	0.73
Personal Care Routines	0.67
Listening and Talking	0.77
Activities	0.91
Interaction	0.78
Program Structure	0.87
Parents and Staff	0.92
Full Scale (Items 1–39)	0.92
All Child Items (1–32)	0.92

Internal Consistency. Finally we examined the scale for internal consistency. This is a measure of the degree to which the full scale and the subscales appear to be measuring a common concept. Overall the scale has a high level of internal consistency with a Cronbach's alpha of .93. For the child-related items, 1–32, the alpha is .92. This measure indicates a high degree of confidence that a unified concept is being measured. A second issue is the degree to which the subscales also show consistency. Table 2 shows the alphas for each subscale:

Table 2 Internal Consistency

Subscale	Alpha
Space and Furnishings	0.47
Personal Care Routines	0.56
Listening and Talking	0.79
Activities	0.79
Interaction	0.80
Program Structure	0.70
Parents and Staff	0.68
Full Scale (Items 1–39)	0.93
All Child Items (1–32)	0.92

Instructions for Using the ITERS-R

It is important to be accurate in using the ITERS-R whether you use the scale in your own classroom for self-assessment or as an outside observer for program monitoring, program evaluation, program improvement, or research. A video training package for the ITERS-R is available from Teachers College Press for use in self-instruction or as part of group training. It is preferable to participate in a training sequence led by an experienced ITERS-R trainer before using the scale formally. The training sequence for observers who will use the scale for monitoring, evaluation, or research should include at least two practice classroom observations with a small group of observers led by an experienced group leader, followed by an interrater agreement comparison. Additional field practice observations may be needed to reach the desired level of agreement, or to develop reliability within a group. Anyone who plans to use the scale should read the following instructions carefully before attempting to rate a program.

Administration of the Scale

1. The scale is designed to be used with one room or one group at a time, for children birth through 30 months of age. A block of at least three hours should be set aside for observation and rating if you are an outside observer, that is, anyone who is not a member of the teaching staff (i.e., program directors, consultants, licensing personnel, and researchers).
2. Before you begin your observation, complete the identifying information on the top of the first page of the Score Sheet. You will need to ask the teacher for some of the information, especially the birth dates of the oldest and youngest children, number of children enrolled in the group, and whether there are children with identified disabilities in the group. By the end of the observation, make sure all identifying information requested on the first page is complete.
3. Take a few minutes at the beginning of your observation to orient yourself to the classroom.
 - You may want to start with Items 1–5 in Space and Furnishings because some of the indicators are easy to observe and typically do not change during the observation.
 - Some items require observation of events and activities that occur only at specific times of the day (i.e., Items 6–9 in Personal Care Routines, Item 16, Active physical play). Be aware of those items so that you can observe and rate them as they occur.
4. Be careful not to disrupt the ongoing activities while you are observing.
 - Maintain a pleasant but neutral facial expression.
 - Do not interact with the children unless you see something dangerous that must be handled immediately.
 - Do not talk to or interrupt the staff.
 - Be careful about where you place yourself in the room to avoid disrupting the environment.
5. Arrange a time with the teacher to ask questions about indicators you were not able to observe. The teacher should be free of responsibility for children when he or she is answering questions. Approximately 20–30 minutes will be required for questions. In order to make best use of the time set aside for asking questions:
 - Use the sample questions provided, whenever applicable.
 - If you have to ask questions about items for which no sample questions have been provided, note your questions on the score sheet or another sheet of paper before talking with the teacher.
 - Ask only those questions needed to decide whether a higher score is possible.
 - Ask questions on one item at a time following the order of the items in the scale and take notes or decide on a score before you move on to the next item.
6. Note that the six-page Score Sheet, starting on page 57, provides a convenient way to record the ratings for indicators, items, subscale, and total scores, as well as your comments. The Profile that follows the Score Sheet permits a graphic representation of this information.
 - A fresh copy of the Score Sheet is needed for each observation. Permission is hereby given to photocopy the Score Sheet and Profile only, not the entire scale.
 - Ratings should be recorded on the Score Sheet before leaving the program or immediately afterward. Ratings should not be entrusted to memory for later recording.

- Complete an assessment, including any report that is required, before doing another observation.
- It is advisable to use a pencil with a good eraser on the Score Sheet during the observation, so that changes can be made easily.

Scoring System

1. Read the entire scale carefully, including the Items, Notes for Clarification, and Questions. In order to be accurate, all ratings must be based as exactly as possible on the indicators provided in the scale items.
2. The scale should be kept readily available and read constantly during the entire observation to make sure that the scores are assigned accurately.
3. Examples that differ from those given in the indicator but meet the intent of the indicator may be used as a basis for giving credit for an indicator.
4. Scores should be based on the current situation that is observed or reported by staff, not on future plans. In the absence of observable information on which to base your rating, you may use answers given by the staff during the question period to assign scores.
5. Requirements in the scale apply to *all* children in the group being observed, unless an exception is noted in an item.
6. When scoring an item, always start reading from 1 (inadequate) and progress upward till the correct quality score is reached.
7. Yes (Y) is marked on the scoresheet if the indicator is *true* for the situation being observed. No (N) is marked on the scoresheet if the indicator is *not true*. (For each numbered indicator, ask yourself, "Is this true, Yes or No?").
8. Ratings are to be assigned in the following way:
 - A rating of 1 must be given if *any* indicator under 1 is scored Yes.
 - A rating of 2 is given when all indicators under 1 are scored No and at least half of the indicators under 3 are scored Yes.
 - A rating of 3 is given when all indicators under 1 are scored No and all indicators under 3 are scored Yes.
 - A rating of 4 is given when all requirements of 3 are met and at least half of the indicators under 5 are scored Yes.
 - A rating of 5 is given when all requirements of 3 are met and all indicators under 5 are scored Yes.
 - A rating of 6 is given when all requirements of 5 are met and at least half of the indicators under 7 are scored Yes.
 - A rating of 7 is given when all requirements of 5 are met and all indicators under 7 are scored Yes.

- A score of NA (not applicable) may only be given for indicators or for entire items when "NA permitted" is shown on the scale and there is an NA on the Score Sheet. Indicators that are scored NA are not counted when determining the rating for an item, and items scored NA are not counted when calculating subscale and total scale scores.
- To calculate average subscale scores, sum the scores for each item in the subscale and divide by the number of items scored. The total mean scale score is the sum of all item scores for the entire scale divided by the number of items scored.

Alternate Scoring Option

Since each one of the indicators in the ITERS-R can be given a rating, it is possible to continue to rate the indicators beyond the quality level score assigned to an item. Using the scoring system described above, indicators are typically rated only until an item quality score is assigned. However, if it is desirable, for purposes of research or program improvement, to gain additional information on areas of strength beyond the item quality level score, the observer can continue to rate all the indicators in an item.

If the alternate scoring option is selected and all indicators are scored, the required observation time and the questioning time will need to be extended considerably. An observation of approximately three and a half to four hours and a questioning time of approximately 45 minutes will be required to complete all indicators. The additional information may, however, be helpful in making plans for specific improvements and in the interpretation of research findings.

The Score Sheet and the Profile

The Score Sheet provides for both indicator and item scores. The indicator scores are Y (Yes), N (No), and NA (not applicable), which is permitted only as noted for selected indicators. The item quality scores are 1 (Inadequate) through 7 (Excellent), and NA (not applicable), which is permitted only as noted for selected items. There is also a small space provided for notes to justify the scores. Since notes are particularly helpful in counseling staff for improvement, we suggest taking more extensive notes on another sheet of paper for this purpose.

Care should be taken to mark the correct box under Y, N, or NA for each indicator. The numerical item quality score should be circled clearly (see sample, p. 56).

The Profile permits a graphic representation of the scores for all items and subscales. It can be used to compare areas of strength and weakness, and to select items and subscales to target for improvement. There is also space for the mean subscale scores. The profiles for two observations can be plotted side by side to present changes visually (see sample, p. 56).

Explanation of Terms Used Throughout the Scale

Accessible: Children can reach and are allowed to use toys, materials, furnishings and/or equipment. Toys on open shelves must be within easy reach of children. No barriers can be present to prevent children from reaching them. For example, toys are not accessible if they are in containers with lids that the children can not manage, unless staff show signs that they regularly make the toys accessible to the children, by opening various containers during the observation. If materials are stored out of reach, they must be placed within children's reach to be counted as accessible. For example, if they are stored out of a non-mobile infant's reach, the baby must be moved to reach them, or the materials must be placed close to the non-mobile infant. During an observation, if there is evidence that staff regularly provide access to the variety of toys required for an item or indicator, credit can be given for "accessible."

Appropriate: Used in various items to mean age- and developmentally-suited for the children in the group being observed. For example, Item 5, Display for children, Item 7, Meals/snacks, and Item 14, Using books use the word "appropriate" in the context of the item. In determining whether the requirements for "appropriate" are being met within the context of a particular indicator, the observer should consider whether the children's needs for protection, stimulation, and positive relationships are being met in ways that are supportive and meaningful.

Handwashing: For infants, toddlers, and staff, hands must be washed with soap and running water for 5–10 seconds (sing "Row, Row, Row Your Boat" once). Hands should be dried with individual paper towels that are not shared, or air-dried with a blower. Using wipes or antiseptic waterless washes can not be substituted for handwashing, since these do not effectively get rid of germs. However, for *very young infants* who have little body or head control, use of a disposable wipe is an acceptable substitute. Use of gloves does not eliminate the need for staff to wash their hands thoroughly after completing a diaper change. See detailed instructions for handwashing in the Notes for Clarification for Item 7, Meals/snacks, Item 9, Diapering/toileting, and Item 10, Health practices.

Infants/Toddlers: Infants are defined as children from birth through 11 months of age. Toddlers are children between the ages of 12 and 30 months. In all items or

indicators where a particular age cut-off is given (e.g., "Score NA when all children are younger than 12 months of age"), some flexibility is allowed. If there is only one, child in the group who exceeds the age cut-off, and that child is *less than* one month older than the age requirement, then the item/indicator can still be marked NA. If the child is more than one month older than the age cut-off, or if there are two or more children who meet the age requirement, then the item/indicator must be scored. The item or indicators in question must be scored, even if there are plans to move the child to an older group, because ratings must be based on the current situation. An exception to this rule is applied when a child with a disability is enrolled. In this case, the necessity for a requirement will depend on the child's abilities and disabilities. For example, if a child has a speech/language disability, and does not have limited physical abilities, then many requirements would still apply, such as for certain furnishings or activities that are not speech/language related.

Much of the day: Refers to the time materials are accessible to the children. It means most of the time that any child may be awake and able to play. Since many very young children will be on individual schedules, access must be provided when *any* child is awake. If children are prevented from using materials for long periods because of lengthy routines, group times, or being kept where access is not possible (e.g., in high chairs, play pens, outdoors where materials are not available; non-mobile children given access to only a limited number of toys), then credit can not be given for "much of the day." For non-mobile infants, all required toys or materials do not have to be accessible at the same time during the whole observation because of problems with clutter. However, there must be clear indications that the required variety and numbers of materials are accessible at various times during the day.

Some and many: Used throughout the scale to denote quantity or frequency. Specific guidelines may be given in various items. "Some" denotes presence in the environment, and at least 1 example must be observed, unless the guidelines require more examples. To give credit for "many", children should have access without long periods of waiting or undue competition.

Staff: Generally refers to the adults who are directly involved with the children, the teaching staff. In the scale, staff is used in the plural because there is usually more than one staff member working with a group. When individual staff members handle things differently, it is necessary to arrive at a score that characterizes the overall impact of the staff members on the children. For example, in a room where one staff member is very verbal and the other is relatively non-verbal, the score is determined by how well the children's need for verbal input is met. In all items involving any type of interaction, "staff" refers to those adults who are in the classroom and who work with the children daily (or almost daily), for much of the day. This can include

volunteers, if they are in the classroom for the required amount of time. Adults who are in the classroom for short periods of the day, or who are not a regular daily part of the classroom, do not count in evaluating whether the requirements of the item are met. For example, if a therapist, parent, director, or owner of a program comes into the classroom and interacts with the children for short or irregular periods, these interactions do not count in scoring the item, *unless they have a substantial negative impact on the operation of the class or group, or on one or more specific children*. When staff, such as floaters or part-time assistants, are regularly assigned to work in a classroom during specific periods of the day and are present on a daily basis, their interactions should be considered in scoring. In programs such as Parent Cooperatives or Lab Schools whose usual staffing pattern includes different people daily as teaching assistants, these assistants should be counted as staff.

Usually: Used to indicate the common or prevalent practice observed, that is carried out with only a few lapses.

Overview of the Subscales and Items of the ITERS-R

Space and Furnishings	page 11	Activities	page 31
<ol style="list-style-type: none">1. Indoor space2. Furniture for routine care and play3. Provision for relaxation and comfort4. Room arrangement5. Display for children		<ol style="list-style-type: none">15. Fine motor16. Active physical play17. Art18. Music and movement19. Blocks20. Dramatic play21. Sand and water play22. Nature/science23. Use of TV, video, and/or computer24. Promoting acceptance of diversity	
Personal Care Routines	page 17		
<ol style="list-style-type: none">6. Greeting/departing7. Meals/snacks8. Nap9. Diapering/toileting10. Health practices11. Safety practices			
Listening and Talking	page 28	Interaction	page 41
<ol style="list-style-type: none">12. Helping children understand language13. Helping children use language14. Using books		<ol style="list-style-type: none">25. Supervision of play and learning26. Peer interaction27. Staff-child interaction28. Discipline	
		Program Structure	page 45
		<ol style="list-style-type: none">29. Schedule30. Free play31. Group play activities32. Provisions for children with disabilities	
		Parents and Staff	page 49
		<ol style="list-style-type: none">33. Provisions for parents34. Provisions for personal needs of staff35. Provisions for professional needs of staff36. Staff interaction and cooperation37. Staff continuity38. Supervision and evaluation of staff39. Opportunities for professional growth	

Indoor space

1.1, 3.1, 5.1

In evaluating the adequacy of indoor space, consider the maximum number of children and adults who may use the space on any day, whether there is enough space for furnishings and materials required for basic care and play, and the total amount of space that may be used. Space that appears to be adequate, because the basic furnishings and materials for routines and/or play are lacking, or very few children are present, must be considered in terms of how it would work if the basics and all the children were present. If a classroom is located in a very large room but staff are only allowed to use a small part of the room, base the adequacy on the amount of space the classroom may use. However, if the classroom is allowed to use the entire space in a large room and staff choose to use only a small portion of the space, credit can be given for the total amount of space in the room. Any crowding in this case is due to the way the staff chooses to organize the large space and should be considered in Item 4, Room arrangement.

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

SPACE AND FURNISHINGS

1. Indoor space

- | | | | |
|--|--|--|--|
| 1.1 Not enough space for children, adults, and furnishings.* | 3.1 Enough indoor space for children, adults, and furnishings.* | 5.1 Ample indoor space for children, adults, and furnishings (Ex. children and adults can move around freely; furnishings do not crowd room; space for equipment needed by children with disabilities; spacious open area for children to play). | 7.1 Natural light can be controlled (Ex. adjustable blinds or curtains). |
| 1.2 Space lacks adequate lighting, temperature control, or sound-absorbing materials. | 3.2 Adequate lighting, temperature control, and sound-absorbing materials. | 5.2 Good ventilation, some natural lighting through windows or skylight. | 7.2 Ventilation can be controlled (Ex. windows can be opened; ventilating fan can be used).* |
| 1.3 Space is in poor repair (Ex. peeling paint on walls and ceiling; rough, damaged floors). | 3.3 Space is in good repair. | 5.3 Space for children is accessible to children and adults with disabilities.* | 7.3 Floors, walls, and other built-in surfaces made of easy-to-clean materials (Ex. washable floors/floor covering and paint/wallpaper, counters, and cabinets have easy-to-clean surfaces). |
| 1.4 Space is poorly maintained (Ex. accumulation of dirt and grime on floors and rugs; sinks dirty; daily cleaning neglected). | 3.4 Space is reasonably clean and well-maintained.* | | |
| | 3.5 Space for children is accessible to all children and adults with disabilities currently using classroom (Ex. ramps and handrails for people with disabilities; access for wheelchairs and walkers).* | | |

NA permitted.

*Notes for Clarification

- 1.1. Base space needs on the largest number of children allowed to attend at one time.
- 3.1. Enough indoor space requires that staff can move around to meet children's routine care needs (such as having easy access to children in cribs, separating diapering and food preparation areas) and that children are not crowded when they play. There must be enough room for all adults, children, and furnishings in the room without being crowded.
- 3.4. It is expected that there will be some messiness from the regular activities of the day. "Reasonably clean" means that there is evidence of daily maintenance, such as floors being vacuumed and mopped, and that big messes, such as food on floor after children have been fed, are cleaned up promptly.
- 3.5, 5.3. To give credit for accessibility, the classroom and the bathroom must be accessible to individuals with disabilities. Doorways must be at least 32 inches wide. The door handles must be operated with limited use of hands. The entrance door threshold should be ½ inch high or less and, if over ¼ inch, must be beveled to make it easier to roll over. If there are other obvious impediments to access for individuals with disabilities (such as narrow stalls in restroom, stairs with no ramp or elevator), credit can not be given.

Questions

- 7.2. Can the ventilation in your room be controlled? *If yes, ask: How is this done?*

Inadequate 1	2	Minimal 3	4	Good 5	6	Excellent 7
2. Furniture for routine care and play						
1.1 Not enough furniture to meet needs of children for routine care: feeding, sleeping, diapering/toileting, storage of children's possessions and routine care supplies.*		3.1 Enough furniture for routine care.		5.1 Furniture suitable for individual care of infants/toddlers (Ex. high chairs rather than group feeding table for infants or young toddlers; tables and chairs for small groups of toddlers; individual storage of children's possessions).		7.1 Routine care furniture accessible and convenient (Ex. cots/mats easy for adults to access; place to store diapers/diapering supplies near diapering table; cubbies placed for easy use by parents, staff, and older toddlers).
1.2 Not enough furniture for play (Ex. no open storage for toys).*		3.2 Enough furniture for play.*		5.2 Some child-sized table(s) and chairs used with toddlers.*		7.2 Most of the tables and chairs used with toddlers are child-sized.*
1.3 Furniture is generally in such poor repair that children could be injured (Ex. splinters or exposed nails; wobbly legs on chairs).		3.3 All furniture is sturdy and in good repair.*		5.3 Furniture promotes self-help as children are ready (Ex. steps near sink; special chair for child with physical disability; low open shelves for accessible toy storage).		7.3 Convenient, organized storage for extra toys.
		3.4 Seats for children are comfortable and supportive (Ex. footrest, side and back supports; non-slippery surface; safety belt if needed).*		5.4 Some storage used for extra toys and supplies.		7.4 Comfortable adult seating for working with children.*
				5.5 Some adult seating for use in routine care.*		

(See Notes for Clarification and Questions on next page)

Notes for Clarification

- 1.1. Examples of furniture for routine care are: infant seats, high chairs, small tables and chairs for feeding; cribs, mats, or cots for sleeping; diapering table, and storage for diapering supplies. Unless all children are fed at the same time, 1 feeding chair per child is not required.
- 1.2. Examples of furniture for play are: infant seats, small tables and chairs, low open shelves or dishpans/baskets/milk crates for toy storage.
- 3.2. Sufficient low open shelves and/or other storage for toys are required to get credit for this indicator. There must be enough storage for all accessible toys to get credit for this indicator (without having toys crowded into a small space).
- 3.3. Sturdiness is a property of the furniture itself (i.e., will not break, fall over, or collapse when used). If sturdy furniture is placed so that it can be easily knocked over, this is a problem with safety, not the sturdiness of the furniture. Don't be overly perfectionistic when scoring this indicator. If there is only a very minor problem that does not create a likely safety hazard, then give credit for this indicator. For example, if a chair or table is slightly wobbly, but will not collapse, or if a vinyl covered couch is slightly worn, but foam is not exposed, then do not count off for these small things, unless there are a substantial number of small problems.
- 3.4. If the vast majority of children are comfortable in the feeding chairs, then credit should be given, even if one child is not as comfortable as the others are.

5.2, 7.2. Child-sized chairs allow children to sit back in the chair with feet touching the floor (not necessarily flat on the floor). Children should not have to perch on edge of the chair for feet to touch floor. A child-sized table allows children's knees to fit under the table while elbows are comfortably above table surface. Do not consider high chairs or group feeding tables, that *toddlers* must be put into by an adult, to be child-sized.

5.5, 7.4. Sometimes teachers use preschool-sized chairs or other furniture (such as very large blocks or cubes) to sit on while feeding children who are in high chairs or at very low tables. Credit can be given if seats are larger than infant/toddler furnishings, and if they seem to work well for the teachers. However, credit for such make-shift arrangements can not be given under 7, where comfortable adult-sized furniture is required.

Adult seating should be provided next to child-sized furnishings for care and learning (e.g. diapering/toileting, meals, play activities) so helping adults do not strain their backs while assisting children.

Questions

5.4, 7.3. Do you use any other toys or materials in addition to what I observed? *If yes, ask: Where are they stored? Could you please show me?*

7.1. *If cots or mats are not visible during the observation, ask: Where are the children's cots or mats stored?*

Inadequate	Minimal	Good	Excellent
1	3	5	7

3. Provision for relaxation and comfort

- 1.1 No “softness” provided for children at play (Ex. no upholstered furniture, rug areas, cushions, or soft toys provided for play).*

3.1 Some rug or other soft furnishing provided during play (Ex. cushion, mat, quilt on floor).

5.1 Special cozy area accessible much of the day.*

7.1 Special cozy area plus sofas accessible in several other are (Ex. Several soft rug areas, be bag chair for toddlers, upholstered child-sized chair couch).

- 3.2 Three or more soft toys accessible much of the day.*

- 5.2 Cozy area protected from active play.*
- 5.3 Many soft toys accessible much of the day.*

- 7.2 Non-mobile infants placed in cozy area when appropriate.*
NA permitted.

- 7.3 Cozy area used for reading or other quiet play.*

*Notes for Clarification

- 1.1. Refers to softness provided other than that found in cribs, playpens, or other padded routine-care furnishings.
- 3.2. Examples of soft toys are: cloth or vinyl covered foam blocks, cloth dolls, cloth toy animals, cloth puppets, and so forth. Observe that soft toys are within children’s reach and that the toys can be used by children.
- 5.1. The cozy area must provide a substantial amount of softness for the children. A thin mat, cushion, or a carpet alone would not meet this requirement. Typically, a cozy area includes a combination of soft furnishings, but a single furnishing, such as a mattress or futon could meet the requirement if it provides the substantial amount of softness needed by children.
- 5.2. “Protected” means that the cozy area is away from active play equipment, and h (through placement or a barrier) protection from children who are crawling or walking. It should not be in the center of the room where there is a lot of traffic. Si should be diligent to ensure that active children do not interfere with a child in the cozy area by jumping on or running into the child who is relaxing.
- The cozy area can be used for short periods as a group space (e.g., for dancing c circle time), but it should be protected from active play for most of the day. If the: are 2 or more cozy areas, each area does not need to meet the requirements of the indicators. However, there must always be 1 area that is *not* used for active physica play. A combination of all areas can be used to judge whether a cozy area can be u: for most of the day.
- 5.3. To meet the requirement of “many,” there should be at least 10 soft toys, and at least 2 per child if there are more than 5 children.
- 7.2, 7.3. To give credit, at least 1 instance must be observed during the observation.

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

4. Room arrangement

- 1.1 Furnishings take up most of the space, leaving little space for play (Ex. space crowded with routine care furnishings; children play primarily in small spaces between or under cribs or feeding tables).
- 3.1 Furnishings placed to provide some open space for play.
- 3.2 Arrangement of room allows visual supervision of children without major difficulties (Ex. separate sleep room always supervised; no out-of-view corners or high shelves that hide children).*
- 3.3 Most spaces for play are accessible to children with disabilities enrolled in the group. *NA permitted.*
- 1.2 Major problems with room arrangement prevent adequate supervision of children (Ex. no easy visual supervision of separate sleep room; hidden area in L-shaped room used for routines or play).*
- 5.1 Routine care areas conveniently arranged (Ex. cribs/cots placed for easy access; diapering supplies at hand; warm running water available where needed; feeding tables on easy-to-clean floor).
- 5.2 Arrangement of room makes it possible for staff to see all children at a glance (Ex. all play spaces easily visible during diapering or food preparation).*
- 5.3 Areas for quiet and active play separated (Ex. young infants protected from more mobile children; books and quiet toys separated from climbing or running spaces).
- 5.4 Toys are stored for easy access by children (Ex. on low open shelves; in containers that can be placed near non-mobile child).
- 7.1 Suitable space provided for different kinds of experiences (Ex. Large open space for active play; small cozy space for books or quiet play; easily cleaned surfaces for art and messy play).*
- 7.2 Materials with similar use are placed together to make interest areas (Ex. Infants: rattle or soft toy area, crawling area; toddlers: books, music, push toys, manipulative toys, gross motor area).*
- 7.3 Traffic patterns do not interfere with activities.

*Notes for Clarification

1.2, 3.2, 5.2. If there is more than 1 staff member with the group at all times, each one does not have to be able to see the whole space at a glance. However, all children must be within view of 1 of the staff members. Remember that if there are 2 staff members in a room during the observation, but only 1 staff member at other times (e.g., early and late in the day), then this should be considered in scoring the item.

7.1, 7.2. Interest areas should make play convenient for the children. Space and play surfaces should be suitable for the type of material being used. For example, blocks need a steady surface; scribbling requires a hard surface under the paper and room for children to move their arms freely. Infants require fewer, more flexible interest areas, while toddlers need a wider variety of play spaces.

Questions

5.1. *If cots or mats are not visible during the observation, and the information needed was not acquired during questioning for Item 2, ask: Where are the children's cots or mats stored? Could you please show me?*

Inadequate 1	2	Minimal 3	4	Good 5	6	Excellent 7
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5. Display for children

- 1.1 No pictures or other materials displayed for children.
1.2 Most of display is inappropriate for predominant age group (Ex. materials showing violence; numbers and letters overwhelm display).

3.1 At least 3 colorful pictures and/or other materials displayed where children can easily see them (Ex. mobiles, photos).*
3.2 Content of display is generally appropriate (Ex. not frightening; showing things that are meaningful to children).

5.1 Many colorful, simple pictures, posters, and/or photographs displayed throughout the room.
5.2 Mobiles and/or other colorful hanging objects for children to look at.*
5.3 Many items displayed where children can easily see them, some within easy reach.

7.1 Photographs of children in the group, their families, pets, or other familiar faces displayed or child's eye level.
7.2 Most pictures protected from being torn (Ex. clear plastic over pictures).
7.3 New materials added or display changed at least monthly.

*Notes for Clarification

- 3.1. When the only display is wallpaper with colorful pictures, or a mural painted on the wall, credit can be given for this indicator, but not for 5.1.
5.2. To give credit for hanging objects and mobiles, the materials must be able to move in space. Flat picture-like objects hanging against the wall (e.g., colorful quilts, cut-outs) are not counted for this indicator. Hanging plants can be counted.
5.4. To give credit, at least 1 instance must be observed during the observation.
7.4. Any artwork done by toddlers can be counted, including ditto or coloring book pages that toddlers have scribbled on.

Questions

- 7.3. Do you add to or change what is displayed in your room, such as the pictures on the wall? *If yes, ask:* About how often?

- 5.4 Staff talk to the children about displayed materials.*
7.4 Art work done by toddlers displayed (Ex. scribble pictures, hand prints).* *NA permitted.*

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

PERSONAL CARE ROUTINES

6. Greeting/departing

- | | | | |
|---|--|---|--|
| <p>1.1 Greeting of children is often neglected.</p> <p>1.2 Departure is not well-organized.</p> <p>1.3 At greeting/departing times, parents rarely enter area used for child's care.*</p> | <p>3.1 Most children greeted warmly (Ex. staff seem pleased to see children; smile; use pleasant voice).</p> <p>3.2 Departure is well-organized (Ex. children's things ready to go; diapers recently changed).</p> <p>3.3 Parents bring child into caregiving area as part of daily routine.*</p> <p>3.4 Parents and staff share information related to child's health and/or safety (Ex. whether child slept well; medication; notified of illness in group; injuries reported).*</p> | <p>5.1 Staff greet each child and parent and provide pleasant organized departure (Ex. conversation on arrival; clothes ready for departure).</p> <p>5.2 Problems with separation from parent or departing from center handled sensitively (Ex. comfort crying child; patient with child who is not ready to leave play).</p> <p>5.3 Written record of infant's daily feeding, diapering, and naps available for parents to see.
<i>NA permitted.</i></p> | <p>7.1 Friendly, relaxed atmosphere that encourages parents to spend time in classroom at drop-off and pick-up times (Ex. parent and staff chat while child gets settled; parent reads to child).</p> <p>7.2 In addition to providing information about care routines, staff talk to parents about specific things their child did during the day (Ex. play activities child enjoyed; new skill child worked on).*</p> <p>7.3 Individual written record of infant's day given to parents.
<i>NA permitted.</i></p> |
|---|--|---|--|

*Notes for Clarification

- 1.3. Interpret "parents" as any adults who are responsible for the care of the child, such as grandparents, foster parents, or nannies.
- 1.3, 3.3. If children are bused to the center and *no* parents enter the area used for care, score 1.3 Yes. If *some* children are bused, but *some* parents usually enter the area used for care, score 1.3 No, and 3.3 No.
- 3.4, 7.2. If children are bused, ask to find out whether parents and staff share information about the children in any way.

Questions

- If neither greeting nor departing are observed, ask: Can you describe what happens when children arrive and leave? Follow up with more specific questions if needed, such as:*
- 1.3, 3.3. Do parents usually bring the children into the room?
- 3.2, 5.1. What is done to prepare for children's leaving?
- 5.2. If a child has difficulty letting his or her parent leave or has difficulty leaving the center at the end of the day, how is this handled?
- 7.1. Do parents ever spend time in the classroom at drop-off and pick-up times?
- 7.2. Is it possible for staff to talk to parents at pick-up times? *If yes, ask: What sort of things are discussed?*
- 7.3. Is a written record of each infant's day given to parents? *If yes, ask: May I see an example?*

*Notes for Clarification

1.2, 3.2. To determine nutritional adequacy, refer to nutrition guidelines for infants and toddlers in the guidelines for the USDA Child Care and Adult Food Program or comparable guidelines from other countries. Check menu for the week in addition to observing food served. An occasional instance of not meeting the guidelines—for example, cupcakes for a birthday party instead of the regular snack—should not affect the rating. If no menu is available, ask the teacher to describe meals/snacks served for the past week. If parents provide food, staff must check nutritional adequacy and supplement when needed.

Foods that are too hot are not considered appropriate, such as food or bottles warmed in a microwave oven or in water warmer than 120 degrees.

1.3, 3.3, 5.3. In scoring what you would consider sanitary food service for the children, think of what *you* would expect in terms of cleanliness in a restaurant. (Would you eat food that had fallen onto the restaurant chair or the seat of the booth, or would you want the waiter to put food into your mouth after putting food into your friend's mouth?) The issue of spreading germs is the same, but even more serious for infants and toddlers, who have immature immune systems.

Basic sanitary procedures:

- Staff wash hands, even if gloves are used, before and after both bottle feeding and preparing and serving food to children. For feeding, the staff must wash their own hands in any situation where their skin may have become contaminated (such as by picking up another child who is drooling or toys that have been mouthed, feeding a child with fingers).
- Children who feed themselves (such as with fingers or spoons) have hands washed before and after eating. Re-contamination of hands after being washed for eating should be minimized, for example, by having children sit at table as soon as hands have been washed.
- Eating surfaces (such as highchair trays or table top) cleaned and sanitized before and after serving food.
- No contaminated food should be fed to the child (e.g., perishable food brought from home that is not refrigerated; food/beverages left in warm water for more than 5 minutes; food that has fallen onto the seat of the highchair, been touched by another child). Utensils, not hands, should be used to cut up food or feed a child.
- For milk and juice in bottles to be considered sanitary, they can be un-refrigerated for no longer than 1 hour.
- Any food fed with a fork or spoon from a container may not be used for a later feeding.

- Food preparation areas must be separate from areas used for eating, play, toilet, animals, hallways, bathing.
- For information on proper storage and serving of formula and breastmilk, consult state sanitary guidelines for child care or the Appendix of *Caring for Our Children: The National Health and Safety Performance Standards for Out-of-Home Child Care, 2nd edition* (2002).

- When there is more than 1 caregiver with a group, the caregiver who prepares food should avoid involvement in changing diapers until after the food has been prepared.

- Sinks used for food preparation should be used for no other purpose (e.g., not handwashing or diaper changing clean-up). If the same sink must be used for different purposes, it must be sanitized before food-related use.

- 1.4. Infants and young toddlers who can sit up independently and hold their bottles may be allowed to feed themselves.

- 3.1. Caloric needs vary greatly from one child to another. Since a snack may turn out to be a meal and the meal not eaten, snacks and meals should be nourishing food.

Drinking water should be offered between feedings to children who are consuming solid foods.

- 5.1. The number of children in very small groups will depend on the age and abilities of the children. Younger infants should be fed individually. For older infants, a very small group would be no more than 2-3 children. For toddlers and twos, a small group is no more than 6 children. In determining whether the group is appropriately small, observe to find out if the group size allows the positive interaction and support the children would receive in a good setting. However, do not confuse the effects of group size with other issues that might affect whether children's needs are being met, such as staff characteristics or number of staff present. Infants and toddlers should never be fed in a setting, such as a lunch room, where many groups of children come together to eat.

- 5.5. NA if parents provide all food for their children.

Questions

- 1.2, 3.2. What do you do if parents provide insufficient food for their children or if the food they provide does not meet children's needs?
- 1.5, 3.5. What do you do if children have food allergies?
- 7.2. Do you have a chance to talk with parents about their child's nutrition? If yes, ask: What sort of issues do you discuss?

Inadequate 1	2	Minimal 3	4	Good 5	6	Excellent 7
8. Nap*						
1.1 Provisions for nap not appropriate (Ex. too early or too late; crowded area; sleeping children disturbed by loud noise, bright lights, or other children; young infants put to sleep on stomach; soft pillows used with infants; infant's head covered).*		3.1 Nap is scheduled appropriately for each child.		5.1 Nap is personalized (Ex. crib/cot placed in same place; familiar practices; special blanket or cuddly toy for toddlers).		7.1 Children are helped to relax (soft music; child soothed by patting back).
		3.2 Healthful provisions for nap/rest (Ex. cribs/cots/mats at least 36 inches apart unless separated by a solid barrier; clean bedding for each child).*		5.2 Toddlers are eased into group schedules (Ex. quiet place for tired toddler to start nap early). <i>NA permitted.</i>		7.2 Activities provided for children who are not sleeping (Ex. ear risers and non-nappers have quiet activities; infants taken off cribs to play).
1.2 Little or no supervision provided (Ex. children not visually checked regularly while sleeping).		3.3 Sufficient supervision provided for children during nap.*		5.3 Supervision is pleasant, responsive, and warm.*		
1.3 Children left in cribs (or on cots, mats, and so forth) inappropriately (Ex. for more than 15 minutes while happily awake or more than 2–3 minutes when unhappy; cribs used for time-out).		3.4 Cribs (or cots, mats) used for sleeping, not for extended play.				

(See Notes for Clarification and Questions on next page)

****Notes for Clarification***

Item 8. All programs, no matter how long or short they are, should have some provision for individual infants, toddlers, and 2-year-olds to nap if they are tired. However, for programs of less than 4 hours in length, where nap is not a regular part of the day and the children do not seem tired, this item may be marked NA.

1.1, 3.2. To give credit for appropriate and healthful provisions, sleeping children should not be left in swings, infant seats, and so forth in place of cribs because these furnishings are usually not assigned to a single child (sanitation) and they are not usually well-protected from other children's activity (safety). However, in a special case, an infant may not sleep well in a crib, and it might be beneficial to allow the child to sleep in another place. If this is true, ensure that the child is safe and protected from active children, and that the sanitary requirements are met. Be sure to ask the teacher if there is a special reason for a child not to be placed in a crib for nap.

In the example for indicator 1.1, "crowded" means that children are placed so they are less than 36 inches away from another child who is resting. This distance is required for control of airborne infection, and ensuring that staff members have no difficulty accessing children because cribs/cots/mats are placed so close to one another. Tighter spacing is permissible if adjacent children are using rest equipment that is separated by a solid barrier.

Infants should be placed to sleep on their backs, but allowed to assume their favorite sleeping positions independently thereafter. A physician's note is required for exemption from this practice.

3.3. "Sufficient supervision" means that enough staff are present to protect children's health and safety and to supervise children who are awake. Staff are alert and visually supervise children.

5.3. If nap is not observed, judge the quality of the supervision primarily on what was observed throughout the observation. Also consider information provided by staff on how nap supervision is handled, especially if the staff who supervise nap were not observed during the observation.

Questions

If nap is not observed, ask: Since I was not here to see naptime, how is nap handled? More specific questions can then be asked:

1.1. Where do the children sleep? How are the cots/mats arranged?

1.2. Who supervises naptime? How is supervision handled?

5.2. What do you do if a child is tired before naptime?

7.2. What do you do if a child wakes up very early from nap?

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

9. Diapering/toileting

- 1.1 Sanitary conditions of area are rarely maintained (Ex. potty chairs not sanitized; diapers not disposed of properly; diapering surface not sanitized after use; toilets not flushed).*
- 3.1 Sanitary conditions are maintained at least half of the time (Ex. if 1 sink is used, it is sanitized between diapering/toileting and food-related use; potty chairs are emptied after each use and sanitized in a separate sink used only for that purpose).*
- 5.1 Sanitary conditions usually maintained, with only a few lapses.*
- 7.1 Sanitary conditions always maintained.*
- 1.2 Major problems with meeting diapering/toileting needs (Ex. diapers rarely changed; children forced to sit on toilet too long; lack of provisions such as paper towels, running water, soap, or sanitizing solution).
- 3.2 Diapering/toileting needs usually met in an appropriate manner (Ex. individual schedules that include visual checks of the diaper at least every 2 hours; provisions readily available).*
- 5.2 Sanitary conditions easy to maintain (Ex. no potty chairs used; warm running water near diapering table and toilets; easy to clean surfaces).
- 7.2 Child-sized toilets and low sit provided.
NA permitted.
- 1.3 Handwashing often neglected for staff or children after diapering/toileting.*
- 3.3 Staff and children usually wash hands after diapering/toileting.*
- 5.3 Provisions convenient and accessible (Ex. steps to reach sink and toilet; handrail for child with disability; toileting area adjacent to room; easy-to-reach storage for diapering next to changing table; changing table is comfortable for staff to use).*
- 7.3 Self-help skills promoted as children are ready.
- 1.4 Inadequate or unpleasant supervision of children.*
- 3.4 Adequate supervision for ages and abilities of children.
- 5.4 Pleasant staff-child interaction.

(See Notes for Clarification on next page)

*Notes for Clarification

1.1, 3.1, 5.1, 7.1. The purpose of maintaining sanitary conditions is to prevent the spread of germs in the urine or stool to staff's or child's hands, the diapering surface, containers of supplies, cabinet doors, or any other surface the children and staff might touch. Wearing of gloves for diaper changing is optional, but helpful. A fresh solution of bleach water should be made up daily, 1 tablespoon of household bleach to 1 quart of water (or ¼ cup bleach to 1 gallon of water), or an EPA-registered sanitizer should be used according to the manufacturer's instructions.

The following measures are essential to cut down on the spread of gastro-intestinal illness and should be considered when scoring this item:

- Physical separation of diapering area from food preparation area, including separate sinks for each area. If the same sink must be used for more than diapering/toileting, faucet handles and sink should be sanitized with a bleach and water solution after diapering/toileting use.
- Staff should prepare for a diaper change before bringing the child to the diapering area by having ready:
 - Changing table paper (if used) to cover the table from the child's shoulders to heels (in case it becomes soiled and must be folded over to give a clean surface during the change)
 - Enough wipes for the diaper change (including wiping child's bottom and adult's hands after taking the soiled diaper away from the child's skin)
 - A clean diaper, plastic bag for soiled clothes, and clean clothes if soiled clothing is anticipated
 - Non-porous gloves (if they will be used)
 - A dab of diaper cream on a disposable piece of paper or tissue (if used)
 - Supplies should have been removed from their containers before starting the diaper change.
- The diapering surface should be sanitized after each diaper change (all surfaces must be able to be sanitized—i.e. no quilted pads or safety straps, no containers should be stored on the diapering surface). The sanitizing solution must be allowed to air dry for at least 2 minutes.
- Disposal of diapers in a hands-free covered can (usually one that has a step pedal that lifts the lid) to prevent further contamination of surfaces.
- Toys that are played with, or objects that are touched, while children's diapers are being changed must be put aside to be sanitized.

1.3, 3.3. Handwashing for infants, toddlers, and staff requires that hands be washed with liquid soap and running water for at least 10 seconds (say "Bubble One, Bubble Two, Bubble Three, Bubble Four ... Bubble Ten", or sing "Row, Row, Row Your Boat" once).

- Thorough handwashing of child's hands with liquid soap and warm running water is required after each diapering is completed. Using wipes or antiseptic waterless washes can not be substituted for handwashing, since these do not effectively get rid of germs. To avoid injury of a child in very unusual circumstances (e.g., a newborn baby with no head control, a very heavy baby with little body control) use of a disposable wipe is an acceptable substitute.

- Use of a wipe for the child's and caregiver's hands is needed after placing the soiled diaper, wipes, and gloves (if used) into the hands-free covered container.

- Thorough adult handwashing with warm running water and soap is required after each diaper check and after each diaper change as the final step after the diapering surface has been sanitized. This must be done before any other surfaces in the room are touched. This handwashing is usually completed after spraying the diapering surface with a sanitizing solution. If the surface is allowed to dry for 2 or more minutes and then wiped dry, a *second* washing of hands is not required.

1.4. "Inadequate supervision " means that staff do not monitor to protect the safety of the children or to ensure that sanitary procedures (such as handwashing) are carried out.

3.2, 3.3, 5.1. "Usually" means that procedures are carried out 75% of the time during the observation and no major problem is observed. In other words, there are relatively few lapses in practice, such as not washing 1 child's hands or not sanitizing diapering surface 1 time.

5.3. A changing table that is comfortable for staff to use saves staff from back injuries or uncomfortable movements; for example, a table that is 28–32 inches high, with steps for toddlers to use.

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

10. Health practices*

- | | | | |
|--|--|--|--|
| 1.1 Staff do not usually act to cut down on the spread of germs (Ex: handwashing often neglected; toys and furnishings dirty; signs of animal contamination in outdoor play area; noses rarely wiped; pacifiers shared by children; "spit-up" not properly cleaned and sanitized). | 3.1 Staff usually act to cut down on the spread of germs (Ex: mouthed toys washed daily; different towel/washcloth used for each child; toothbrushes stored to avoid contamination; tissues used when needed and disposed of properly; no obvious contamination of outdoor sand; no shared use of personal items such as combs, brushes).* | 5.1 Children are properly cared for to meet health needs indoors and outdoors (Ex: dressed properly; wet or soiled clothes changed; sun protection when outdoors; faces washed; smock used for messy play; bib used for drooling infant).* | 7.1 Children encouraged to manage health practices independently (Ex: staff talk to infants about health practices as they are being done; proper handwashing techniques taught; child show how to put on own coat; health related books, pictures, songs used). |
| 1.2 Smoking is allowed in child care areas, either indoors or outdoors. | 3.2 Hands of children and staff washed at least 75% of the time when needed to protect health.* | 5.2 Hands of children and staff consistently washed to protect health. | 7.2 Individual toothbrushes for toddlers used at least once daily in full-day program.*
<i>NA permitted.</i> |
| 1.3 Children with contagious illness are not removed from contact with others (Ex. children with diarrhea not excluded from group).* | 3.3 Extra clothes available and children changed when needed. | 5.3 Staff are good models of health practices (Ex. eat only healthful foods in front of children; dress properly for weather; fingernails easily cleaned). | 7.3 Health information from recognized health organization available for parents (Ex. pamphlets from USDA on nutrition, childhood diseases from American Academy of Pediatrics). |
| | 3.4 All medications administered properly.*
<i>NA permitted.</i> | 5.4 Sand used for outdoor sand play is clean, and covered when not in use.
<i>NA permitted.</i> | |

(See Notes for Clarification and Questions on next page)

***Notes for Clarification**

Item 10. Health practices associated with diapering/tolieting, meals/ snacks, and nap are covered in Items 7, 8, and 9. Therefore, these practices should not be considered in scoring this item.

1.3. Valid reasons for exclusion include: (1) fever with a behavior change that indicates that the child is unable to participate in the program; (2) the child requires more care than the caregiver can reasonably provide and still care for the other children; (3) the child has a condition, such as diarrhea, that requires exclusion to protect the other children from being exposed to a transmissible infectious disease. Common colds are most transmissible before symptoms appear and during the early watery discharge phase of the illness. Green and yellow nasal mucus are not signs of transmissible infectious disease.

3.1. "Usually" means that there are no major problems with sanitary procedures, only an occasional lapse, such as failing to quickly wipe a child's nose or disposing of a used tissue improperly.

3.2. See definition of handwashing on page 7. This percentage should be calculated separately for staff and for children. In this item, examples of when handwashing is necessary for adults and children include:

- upon arrival for the day or when moving from one child care group to another
- when playing in water used by more than 1 person
- after wiping noses, or handling or touching bodily fluids such as mucus, blood, vomit, saliva
- after playing in sandboxes
- after cleaning or handling garbage
- after handling pets and other animals
- when giving medication (adults)
- after applying sunscreen to each child
- after messy play

3.4. Only medications that have been prescribed by a physician for a particular child are to be given by staff. Staff give medications only from original container with instructions from a health professional. Score NA if no children are in care who require medications prescribed by a physician.

5.1. Children should be dressed so they are neither hot nor cold (e.g., sweatshirts not worn outdoors in hot weather, wet clothes changed on chilly day); children have shade in the play area and use sun protection such as sun screen, hats, and sun-protective clothing when they are outside between 10 AM and 2 PM on overcast or sunny days.

7.2. Score NA for programs open 6 hours or less per day and if no toddlers are enrolled. If toothpaste is used, a pea-sized amount is put on each child's brush from some that has been squeezed from the tube onto disposable paper so that no child's paste is contaminated with another child's brush.

Questions

1.2. Is smoking allowed in the child care areas, either indoors or outdoors?

3.3. Are extra clothes available for the children, in case they are needed?

7.3. Do you make any health-related information available to the parents? *If yes, ask: Can you give me some examples?*

9. Health

3.2

There are 4 categories of handwashing that must be tracked to score this indicator. These 4 categories are: 1) Upon arrival into classroom, and re-entering classroom after being outside, 2) Before water play or after messy play, 3) After dealing with bodily fluids or making significant skin contact, and 4) After touching contaminated surfaces/objects, such as trash cans, pels. To score, observers should be aware of times that handwashing is carried out when needed. This means that the observer should watch (and listen). For example, observers should listen for coughing or sneezing by the children and staff, or watch for noses that need wiping to see that the proper handwashing is carried out. Notes should be taken on the score sheet to indicate that handwashing has been carried out properly when needed, and when it has been ignored.

The 75% of required handwashing must be calculated separately for staff and children, but the percent should be based on a the total handwashing in all categories. If either group washes hands less than 75% of the time when needed, score 3.1 "No."

Inadequate 1		Minimal 3		Good 5		Excellent 7	
11. Safety practices							
1.1 Four or more hazards that could result in serious injury indoors.*	3.1 No more than 3 safety hazards that could result in serious injury indoors and outdoors, combined.*	5.1 No safety hazards that could cause serious injury indoors or outdoors.	7.1 Staff help children to follow safety rules (Ex. staff prevent crowding on slides; no climb on furniture without staff intervention).				
1.2 Four or more hazards that could result in serious injury outdoors.*	3.2 Adequate supervision to protect children's safety indoors and outdoors.	5.2 Staff usually anticipate and take action to prevent safety problems (Ex. remove toys under climbing equipment; close gate or lock dangerous areas to keep children in safe space; wipe up spills to prevent falls; avoid using breakable objects with children).	7.2 Staff explain reasons for safe rules to children (Ex. "We are nice to our friends, biting hurts. Be careful, it's hot").				
1.3 Inadequate supervision to protect children's safety indoors and outdoors (Ex. too few staff members; staff occupied with other tasks; no supervision near areas of potential danger; no check-in or check-out procedures used).	3.3 Essentials needed to handle emergencies available (Ex. telephone with emergency numbers on site; first aid kit readily available; written emergency procedures posted; at least 1 staff member on site at all times who is trained in pediatric first aid that includes management of a blocked airway and rescue breathing).						

(See Notes for Clarification and Questions on next page)

Notes for Clarification

1.1, 1.2, 3.1. Be sure to note all safety problems on score sheet. The following lists of hazards are not meant to be complete.

Some *indoor* safety hazards:

- No safety protection on electrical outlets; electrical cords accessible to children
- Strings, cords accessible to children
- Heavy objects or furniture child can pull down
- Medicines, cleaning materials, pesticides, aerosols, and substances labeled “keep out of reach of children” not locked away
- Bleach solution used when children will inhale the spray (e.g., while children are sitting at table)
- Walkers that a child can move across the floor or beanbag chairs used for infants
- Water, or any surface accessible to children, too hot (e.g., is too hot for an adult to touch for at least 30 seconds or measures more than 120 degrees F using a meat thermometer)
- Thumbtacks or staples used where children can reach
- Crib/playpen slats or mesh sides permit entrapment, (e.g., slats less than 2 3/4 inches apart; a mesh playpen with collapsible sides)
- Tripping hazards such as mats or rugs that have foot-catching edges or that slide
- Unprotected radiator or heater in use
- Open stairwells accessible (e.g., those that have climbable railings or places a child could slip through)
- Small objects that can cause choking accessible (e.g., objects less than 1 1/4 inch diameter and 2 1/2 inches long; or spheres less than 1 3/4 inches in diameter)
- No 6-inch raised edge as protection from falling off diapering table
- Crib mattress that does not fit snugly (e.g., allows 2 or more fingers to be inserted between it and the crib side)
- Toys hung across crib of a child who can sit up or get to hands and knees to hang him/herself
- Babies put to sleep on stomach or side instead of on their backs
- Staff pick up infants/toddlers by arm or hand, putting child at risk for joint injury
- Cribs that are difficult for adults to raise and lower the side and do not provide at least 20 inches from the top of the mattress to the top of the crib rail
- Styrofoam objects, plastic bags, or latex (rubber) balloons accessible to children
- Possibility of unsupervised access to any container of water (e.g., toilets, 5-gallon buckets, wading pool, or fountain)

1.1, 1.2, 3.1. (cont)

- Since *older infants* will pull themselves up on anything within reach, all furnishings accessible to them should withstand this without toppling, shaking, or collapsing. If swings and rocking chairs are part of the furnishings in an infant room, they should be placed so that children are less likely to pull up on them than on more stable furniture. If they are placed so that children frequently use them to pull up, they should be counted as a safety hazard.

Some *outdoor* safety hazards:

- Play area not contained by fence or barrier that prevents children from leaving designated safe area
- Tools not meant for children's use are accessible
- All dangerous substances (e.g., labeled “keep out of reach of children”) not locked away
- Sharp or dangerous objects present
- Unsafe walkway or stairs accessible to children
- Children can gain independent access to road or driveways
- Hazardous trash accessible
- Play equipment too high (e.g., more than 1 foot per year of age above fall surface), not well maintained, not stable. Play equipment that poses threat of head entrapment with openings that are between 3 1/2 inches and 9 inches across, or finger entrapment with openings between 3/8 inch and 1 inch. Other dangers include injury from pinch-points, projections, or insufficiently cushioned fall zones.

Questions

3.3. What provisions do you have for handling emergencies?

Specific follow-up questions may be needed, such as:

- How would you handle an emergency?
- Do you have anyone on staff that is trained in infant/toddler first aid including management of a blocked airway (choke-saving) and rescue breathing?
- Is there a first aid kit available for you to use? Can you please show it to me?
- Is there a telephone you would use to call for help in an emergency?

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

LISTENING AND TALKING

12. Helping children understand language*

- | | | | |
|---|--|--|--|
| 1.1 Little or no talking to infants and toddlers (Ex. staff mostly talk among themselves and rarely to children). | 3.1 Moderate amount of talking to children throughout the day (Ex. "Let's change your diaper."; "Watch the ball roll."). | 5.1 Staff talk to the children frequently throughout the day during both routines and play.* | 7.1 Staff use a wide range of simple exact words in communication with children (Ex. name many different objects and actions; descriptive words). |
| 1.2 Constant noise interferes with children's ability to hear language (Ex. loud music on most of day; much crying throughout the day; inadequate sound absorbing materials in room). | 3.2 Reasonably quiet in room so children can hear language. | 5.2 Staff talk is meaningful to children (Ex. talk about things the children are feeling, doing, or experiencing; use simple sentences children can understand; use gestures to add meaning to words). | 7.2 Staff take part in verbal play with children (Ex. repeat interesting sounds; rhyme words in a playful way). |
| 1.3 Staff often talk to children in an unpleasant manner (Ex. harsh tone of voice; frequent threats; negative statements). | 3.3 Staff usually talk to children in a neutral or pleasant tone of voice. | 5.3 Verbal communication is personalized (Ex. make eye contact with child; use child's name; talk to child in child's primary language; use signing or alternative communication when needed). | 7.3 Staff talk about many different topics with the children (Ex. about feelings; express child's intentions with words in addition to naming objects; actions). |

*Notes for Clarification

Item 12. While indicators for quality in this item hold true across a diversity of cultures and individuals, the ways in which they are expressed may differ. For example, tone of voice may differ, with some individuals using excited voices while others may be quieter. Whatever the personal communication styles of the staff members being observed, the requirements of the indicators must be met, although there can be some variation in the way that this is done.

Item 12. (cont.) Because the frequency of language interactions is very important in influencing the development of children's language abilities, score indicators based on what is observed as a regular practice throughout the observation. Examples of meeting the requirements should occur throughout the observation, not just as single instances.

5.1. Although there can be variation in the amount of talking done by different staff members, *all* staff must use a neutral or pleasant tone.

5.4. In determining whether the language is descriptive, ask yourself if you could tell what staff are talking about to children just by listening and not looking.

Inadequate	Minimal	Good	Excellent
1	3	5	7

13. Helping children use language

- | | | | |
|--|--|--|--|
| <p>1.1 Little or no positive response to children's attempts to communicate through gestures, sounds, or words.</p> <p>1.2 Staff often ignore or respond negatively to children's attempts to communicate.</p> | <p>3.1 Moderate amount of verbal or non-verbal positive response to children's attempts to communicate throughout the day; little or no ignoring of children or negative response.</p> <p>3.2 Some attempts to correctly interpret what the child is trying to communicate throughout the day (Ex. staff try another way to calm crying child if first solution does not work; try hard to understand toddler's unclear word(s).</p> | <p>5.1 Staff generally respond in a timely and positive manner to children's attempts to communicate (Ex. crying is answered quickly; children's verbal requests are attended to; respond with interest to children's communications during play).*</p> <p>5.2 Staff add words to the actions they take in responding to children throughout the day (Ex. "I'm changing your diaper. Now you are all dry! Doesn't that feel better?").</p> | <p>7.1 Staff have many turn-taking conversations with children (Ex. imitate infant sounds in a back-and-forth "baby conversation"; repeat what toddler says and then let toddler take another turn at talking).</p> <p>7.2 Staff add more words and ideas to what children say (Ex. when child says "juice" staff respond with "Here is your orange juice. It's in your cup. ").*
<i>NA permitted.</i></p> |
|--|--|--|--|

- 5.3 Staff are skillful at interpreting children's attempts to communicate and frequently follow through appropriately (Ex. "I know you're hungry; let's go get a snack." "Are you tired of playing with those blocks? Here are the books. No? Oh, you want me to hold you. ").
- 7.3 Staff ask children simple questions (Ex. ask baby a question and then give answer: "What's in this picture? It's a dog with a bone."; wait for toddlers to answer before giving an answer).
- 7.4 Staff usually maintain a good balance between listening and talking (Ex. give child time to process information and answer; talk more for babies and give toddlers more time to talk themselves).

Notes for Clarification

- 5.1. Observe to assure that staff are paying close attention and responding to all children in the group, including those who are not as demanding as others.
- 7.2. NA permitted when no verbal children are present.

Inadequate	Minimal	Good	Excellent
1	3	5	7

14. Using books

1.1 Fewer than 6 appropriate infant/toddler books accessible daily for much of the day.*	3.1 At least 6 appropriate infant/toddler books (but no less than 1 for each child in the group) accessible daily, for much of the day.*	5.1 At least 12 appropriate infant/toddler books (but no less than 2 for each child in the group) accessible daily for much of the day.*	7.1 Book area set up for toddlers use independently. ¹ <i>NA permitted</i>
1.2 Books generally in poor repair (Ex. torn or incomplete books; tattered pictures; books scribbled on).	3.2 Almost all books are in good repair.*	5.2 A wide selection of books is accessible.*	7.2 Staff are involved in using books with children periodic throughout the day.
1.3 Staff do not use books with children.	3.3 Staff are involved in using books with children daily (either staff or child-initiated).	5.3 Staff read books daily with individuals or very small groups of interested children.*	7.3 Books are added or changed maintain interest.
	3.4 Participation encouraged only while children are interested; children not forced to participate.	5.4 Book times are warm and interactive (Ex. infant held while book is read; toddler allowed to turn pages and point to pictures).*	

*Notes for Clarification

- 1.1, 3.1, 5.1. Examples of appropriate books: sturdy vinyl, cloth, or hard-page books with pictures suitable for infants and toddlers. Books may be home-made or commercially produced. Books for older children or adults do not count to meet the requirements of this item.
- 3.1. Count only complete books with covers and all pages to give credit for the indicator. Books that are not appropriate for the children in the group (e.g., too difficult, too easy, frightening, violent) cannot be counted as any of the 6 required books.
- 3.2. Good repair means that the book has an intact cover and the pages are not torn, scribbled on, or missing. Minor problems (small tears, slight scribble, chew marks) that do not interfere with the use of the books are acceptable.
- 5.1. To give credit, none of the books can be violent or frightening.
- 5.2. A wide selection includes books about people of varying races, ages, and abilities; animals; familiar objects; familiar routines.
- 5.3. At least 1 instance must be observed to give credit for this indicator.
- 5.4. This must be observed to give credit.

Questions

- 7.3. Do you add to or change the books that are put out for the children to use? If, ask: How often do you do this? What kinds of books are added?
- 14. Using books 3.2 For almost all books to be in good repair requires that no more than 3 books accessible to the children can be in poor repair. Books that are not in good repair can not be counted to meet the requirements for the number of books listed in 1.1, 3.1, and 5.1.

Inadequate 1	2	Minimal 3	4	Good 5	6	Excellent 7
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ACTIVITIES

15. Fine motor*

- | | |
|---|---|
| <p>1.1 No appropriate fine motor materials accessible for daily use.*</p> <p>1.2 Materials are generally in poor repair.</p> | <p>3.1 Some appropriate fine motor materials accessible for daily use.*</p> <p>3.2 Materials are accessible for much of the day.</p> <p>3.3 Materials generally in good repair.</p> |
| <p>5.1 Many and varied appropriate fine motor materials accessible for much of the day.*</p> <p>5.2 Materials are well-organized (Ex. similar toys stored together; sets of toys in separate containers; toys picked up, sorted, and restored as needed).</p> | <p>7.1 Materials rotated to provide variety.</p> <p>7.2 Materials of different levels of difficulty accessible (Ex. some challenging and some easy for all children in group, including those with disabilities).</p> |

*Notes for Clarification

- 1.1, 3.1, 5.1. Examples of appropriate fine motor materials:
- Infants—grasping toys, busy boxes, nested cups, containers to fill and dump, textured toys, cradle gyms.
 - Toddlers—shape sorting games, large stringing beads, big pegs with peg boards, simple puzzles, pop beads, stacking rings, nesting toys, medium or large interlocking blocks, crayons.
- 5.1. “Many” means enough materials for children to use without excessive competition. “Varied” means materials that require different skills (such as grasping, shaking, turning, pushing, pulling, poking, putting together, using thumb and forefinger together, scribbling). Materials should also vary in color, size, shape, texture, sound, and action.

Questions

- 7.1. Do you have any additional fine motor materials that you use with the children?
If yes, ask: Could you please show these to me?

Inadequate	Minimal	Good	Excellent
1	3	5	7

16. Active physical play*

- 1.1 No appropriate outdoor or indoor space used regularly for active physical play.*
- 1.2 No appropriate equipment/materials.*
- 1.3 Equipment/materials generally in poor repair.
- 3.1 Open space provided indoors for active physical play much of day (Ex. young infants can move freely on carpet; children can crawl and walk around).
- 3.2 Some space for outdoor physical play used by infants/toddlers at least 3 times a week, year-round, except in very bad weather.*
- 3.3 Some appropriate materials and equipment used daily; materials/equipment generally in good repair.*
- 5.1 Easily accessible outdoor area where infants/toddlers are separated from older children is used at least 1 hour daily year-round, except in very bad weather.*
- 5.2 Large active play area that is not crowded or cluttered.*
- 5.3 Ample materials and equipment for physical activity so children have access without long periods of waiting.
- 5.4 Some equipment that can be used by each child in the group, including child with disabilities, if enrolled.
- 5.5 All space and equipment is appropriate for children.*
- 7.1 Outdoor space has 2 or more types of surfaces permitting different types of play (Ex. grass, outdoor carpet, rubber cushioning surface, decking).
- 7.2 Outdoor area has some protection from the elements (Ex. shade in summer; sun in winter; wind break; good drainage).
- 7.3 Materials used daily stimulate variety of large muscle skills (Ex. crawling, walking, balancing, climbing, ball play).

16. Active physical play

In this item, the terms "equipment" and "materials" are used interchangeably.

*Notes for Clarification

- Item 16. Active physical play requires that the children be active in order to develop their gross motor skills. Taking children for rides in strollers, swinging them in swings, or having them play in the sandbox should not be counted as active physical play. Non-mobile babies should be allowed to move freely to the extent that they are able, for example on a blanket or other safe surface. Children who can crawl or walk should be given developmentally appropriate opportunities to practice gross motor skills.
- 1.1, 1.2, 3.3, 5.5. Appropriate indoor and outdoor spaces and equipment/materials must be safe for infants and toddlers. For example, cushioning surfaces in fall zones must be adequate; equipment should not allow falls from high places; no sharp edges, splinters, protrusions, or entrapment hazards.
 - 1.2, 3.3, 5.5. Examples of appropriate materials and equipment:
 - Infants—outdoor pad or blanket, crib gym for younger infants, small push toys, balls, sturdy things to pull up on, ramps for crawling
 - Toddlers—tiding toys without pedals, large push-pull wheel toys, balls and bean bags, age-appropriate climbing equipment, slide, balance board, cushions or rugs for tumbling, tunnels, large cardboard boxes
- Questions**
- 1.1, 3.1, 3.2, 5.1. Are any areas used by this group for active physical play, including space indoors and outdoors? *If yes, and not observed, ask:* Could you please show me these areas? How often are they used, and for about how long?
 - 3.2. Children should be dressed properly and taken outdoors to play except on those *relatively few* days of very bad weather.
 - 5.1. The outdoor space must be easily accessible to the adults and children currently a part of the program. Access should be considered for both typically developing children and those with disabilities, if enrolled. Access requirements will differ based on abilities of children enrolled and of adults who are part of the regular program.
 - 5.2. If there are 2 or more active play areas used with the children, score this indicator based on the average of what children experience. For example, if the indoor play area is small and crowded and it is used substantially more than an uncluttered, spacious outdoor space, do not give credit. If the opposite is true, then credit should be given.

Inadequate	Minimal	Good	Excellent
1	3	5	7
2	4	6	

17. Art*

- 1.1 No appropriate art materials provided for use by children.*
- 1.2 Toxic or unsafe materials are used for art (Ex. shaving cream, glitter, permanent markers, acrylic or oil paints, things children can choke on such as styrofoam peanuts or small beads).
- 3.1 Some art materials used with children at least once a week. *NA permitted.*
- 3.2 All art materials used with children are non-toxic, safe, and appropriate.*
- 3.3 Children not required to participate; alternative activities available.
- 5.1 Younger toddlers offered some art 3 times a week; older toddlers offered art daily. *NA permitted.*
- 5.2 Individual expression encouraged (Ex. expectations based on children's abilities; children not asked to copy an example; coloring books and ditto pages not used).
- 5.3 Staff facilitate appropriate use of materials (Ex. tape paper in place for scribbling; use adaptive equipment when needed; encourage children to paint on paper and not to eat paint).
- 7.1 A variety of materials is introduced as children are ready (Ex. crayons and watercolor markers for the youngest children; paints, play dough added for older toddlers and twos).
- 7.2 Access to materials is based on children's abilities (Ex. made available with close supervision for younger children; very simple materials, such as large crayons or large chalk accessible to 2-year-olds).

*Notes for Clarification

Item 17. Mark this item NA if all children in group are younger than 12 months of age. However, if art activities are used with infants, then the item must be scored and specified indicators (3.1, 5.1) will be scored NA.

1.1, 3.2. Examples of appropriate art materials: crayons, water color markers, brush and finger paints, play dough, collage materials of different textures. Only the simplest materials should be used with younger toddlers. Other materials should be added as children gain skills and ability to use materials appropriately.

All materials must be non-toxic and safe. Score this item based only on the art materials used with the children. Edible materials (such as chocolate pudding, dried pasta, pop corn, and so forth) can not be counted as art materials because they give a misleading message about the proper use of food. The possible health (sanitary issues), safety (e.g., choking hazards), and supervision consequences of using food in art should be considered in Items 10, 11, and 25.

Questions

- 1.2, 3.2. Are art materials used with the children? *If yes, ask:* What materials are used? Can I see these art supplies? Are edible materials ever used for art?
- 3.1, 5.1. How often are art materials used with the children?
- 7.1. How do you choose what art materials to offer the children?

Inadequate 1	2	Minimal 3	4	Good 5	6	Excellent 7
18. Music and movement						
1.1 No music/movement experiences for children.*		3.1 Some musical materials, toys, or instruments accessible for free play daily, for much of the day (Ex: rattles, chime toy, music box, xylophone, drum).	5.1 Many pleasant sounding musical toys and/or instruments accessible daily, for much of the day.*		7.1 Musical toys or instruments rotated to provide variety.	
1.2 Loud music is on much of the day and interferes with ongoing activities (Ex: constant background music makes conversation in normal tones difficult; music raises noise level).		3.2 Staff initiate at least 1 music activity daily (Ex: sing songs with children; soft music turned on at naptime; play music for dancing).	5.2 Staff informally sing/chant daily with children.*		7.2 Various types of music are used with children (Ex: classical and popular; music characteristic of different cultures; songs sung in different languages).	
	3.3 Children not required to participate in group music activities; alternative activities available.		5.3 In addition to singing, staff provide other music experience daily (Ex: tape or CD used; guitar played for children; music used for nap or dancing).		7.3 Staff encourage children to dance, clap, or sing along (Ex: dance to music while holding baby; clap to rhythm with toddlers; participate with children).	
			5.4 Recorded music is used at limited times and with a positive purpose (Ex: quiet music at nap; put on for dancing or singing).			

****Notes for Clarification***

- 1.1. Examples of materials for use in music/movement experiences: record/tape/CD player; variety of records, tapes, CDs; music boxes; musical toys and instruments; safe, home-made musical instruments such as shakers made of plastic bottles filled with sand or pebbles, with caps securely fastened.
- 5.1. "Many" means at least 10 musical toys.
- 5.2. To give credit, this indicator must be observed at least once during the observation.

Questions

- 3.2, 5.3. Do you use any music with the children? *If yes, ask:* How is this handled? How often is this done?
- 7.1. Do you have any other musical toys or instruments that the children can use? Could you please show me?
- 7.2. What types of music are used with the children? Can you give me some examples?

Inadequate	Minimal	Good	Excellent
1	3	5	7

19. Blocks*

1.1 No materials available for block play.	3.1 At least 1 set of blocks (6 or more blocks of the same type) accessible daily.	5.1 At least 2 sets (10 or more blocks per set) of different types accessible daily for much of the day.	7.1 At least 3 sets (10 or more blocks per set) of different types accessible daily for much of the day.
	3.2 Some accessories for blocks accessible daily.	5.2 Blocks and accessories sorted by type.	7.2 Variety of accessories including transportation toys, people, animals.
	3.3 Blocks and accessories accessible much of the day.	5.3 Space used for toddler's block play is out of traffic and has a steady surface.	7.3 Staff do simple block play with children.*
		<i>NA permitted.</i>	

*Notes for Clarification

Item 19. Mark this item NA if all children in care are younger than 12 months of age.
1.1, 3.1, 3.2, 5.1, 7.1. Examples of materials for block play: soft blocks; light-weight blocks of various sizes, shapes, colors; large cardboard blocks; accessories such as containers to fill and dump, toy trucks or cars; and animals.

Note that interlocking blocks, such as Duplo, are considered under Item 15, Fine motor, and are not counted here.

7.3. To give credit, this indicator must be observed at least once during the observation.

19. Blocks	3.1, 5.1, 7.1	A "set" of blocks means a group of blocks that is designed to be used together. In determining whether a number of blocks can be considered a "set" they must be of the same type and composition. They may differ in shape, size and color, but must obviously be designed to be used as a group. Different sets of blocks cannot be combined to give credit for one set.
------------	---------------	--

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

20. Dramatic play

1.1 No materials accessible for dramatic play.*

3.1 Some age-appropriate dramatic play materials accessible, including dolls and soft animals.*

3.2 Materials accessible daily for much of the day.

5.1 Many and varied age-appropriate dramatic play materials accessible daily.*

5.2 Props represent what children experience in every day life (Ex. household routines, work, transportation).

5.3 Materials are organized by type (Ex. play dishes in separate container; dolls stored together; dress-up hats and purses hung on pegs).

5.4 Some child-sized play furniture for toddlers (Ex. small sink or stove, baby stroller, shopping cart).
NA permitted.

7.1 Props provided to represent diversity (Ex. dolls representing different races/cultures; equipment used by people of different cultures or with disabilities).

7.2 Props provided for toddlers to use active dramatic play outdoors or in other large area
NA permitted.

7.3 Staff pretend with children in play (Ex. talk to child on toy telephone; rock and talk to bat doll).*

*Notes for Clarification

1.1, 3.1, 5.1. Examples of materials for dramatic play:

- Infants—dolls, soft animals, pots and pans, toy telephones
- Toddlers—dress-up clothes; child-sized house furniture; cooking/eating equipment such as pots and pans, dishes, spoons; play foods; dolls; doll furnishings; soft animals; small play buildings with accessories; toy telephones

5.1. For infants, “many” requires 3–5 of the examples on the list of materials. For toddlers, 2 or more of each example of toy mentioned in the materials list is required. However, there can be fewer of one type of toy, and more of another, as long as most are represented.

7.3. To give credit, this indicator must be observed at least once during the observation.

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

21. Sand and water play*

1.1 Sand or water play not available for children 18 months or older.
NA permitted.

3.1 Some sand or water play provided outdoors or indoors at least once every 2 weeks.

3.2 Close supervision of sand/water play.*

3.3 Some toys used for sand/water play.*

5.1 Sand or water play at least once a week.

5.2 Variety of toys used for sand/water play.*

5.3 Sand or water activities set up to facilitate play (Ex. enough sand/water for play; not too crowded for toys; enough space for number of children participating).

7.1 Sand or water play provided daily.

7.2 Different activities done with sand or water (Ex. on different days water used for washing dolls, floating toys, and pouring).

*Notes for Clarification

Item 21. Mark this item NA if all children in care are younger than 18 months of age. The possible health, safety, and supervision consequences of using sand or water with children under 18 months of age should be considered in Items 10, 11, and 25.

In addition to sand, other fine-grained materials that can easily be used for digging and pouring, such as sterilized potting soil or very finely shredded mulch may be counted. Materials that pose a danger to children of this age, such as dried beans, small pebbles, styrofoam chips, corn meal, and flour, cannot be counted as a substitute for sand.

Water play can be provided by using materials such as a running hose, sprinkler, dishpan, or a water table.

Sand and water play require action on the part of the staff to provide appropriate materials for such activity. Allowing children to play in puddles or dig in dirt on the playground does not meet the requirements for this item.

3.2. If not observed, base score on supervision that is observed during other activities.

3.3, 5.2. Examples of toys for use with sand and water are: kitchen utensils, shovel and bucket, small cars and trucks, floating toys, plastic containers.

Questions

1.1. Do the children use sand or water? *If yes, ask:*

3.1, 5.1, 7.1. How often is this done?

3.3, 5.2. Are any toys used for the sand and water play? Could you please describe them or show me?

7.2. Are there any other activities or materials used with sand or water in addition to what I saw today? Could you tell me about them?

Inadequate	Minimal	Good	Excellent
1	3	5	7

22. Nature/science

- 1.1 No pictures, books, or toys that represent nature realistically (Ex. animals only shown as cartoons or fanciful characters).
- 1.2 No opportunities for children to experience the natural world (Ex. no exposure to trees, grass, or birds; no living plants or pets in room; no seashells or other natural objects).
- 3.1 Some pictures, books, or toys that represent nature realistically; all are developmentally appropriate (Ex. non-frightening posters clearly showing real animals; realistic toy animals).
- 3.2 Materials accessible daily.
- 3.3 Some opportunities to experience the natural world daily, either indoors or outdoors.*
- 5.1 Outdoor experiences with nature provided at least 2 times a week (Ex. infants placed on blanket on grass; toddlers explore flowers and trees in yard or park; children taken for stroller ride where staff point out natural things).*
- 5.2 Some daily experiences with living plants or animals indoors (Ex. plant in the room to look at; staff point out trees, flowers, or birds from window; children visit aquarium).
- 5.3 Everyday events used as a basis for learning about nature/science (Ex. talking about the weather; pointing out insects or birds; blowing bubbles; watching rain or snow fall).*
- 7.1 Staff show interest in and respect for nature (Ex. are calm with pets; help children handle natural things carefully; take children outside in different kinds of weather).
- 7.2 Nature/science materials are well-organized and in good repair (Ex. collections stored in separate containers; animal cage clean).

*Notes for Clarification

- 3.3. The intent of this indicator is that children are given opportunities to interact with nature. This can occur either by taking children outside to see or experience natural things such as trees, grass, and birds, or by providing experiences with nature indoors, such as through living plants, an aquarium, classroom pets, and watching birds at a window feeder.
- 5.1. To give credit for this indicator, the outdoor experiences children have must include living plants and/or animals.
- 5.3. To give credit, at least 1 instance must be observed during the observation.

Questions

- 5.1 How often are children taken outdoors? Could you describe any experiences they have with nature when they are outdoors?

Inadequate
1

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

- | | | | |
|---|--|---|--|
| <p>1.1 Materials used are not developmentally appropriate (Ex. violent, sexually explicit content, frightening characters or stories, too difficult).</p> <p>1.2 No alternative activity is allowed while TV/video/computer being used (Ex. all children must watch video at same time).</p> <p>1.3 Television, video, and/or computer used with children under 12 months of age.*
<i>NA permitted.</i></p> | <p>3.1 All materials used are developmentally appropriate, non-violent, and culturally sensitive.</p> <p>3.2 At least 1 alternative activity accessible while TV/video/computer is used (Ex. children do not have to sit in front of TV and may go to other activity).</p> <p>3.3 Time allowed for children over 12 months of age to use TV/video or computer is limited (Ex. TV/video limited to 30 minutes a day in a full-day program; each computer turn is limited to 10 minutes).*</p> | <p>5.1 Materials used are limited to those considered "good for children" (Ex. simple stories, music and dance, very simple computer games, but not most cartoons).</p> <p>5.2 Many alternative activities accessible for free choice while TV/video/computer is used.</p> <p>5.3 Staff are actively involved in use of TV, video, or computer (Ex. watch and discuss video with children; do activity suggested in educational TV program; help children learn to use computer appropriately).</p> | <p>7.1 Most of the materials encourage active involvement (Ex. children can dance, sing, or exercise to video; computer software interests children).</p> <p>7.2 Materials used to support and extend children's current interests and experiences (Ex. video on snowman on snowy day; video showing children's everyday experiences).</p> |
|---|--|---|--|

*Notes for Clarification

Item 23. Since infants and toddlers learn primarily through interactions and hands-on experiences with the real world, use of TV, video, and computer is not required. If TV, video, and computers are not used, score the item NA. If not observed, ask about the use of TV, video, and computers as they are often shared by several classes and may not be evident during the observation time.

Since new audiovisual media products are constantly being developed, consider all audiovisual materials or equipment used with the children, even if not named explicitly. For example, DVD materials and electronic games would be considered in scoring. Use of radio programs is also considered here.

1.3, 3.3. Use with children under 12 months of age results in a score of 1. Any use with toddlers should be limited.

Questions

- 1.1, 3.1, 5.1, 7.1. Are TV, videos, computers, or other audiovisual materials used with the children? *If yes, ask:* How are they used? How do you choose the materials?
- 1.2. Are other activities accessible to the children while the TV or videos are used?
- 3.3. How often are TV, video, or computers used with the children? For what length of time are these available?
- 5.3. How do you supervise when children watch TV or use the computer?
- 7.1. Do any of the materials encourage active involvement by the children? Please give some examples.
- 7.2. Do you use TV, video, and computer materials that relate to classroom topics or other things that the children are interested in? Please explain.

Inadequate	Minimal	Good	Excellent
1	3	5	7
2	4	6	

24. Promoting acceptance of diversity*

1.1 No evidence of racial or cultural diversity observed in materials.	3.1 At least 3 examples of racial or cultural diversity observed in materials (Ex. multiracial or multicultural dolls, books, pictures; music tapes or CDs from several cultures; in bilingual areas some materials accessible in children's primary language).*	5.1 Many books, pictures, and materials showing diversity (Ex. people of different races, cultures; ages, abilities, and gender in non-stereotyping roles).*	7.1 Non-sexist images in pictures books accessible to children (men and women, boys and girls in similar work or play roles).
1.2 Materials showing diversity present only negative stereotypes (Ex. races, cultures, ages, abilities, or gender shown negatively).			
1.3 Staff demonstrate prejudice against others (Ex. against child or other adult from different race or cultural group; against person with disability).	3.2 Materials show diversity in a positive way.	5.2 Dolls representing at least 3 races accessible (Ex. skin tones or facial features).	7.2 Cultural awareness shown in a variety of activities (Ex. various types of music, celebration of different holidays and custom ethnic foods served).
	3.3 No prejudice is shown <i>or</i> staff intervene appropriately to counteract prejudice shown by children or other adults (Ex. explain similarities and differences; establish rules for fair treatment of others).		

*Notes for Clarification

Item 24. When assessing diversity in materials, consider all areas and materials used by children, including displayed pictures and photos, books, puzzles, games, dolls, play people used with blocks, puppets, music tapes or CDs, computer software, videos.

3.1, 5.1. If materials are difficult to find or observe, do not give credit for 3.1 and 5.1.

5.1. The observer must find at least 10 examples showing diversity in books, pictures, and materials (excluding dolls that are required in 5.2) that can be easily experienced by children.

Questions

7.2. Are there any activities used to help children become aware of diversity? *If yes, a*
Can you give some examples?

24. Promoting acceptance of diversity	5.1, 5.2	Small dolls, used for example with a doll house or for block play, count as dolls for these indicators. Puppets count as materials, but not as dolls.
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Inadequate
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Minimal
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4

Good
5

6

Excellent
7

INTERACTION

25. Supervision of play and learning*

1.1 Insufficient supervision to protect children's safety (Ex. staff often leave children and can not see, hear, or reach them; children unattended in dangerous situation).

3.1 Children are within sight, hearing, and easy reach of staff with no more than a few momentary lapses (Ex. staff quickly get materials from closet in room; staff call into building from door while supervising children on playground).

3.2 Attention is on caregiving responsibilities, not on other tasks or interests.

5.1 Staff show awareness of the whole group even while working with 1 child or a small group.

5.2 Staff react quickly to solve problems in a comforting and supportive way.

5.3 Staff play with children and show interest in or appreciation of what they do.

5.4 Staff give children help and encouragement when needed (Ex. help child who is wandering to get involved in play; help baby access toy on shelf).

7.1 Staff watch carefully and usually act to avoid problems before they occur (Ex. bring out duplicate toys; move active play before it disrupts quiet play).

7.2 Supervision is individualized (Ex. closer supervision of child with greater needs; infant moved to avoid boredom).

7.3 Staff vary supervision to meet differing requirements of activities (Ex. art activities and materials with small pieces closely supervised).

*Notes for Clarification

Item 25. For this item consider both indoor and outdoor supervision. To score this item for outdoor supervision where several groups are being supervised together, consider: all teachers supervising gross motor activities; all children of similar age/abilities as those in group you are observing; numbers of adults and children; whether adults are supervising the most hazardous areas/activities adequately. Since supervision of the various personal care routines is handled in the individual items, it is not considered here (see Items 7. Meals/snacks, 8. Nap, and 9. Diapering/toileting).

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

26. Peer interaction

1.1 Little or no appropriate peer interaction possible (Ex. children separated in cribs, swings, or highchairs while awake; toddlers crowded into small space with few toys).

1.2 Negative peer interaction either ignored or handled harshly.

3.1 Peer interaction is possible much of the day (Ex. non-mobile infants have supervised play near others; toddlers allowed to form natural groupings).

3.2 Staff usually stop negative peer interaction (Ex. stop hitting, biting, grabbing toys).

5.1 Staff facilitate positive peer interactions among all children (Ex. place infants where they can watch and react to others; help toddlers find duplicate toys; include child with disability in play with others).

5.2 Staff model positive social interaction (Ex. warm and affectionate; use gentle touching; polite to children and not "bossy").

7.1 Staff explain children's ac intentions, and feelings to children (Ex. help child recognize facial expressio sadness or joy; explain th child did not mean any ha praise child for getting ow duplicate toy).*

7.2 Staff point out and talk ab instances of positive social interaction among childre between adults and childre help children notice comf smile and talk to baby who notices other children; prai year-olds for working toget to bring chairs to table).*

*Notes for Clarification

7.1. At least 2 instances must be observed to give credit for this indicator.

7.2. At least 1 instance must be observed to give credit for this indicator.

Inadequate	Minimal	Good	Excellent
1	3	5	7
27. Staff-child interaction*			
1.1 Interaction is impersonal or negative (Ex. staff rarely respond to, smile at, talk to, or listen to children).	3.1 Occasional smiling, talking, and affection shown to children throughout the day.	5.1 Frequent positive staff-child interaction throughout the day (Ex. initiate verbal and physical play; respond when child initiates interactions; show delight in child's activity).	7.1 Interaction is responsive to each child's mood and needs (Ex. soothing with tired child; more active with playful child; reassuring with frightened child).
1.2 Uneven amount of positive attention given to children (Ex. staff have favorite child who gets far more attention than others).	3.2 Staff usually respond sympathetically to help children who are hurt, angry, or upset.*	5.2 Staff and children usually relaxed, voices pleasant, frequent smiling.	7.2 Staff are usually sensitive about children's feelings and reactions (Ex. avoid abrupt interruptions, warn baby before picking him or her up).
1.3 Physical contact is not warm or responsive, or is harsh.	3.3 No harsh verbal or physical staff-child interaction.	5.3 Much holding, patting, and physical warmth shown throughout the day.	
	3.4 Some warm and responsive physical affection throughout the day in routines or play (Ex. hold child gently while reading a book; cuddle child during bottle feeding).		

***Notes for Clarification**

Item 27. While the indicators for quality in this item generally hold true across a diversity of cultures and individuals, the ways in which they are expressed may differ. For example, direct eye contact in some cultures is a sign of respect; in others, a sign of disrespect. Similarly, some individuals are more likely to smile and be demonstrative than others. However, the requirements of the indicators must be met by staff, although there can be some variation in the way this is done.

3.2. Sympathetic response means that staff notice and validate a child's feelings, even if the child is showing emotions that are often considered unacceptable, such as anger or impatience. The feelings should be accepted, although inappropriate behaviors, such as hitting or throwing things, should not be allowed. A sympathetic response should be provided in most, but not necessarily all, cases. If children are able to quickly solve minor problems themselves, then teacher response is not needed. The observer needs to get an overall impression of the response of the staff. If minor problems persist and are ignored or if staff responds in a negative manner, give no credit for this indicator.

Inadequate
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Minimal
3

4

Good
5

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Excellent
7

28. Discipline

- 1.1 Discipline is *either* so strict that children are punished or restricted often *or* so lax that there is little order or control.
- 1.2 Children controlled with severe methods such as spanking, shouting, confining children for long periods, or withholding food.
- 3.1 Staff never use physical punishment or severe discipline.
- 3.2 Staff *usually* maintain enough control to prevent problems (Ex. children hurting one another or endangering themselves; being destructive).
- 3.3 Expectations are generally realistic and based on age and ability of children (Ex. sharing is not forced although it may be talked about; children not expected to wait for long periods).
- 5.1 Program is set up to avoid conflict and promote appropriate interaction (Ex. duplicate toys accessible; child with favorite toy protected from others; children not crowded; staff respond quickly to problems; smooth transitions).
- 5.2 Positive methods of discipline used effectively (Ex. redirecting child from negative situation to other activity; time-out rarely used, and never with children under 2 years of age).
- 5.3 Attention frequently given when children are behaving well (Ex. staff watch, smile, or participate while children are playing, being fed, and so forth).
- 5.4 Staff react consistently to children's behavior.
- 7.1 Staff help children understand the effects of their own action on others (Ex. call attention to other child's crying face; explain child's anger when her block structure is knocked down).
- 7.2 Staff help children learn to use communication rather than aggression to solve problems (Ex. provide words for non-talkers; encourage verbal children to use words).
- 7.3 Staff seek advice from other professionals concerning behavior problems.

Questions

- 1.1. Do you ever find it necessary to use discipline? Please describe what methods you use.
- 7.3. What do you do if you have a child whose behavior is extremely difficult to handle? Do you ever ask for help from others? *If yes, ask:* Can you give some examples of who might be asked?

Inadequate
1

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Minimal
3

4

Good
5

6

Excellent
7

PROGRAM STRUCTURE

29. Schedule*

- | | | | |
|---|--|--|---|
| 1.1 Schedule is <i>either</i> too rigid, not satisfying needs of many children, <i>or</i> too flexible (chaotic), lacking a dependable sequence of daily events.* | 3.1 Schedule meets the needs of most of the children. | 5.1 Schedule for basic routines is flexible and individualized to meet each child's needs (Ex: infants on individual schedules; tired toddler can have early nap). | 7.1 Staff adjust schedule of play activities throughout the day to meet varying needs of children (Ex: change activity if children lose interest; extend play time when children are interested). |
| 1.2 Children's routine needs are not met (Ex: crying children, rushed mealtimes, delays in diapering). | 3.2 Staff provide play activities as part of the daily schedule. | 5.2 Schedule provides balance of indoor and outdoor activities.* | 7.2 Most transitions between daily events are smooth (Ex: play materials for next activity set out before activity begins; children allowed to eat right after handwashing; transitions done gradually with no more than a few children at a time). |
| 1.3 Staff have no time to supervise children at play (Ex: all time taken up with routines). | | 5.3 Active and quiet play varied to meet children's needs. | |
| | | 5.4 No long periods of waiting during transitions between daily events.* | |

*Notes for Clarification

Item 29. "Schedule" means the sequence of daily events experienced by the children. Base score on the actual sequence of events observed rather than on a posted schedule.

- 1.1. "Daily events" refers to time for indoor and outdoor play activities as well as routines such as meals/snacks, nap/rest, diapering/toileting, and greeting/departing.
- 5.2. Balance depends on ages of children, their needs and moods, and the weather. All children should have some outdoor time daily, weather permitting. Outdoor time can include quiet, as well as active, experiences.
- 5.4. Score No if children have to wait with nothing to do for more than 3 minutes, or if the waiting time results in obvious distress or problems for children.

Questions

- 5.1. What do you do if a toddler seems tired before naptime or hungry before mealtime? Is flexibility possible in nap or meal times? *If yes, ask:* How would that be handled?

Inadequate
1

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Minimal
3

4

Good
5

6

Excellent
7

30. Free play*

1.1 *Either* little opportunity for free play *or* much of the day spent in unsupervised free play.

3.1 Free play occurs daily, indoors *and* outdoors, weather permitting.

5.1 Free play occurs for much of the day, both indoors and outdoors, weather permitting.*

7.1 Supervision used as an educational interaction (Ex. staff add words to children's action point out interesting features to toys).*

1.2 Inadequate toys, materials, and equipment provided for children to use in free play (Ex. very few toys or toys generally in poor repair).

3.2 Some supervision provided to protect children's safety and to facilitate play.*

5.2 Staff actively involved in facilitating children's play throughout the day (Ex. help children get materials they need; help children use materials that are hard to manage).

7.2 Staff add materials to stimulate interest during free play (Ex. bring out toys not used earlier that day; rotate materials; do new activity with children).

3.3 Adequate toys, materials, and equipment accessible for free play.

5.3 Ample and varied toys and materials and much equipment provided for free play.

*Notes for Clarification

Item 30. "Free play" means that the child is permitted to select materials and companions and, as far as possible, to manage play independently. Adult interaction is in response to child's needs. Non-mobile children will have to be offered materials for their free choice and moved to different areas to facilitate access.

3.2. Score No only when supervision is extremely lax.

5.1. Examples of weather that would not permit outdoor play would be the relatively few days of heavy rain, icy conditions, extreme hot or cold temperatures, or dangerously high pollution levels.

7.1. At least 2 instances must be observed during the observation.

Questions

7.2. Do you have any additional play materials for children to use? *If yes, ask:* How often do you change the materials in the room?

Inadequate	Minimal	Good	Excellent
1	3	5	7

31. Group play activities*

- | | |
|--|---|
| <p>1.1 Children must often participate in staff-directed activities, even when not interested (Ex. all do art project at same time; forced to sit in story group).</p> <p>1.2 Activities done in groups are usually inappropriate for children (Ex. content too difficult; children not interested; activity lasts too long).</p> <p>1.3 Staff often behave negatively when children do not participate well in group (Ex. get angry; send child to time-out).</p> | <p>3.1 Children never forced to participate in group play activities (Ex. children allowed to leave group when they wish and do something else).</p> <p>3.2 Activities done in group are usually appropriate.</p> <p>3.3 Staff are usually positive and acceptant with children during group time.</p> <p>5.1 Staff are flexible and adjust activity as children join or leave the group (Ex. enough materials for all who want to join; make more space for newcomers; stop activity when children's interest is gone).</p> <p>5.2 Size of group is appropriate for age and ability of children (Ex. 2–3 infants; 2–5 toddlers; 4–6 two-year-olds).</p> <p>5.3 Alternative activities are accessible for children not participating in group.</p> <p>7.1 Group activities are set up to maximize children's success (Ex. enough space so children are not crowded; active participation encouraged; book large enough so all can easily see).</p> <p>7.2 Staff meet the needs of individual children to encourage participation (Ex. child who is distracted cuddled in teacher's lap; signing added for child with hearing difficulty).</p> |
|--|---|

*Notes for Clarification

Item 31. This item refers to play and learning activities, and not to routines. Score this item NA if group play activities are never used. Group play activities are staff-initiated and have an expectation of child participation. This item does not apply to the less formal group activities that usually occur during free play in which children participate in groups because they are interested in doing the same activity at the same time. Examples of these less formal group activities include a few children looking at a book with a teacher or a few children playing close to one another, doing solitary play with blocks with a teacher supervising.

Inadequate	Minimal	Good	Excellent
1	3	5	7

32. Provisions for children with disabilities*

1.1 No attempt by staff to assess children's needs or find out about available assessments.	3.1 Staff have information from available assessments.	5.1 Staff follow through with activities and interactions recommended by other professionals (Ex. medical doctors, therapists, educators) to help children meet identified goals.	7.1 Most of the professional intervention is carried out within the regular activities of the classroom.
1.2 No attempt to meet children's special needs (Ex. needed modifications not made in teacher interaction, physical environment, program activities, schedule).	3.2 Minor modifications* made to meet the needs of children with disabilities.	5.2 Modifications made as needed in environment, program, and schedule so that children can participate in many activities with others.	7.2 Children with disabilities are integrated into the group and participate in most activities.
1.3 No involvement of parents in helping staff understand children's needs or in setting goals for the children.	3.3 Some involvement of parents and classroom staff in setting goals (Ex. Parents and teacher attend Individual Family Service Plan meeting).	5.3 Parents frequently involved in sharing information with staff, setting goals, and giving feedback about how program is working.	7.3 Staff contribute to individual assessments and intervention plans.
1.4 Very little involvement of children with disabilities with the rest of the group (Ex. children do not eat at same table; wander and do not participate in activities).	3.4 Some involvement of children with disabilities in ongoing activities with the other children.		

*Notes for Clarification

Item 32. This item should be used only if a child with an identified disability is included in the program. Otherwise, score this item NA.
 3.2. "Minor modifications" to allow the children to attend may include limited changes in the environment (such as a ramp), schedule, or activities, or adding periodic visits by a therapist to work with the children.

Questions

Could you describe how you try to meet the needs of the children with disabilities in your group?
 1.1, 3.1. Do you have any information from assessments on the children? How is it used?
 1.2, 3.2, 5.2. Do you need to do anything special to meet the needs of the children? Please describe what you do.
 1.3, 3.3, 5.3. Are you and the children's parents involved in helping to decide how to meet the children's needs? Please describe.
 5.1, 7.1. How are intervention services such as therapy handled?
 7.3. Are you involved in the children's assessments or in the development of intervention plans? What is your role?

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

PARENTS AND STAFF

33. Provisions for parents

1.1 No information concerning program given to parents in writing.

1.2 Parents discouraged from observing or being involved in children's program.

3.1 Parents given administrative information about program in writing (Ex. fees, hours of service, health rules for attendance). *

3.2 Some sharing of child-related information between parents and staff (Ex. informal communication; parent conferences upon request; some parenting materials).

3.3 Some possibilities for parents or other family members to be involved in children's program.

3.4 Interactions between family members and staff are generally respectful and positive.

5.1 Parents urged to observe in child's group prior to enrollment.

5.2 Parents made aware of philosophy and approaches practiced (Ex. parent handbook; discipline policy; descriptions of activities; parent orientation meeting). *

5.3 Much sharing of child-related information between parents and staff (Ex. frequent informal communication; periodic conferences for all children; parent meetings; newsletters; parenting information available on health, safety, and child development).

7.1 Parents asked for an evaluation of the program annually (Ex. parent questionnaires; group evaluation meetings).

7.2 Parents referred to other professionals when needed (Ex. for special parenting help; for health concerns about child).

7.3 Parents involved in decision-making roles in program along with staff (Ex. parent representatives on board).

5.4 Variety of alternatives used to encourage family involvement in children's program (Ex. bring birthday treat; eat lunch with child; attend family pot luck).

Notes for Clarification

3.1, 5.2. Materials must be easily understood by all parents. For example, translations provided in languages other than English, if necessary.

Questions

1.1, 3.1, 5.2. Is any written information about the program given to parents? What is included in this information?

1.2, 3.3, 5.4. Are there any ways that parents can be involved in their child's classroom? Please give some examples.

3.2, 5.3. Do you and the parents share information about the children? How is this done? About how often?

3.4. What is your relationship with the parents usually like?

5.1. Are parents able to visit the class before their child is enrolled? How is this handled?

7.1. Do parents take part in evaluating the program? How is this done? About how often?

7.2. What do you do when parents seem to be having difficulties? *If answer is incomplete, ask:* Do you refer them to other professionals for help?

7.3. Do parents take part in making decisions about the program? How is this handled?

Inadequate 1	2	Minimal 3	4	Good 5	6	Excellent 7
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34. Provisions for personal needs of staff

1.1 No special areas for staff (Ex. no separate restroom, lounge, storage for personal belongings).	3.1 Separate adult restroom.	5.1 Lounge with adult-sized furniture available; lounge may have dual use (Ex. office, conference room).	7.1 Separate adult lounge area (no dual use).
1.2 No time provided away from children to meet personal needs (Ex. no time for breaks).	3.2 Some adult furniture available outside of children's play space.	5.2 Convenient storage for personal belongings with security provisions when necessary.	7.2 Comfortable adult furniture in lounge.
	3.3 Some storage for personal belongings.	5.3 Morning, afternoon, and midday "lunch" breaks provided daily.*	7.3 Staff have some flexibility in deciding when to take breaks.
	3.4 Staff have at least 1 break daily.	5.4 Facilities provided for staff meals/snacks (Ex. refrigerator space; cooking facilities).	
	3.5 Accommodation made to meet needs of staff with disabilities currently working in the center. <i>NA permitted.</i>	5.5 Accommodations made to meet needs of staff with disabilities, even if no one with disabilities is currently employed.	

*Notes for Clarification

5.3. These requirements are based on an 8-hour work day and should be adjusted for shorter periods.

Questions

1.2, 3.4, 5.3. Do you get time off during the day when you can be away from the children? *If yes, ask:* When does this happen?
3.3, 5.2. Where do you usually store your belongings, such as your coat or purse? How does this work out?

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

35. Provisions for professional needs of staff

- | | |
|---|--|
| 1.1 No access to phone. | 3.1 Convenient access to phone. |
| 1.2 No file or storage space for staff materials (Ex. no space to keep materials staff need to prepare activities). | 3.2 Access to some file and storage space. |
| 1.3 No space available for individual conferences during hours children are in attendance. | 3.3 Some space available for individual conferences during hours children are in attendance. |

- | | |
|--|---|
| 5.1 Access to ample file and storage space. | 7.1 Well-equipped office space for program administration (Ex. computer, printer, photocopier, answering machine used). |
| 5.2 Separate office space used for program administration. * | |
| 5.3 Space for conferences and adult group meetings is satisfactory (Ex. dual or shared use does not make scheduling difficult; privacy is assured; adult-sized furniture available). | 7.2 Program has space that can be used for individual conferences and group meetings that is conveniently located, comfortable, and separate from space used for children's activities. |

*Notes for Clarification

5.2. To be given credit for this indicator, the office must be on site, open during program hours, and provide administrative services for the program.

Questions

- 1.1, 3.1. Do you have access to the telephone? Where?
- 1.2, 3.2, 5.1. Do you have access to any file and storage space? Please describe.
- 1.3, 3.3, 5.3, 7.2. Is there any space you can use for parent/teacher conferences or for adult group meetings when the children are present? Please describe.
- 5.2, 7.1. Is there an office for the program? Please describe.

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

36. Staff interaction and cooperation*

- | | | | |
|--|--|---|--|
| 1.1 No communication among staff members of necessary information to meet children's needs (Ex. information regarding early departure of child is not communicated). | 3.1 Some basic information to meet children's needs is communicated (Ex. all staff know about children's allergies, special feeding instructions, health information). | 5.1 Child-related information is communicated daily among staff (Ex. information about how routines and play activities are going for specific children). | 7.1 At least every other week, staff, working with the same group or in the same room, have regular planning time together, when they are not responsible for care of children. |
| 1.2 Interpersonal relationships interfere with caregiving responsibilities (Ex. staff socialize instead of looking after children or are curt and angry with one another). | 3.2 Interpersonal interactions among staff do not interfere with caregiving responsibilities. | 5.2 Staff interactions are positive and add a feeling of warmth and support. | 7.2 Responsibilities of each staff member are clearly defined (Ex. one sets out play materials while the other greets children; one prepares for rest while the other finishes lunch supervision). |
| 1.3 Staff duties not shared fairly (Ex. one staff member handles most duties, while another is relatively uninvolved). | 3.3 Staff duties are shared fairly. | 5.3 Responsibilities are shared so both care and play activities are handled smoothly. | 7.3 Program promotes positive interactions among staff members (Ex. by organizing social events; by encouraging group attendance at professional meetings). |

*Notes for Clarification

Item 36. Score if 2 or more staff members work with the group being observed, even if they work with the same group at different times. Score this item NA if there is only 1 staff member with the group.

Questions

- 1.1, 3.1, 5.1. Do you have a chance to share information about the children with the other staff members who work with your group? When and how often does this happen? What kinds of things do you talk about?
- 7.1. Do you have any planning time with your co-teacher(s)? About how often?
- 7.2. How do you and your co-teacher(s) decide what each of you will do?
- 7.3. Does the program ever organize events that you and other staff participate in together? Could you give me some examples?

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

37. Staff continuity

1.1 Children must adjust to many staff members without a stable person to care for them (Ex. children frequently moved from group to group with different staff members; many different staff members work with 1 group; much coming and going of staff).

3.1 Continuity provided by 1–2 stable staff members who lead the group every day (Ex. lead teacher usually present with a number of different helpers; lead teacher and assistant arrange schedules so one is always present).

1.2 Most children are changed to new groups more than twice a year (Ex. children moved from infant to pre-toddler to toddler groups within 1 year; groups frequently reorganized to meet ratio and enrollment requirements).

3.2 Children rarely changed to new groups or staff members more than twice a year.

3.3 Some provision to ease children's transitions to new groups or staff members.

3.4 Substitutes who do not know the children and the program are rarely, if ever, left in charge of the group.

1.3 Transitions to new groups or staff members are abrupt with no preparation for children (Ex. no time to meet new staff members before change; no time to ease into new schedule or room).

5.1 Very few people (2–3) work with the children in addition to the stable staff (Ex. number of volunteers or students is limited; same “floater” is used consistently with the group).

5.2 Children usually remain with 1 staff member and the same group for at least a year.

5.3 Orientation to new group or staff member occurs gradually, and with a familiar adult present (Ex. familiar teacher goes with child to new group for short play times over several weeks; parent visits new class with child; newly hired staff work with group before familiar staff leave).

5.4 A stable group of substitutes, familiar with children and program, is always available.

7.1 A small group of children is primarily cared for by 1 designated staff member (Ex. most routines carried out by child's favorite staff member; child's primary caregiver plans activities for child and communicates with parents).

7.2 Option is available for child to remain with same staff and group for more than 1 year.

7.3 Enough staff are employed so that only staff members are used as substitutes (Ex. “floaters” available to serve as substitutes without compromising ratios).

1.4 Frequent use of substitutes who do not know the children or the program.

Questions

1.1, 3.1, 5.1. How many staff members work with this group every day? Who are the main staff members working with this group?
1.2, 3.2, 5.2. How are children assigned to groups? How often are children moved to another group?

1.3, 3.3, 5.3. How is the transition to a new group handled?
1.4, 3.4, 5.4, 7.3. How frequently are substitutes needed? Who are the substitutes for staff? How are they prepared to be substitutes?
7.2. May a child stay with the same staff or group for more than a year?

Inadequate	Minimal	Good	Excellent
1	3	5	7
2	4	6	

38. Supervision and evaluation of staff*

- 1.1 No supervision provided for staff.*

3.1 Some supervision provided for staff (Ex. director observes informally; observation done in case of complaint).

1.2 No feedback or evaluation provided about staff performance.

3.2 Some feedback about performance provided.
- 5.1 Annual supervisory observation provided.

5.2 Written evaluation of performance shared with staff at least yearly.

5.3 Strengths of staff as well as areas needing improvement identified in the evaluation.

5.4 Action is taken to implement the recommendation of the evaluation (Ex. training given to improve performance; new materials purchased, if needed).
- 7.1 Staff members participate in self-evaluation.

7.2 Frequent observations and feedback given to staff in addition to annual observation

7.3 Feedback from supervision is given in a helpful, supportive manner.

*Notes for Clarification

Item 38. Score this item NA only when the program is a 1-person operation with no other staff.
1.1. Get information to score this item by asking questions of the person being supervised, not the supervisor. In cases where classroom staff state that they do not know the answers to your questions, ask their supervisor.

Questions

1.1, 3.1, 5.1, 5.2. Is your work supervised in any way? How is this done?
1.2, 3.2, 5.2, 7.3. Are you ever given any feedback about your performance? How is it handled? How often?
5.4. If improvement is needed, how is this handled?
7.1. Do you ever take part in self-evaluation?

Inadequate
1

2

Minimal
3

4

Good
5

6

Excellent
7

39. Opportunities for professional growth*

- 1.1 No orientation to program or in-service training provided for staff.
1.2 No staff meetings held.

- 3.1 Some orientation for new staff including emergency, safety, and health procedures given prior to working with children.
3.2 Some in-service training provided.

- 3.3 Some staff meetings held to handle administrative concerns.

- 5.1 Thorough orientation for new staff including interaction with children and parents, discipline methods, appropriate activities.
5.2 Staff required to participate regularly in in-service training.

(Ex. participate in community workshops; guest speakers and videos used for on-site training).

- 5.3 Monthly staff meetings held that include staff development activities.

- 5.4 Some professional resource materials available on-site (Ex. books, magazines, or other materials on child development, cultural sensitivity, and classroom activities; resources may be borrowed from library).

- 7.1 Support available for staff to attend courses, conferences, or workshops not provided by the program (Ex. released time, travel costs, conference fees).

- 7.2 Good professional library containing current materials on a variety of early childhood subjects available on premises.

- 7.3 Staff members with less than an AA degree in early childhood education are required to continue formal education (Ex. work towards GED, CDA, AA). *
NA permitted.

*Notes for Clarification

Item 39. Get information to score this item by asking questions of the classroom staff. If the staff members state that they do not know the answers to your questions, ask the supervisor.

7.3. AA/AS degree = Associate of Arts or Science (2-year degree)

CDA credential = Child Development Associate (1-year program)

GED = General Equivalency Degree (high school equivalency)

Questions

1.1, 3.1, 3.2, 5.1, 5.2. Is any training provided to staff? Please describe this training. What is done with new staff?

1.2, 3.3, 5.3. Do you have staff meetings? About how often? What is usually handled at these meetings?

5.4, 7.2. Are there any resources on-site that you can use for new ideas? What is included?

7.1. Is there any support provided so you can attend conferences or courses? Please describe what is available.

7.3. Are there any requirements for staff with less than an AA degree to continue their formal education? Please describe the requirements.

Sample of a Filled-in Score Sheet and Profile

Sample Score Sheet: Observation 1, 8/6/02

		LISTENING AND TALKING						
		1	2	3	4	5	6	7
12. Helping children understand language		1	2	3	4	5	6	7
Y	N							
1.1	<input checked="" type="checkbox"/>	3.1	<input checked="" type="checkbox"/>	5.1	<input checked="" type="checkbox"/>	7.1	<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	3.2	<input checked="" type="checkbox"/>	5.2	<input checked="" type="checkbox"/>	7.2	<input checked="" type="checkbox"/>	
1.3	<input checked="" type="checkbox"/>	3.3	<input checked="" type="checkbox"/>	5.3	<input checked="" type="checkbox"/>	7.3	<input checked="" type="checkbox"/>	
		3.4	<input checked="" type="checkbox"/>	5.4	<input checked="" type="checkbox"/>			
frequent social talk: "How's my little fellow?" "Such a cute girl!" "few names used, no labeling of objects"								
13. Helping children use language		1	2	3	4	5	6	7
Y	N							
1.1	<input checked="" type="checkbox"/>	3.1	<input checked="" type="checkbox"/>	5.1	<input checked="" type="checkbox"/>	7.1	<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	3.2	<input checked="" type="checkbox"/>	5.2	<input checked="" type="checkbox"/>	7.2	<input checked="" type="checkbox"/>	
		5.3	<input checked="" type="checkbox"/>	7.3	<input checked="" type="checkbox"/>	7.4	<input checked="" type="checkbox"/>	
long waiting before crying is answered about 30% of time. No verbal response.								
14. Using books		1	2	3	4	5	6	7
Y	N							
1.1	<input checked="" type="checkbox"/>	3.1	<input checked="" type="checkbox"/>	5.1	<input checked="" type="checkbox"/>	7.1	<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	3.2	<input checked="" type="checkbox"/>	5.2	<input checked="" type="checkbox"/>	7.2	<input checked="" type="checkbox"/>	
1.3	<input checked="" type="checkbox"/>	3.3	<input checked="" type="checkbox"/>	5.3	<input checked="" type="checkbox"/>	7.3	<input checked="" type="checkbox"/>	
		3.4	<input checked="" type="checkbox"/>	5.4	<input checked="" type="checkbox"/>			
17 books accessible, 1 teacher read informally to 3 interested children.								

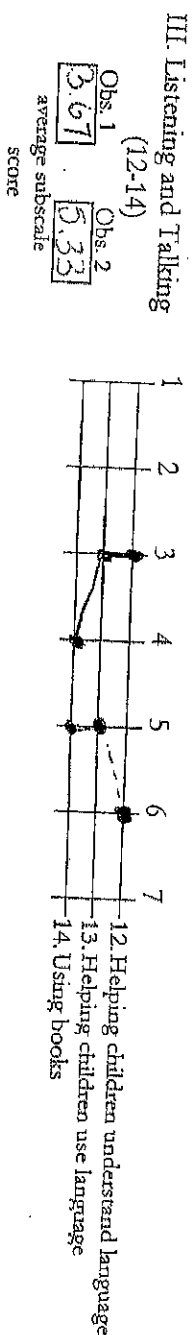
A. Subscale (Items 12 - 14) score 11
 B. Number of items scored 3
 LISTENING AND TALKING Average Score (A+B) 3.67

Sample Score Sheet: Observation 2, 11/8/02

		LISTENING AND TALKING						
		1	2	3	4	5	6	7
12. Helping children understand language		1	2	3	4	5	6	7
Y	N							
1.1	<input checked="" type="checkbox"/>	3.1	<input checked="" type="checkbox"/>	5.1	<input checked="" type="checkbox"/>	7.1	<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	3.2	<input checked="" type="checkbox"/>	5.2	<input checked="" type="checkbox"/>	7.2	<input checked="" type="checkbox"/>	
1.3	<input checked="" type="checkbox"/>	3.3	<input checked="" type="checkbox"/>	5.3	<input checked="" type="checkbox"/>	7.3	<input checked="" type="checkbox"/>	
		3.4	<input checked="" type="checkbox"/>	5.4	<input checked="" type="checkbox"/>			
fills your cup, says "You are holding it!" "Get the ball, Nathan. It's rolling." much talking like examples observed.								
13. Helping children use language		1	2	3	4	5	6	7
Y	N							
1.1	<input checked="" type="checkbox"/>	3.1	<input checked="" type="checkbox"/>	5.1	<input checked="" type="checkbox"/>	7.1	<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	3.2	<input checked="" type="checkbox"/>	5.2	<input checked="" type="checkbox"/>	7.2	<input checked="" type="checkbox"/>	
		5.3	<input checked="" type="checkbox"/>	7.3	<input checked="" type="checkbox"/>	7.4	<input checked="" type="checkbox"/>	
Questions rare. staff do most of talking. No notice of child who uses 1 word sentences regular timely responses								
14. Using books		1	2	3	4	5	6	7
Y	N							
1.1	<input checked="" type="checkbox"/>	3.1	<input checked="" type="checkbox"/>	5.1	<input checked="" type="checkbox"/>	7.1	<input checked="" type="checkbox"/>	
1.2	<input checked="" type="checkbox"/>	3.2	<input checked="" type="checkbox"/>	5.2	<input checked="" type="checkbox"/>	7.2	<input checked="" type="checkbox"/>	
1.3	<input checked="" type="checkbox"/>	3.3	<input checked="" type="checkbox"/>	5.3	<input checked="" type="checkbox"/>	7.3	<input checked="" type="checkbox"/>	
		3.4	<input checked="" type="checkbox"/>	5.4	<input checked="" type="checkbox"/>			
no book area for children over 12 months. 7.3 teacher report								

A. Subscale (Items 12 - 14) score 16
 B. Number of items scored 3
 LISTENING AND TALKING Average Score (A+B) 5.33

Sample of a Profile



SCORE SHEET-EXPANDED VERSION

Infant/Toddler Environment Rating Scale-Revised

Thelma Harms, Debby Cryer, and Richard M. Clifford

Observer: _____ Observer Code: _____
 Center/School: _____ Center Code: _____
 Room: _____ Room Code: _____
 Teacher(s): _____ Teacher Code: _____
 Number of staff present: _____
 Number of children enrolled in class: _____
 Highest number center allows in class at one time: _____
 Highest number of children present during observation: _____

Date of Observation: ____/____/____
 Number of children with identified disabilities: ____
 Check type(s) of disability: ☐ physical/sensory ☐ cognitive/language
☐ social/emotional ☐ other: _____
 Birthdates of children enrolled: youngest ____/____/____
 oldest ____/____/____
 Time observation began: ____:____:____ ☐ AM ☐ PM
 Time observation ended: ____:____:____ ☐ AM ☐ PM
 Time interview began: ____:____:____ ☐ AM ☐ PM
 Time interview ended: ____:____:____ ☐ AM ☐ PM

SPACE AND FURNISHINGS

1. Indoor space		1	2	3	4	5	6	7	3.5, 5.3. Accessibility:
Y N	Y N NA	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
1.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>						
1.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>						
1.3 <input type="checkbox"/>	3.3 <input type="checkbox"/>	5.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>						
1.4 <input type="checkbox"/>	3.4 <input type="checkbox"/>								
	3.5 <input type="checkbox"/>								

2. Furniture for routine care and play		1	2	3	4	5	6	7	5.2, 7.2. Child-sized table(s) and chairs?
Y N	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	
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"/>	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"/>	7.4 <input type="checkbox"/>						
		5.5 <input type="checkbox"/>							

Provision for relaxation and comfort

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

3.1. Furnishings:
5.1. Cozy area? (Y / n)
3.2, 5.3. Number of soft toys:

Room arrangement

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

1.2, 3.2, 5.2. Problems with visual supervision

Display for children

	1	2	3	4	5	6	7
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/>	3.1 <input type="checkbox"/>	5.1 <input type="checkbox"/>	7.1 <input type="checkbox"/>	Y N	NA		
2.2 <input type="checkbox"/>	3.2 <input type="checkbox"/>	5.2 <input type="checkbox"/>	7.2 <input type="checkbox"/>	Y N	NA		
5.3 <input type="checkbox"/>	7.3 <input type="checkbox"/>						
5.4 <input type="checkbox"/>	7.4 <input type="checkbox"/>						

5.4. Staff talk about display? (Observe 1 example)

A. Subscale (Items 1-5) Score ____ B. Number of items scored ____

SPACE AND FURNISHINGS Average Score (A ÷ B) ____

PERSONAL CARE ROUTINES

Greeting/departing

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

1.1, 3.1, 3.4, 5.1, 7.2. Greetings observed (✓ = yes, X = no, W = warm)
Child Parent Info. shared

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

LISTENING AND TALKING

Helping children understand language

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

3.1, 5.1. During routines:

During play:

5.4, 7.1. Examples of descriptive words used:

7.2. Examples of observed verbal play:

Y	N	Y	N	Y	N	Y	N
1	□	3.1	□	5.1	□	7.1	□
2	□	3.2	□	5.2	□	7.2	□
3	□	3.3	□	5.3	□	7.3	□
		3.4	□	5.4	□		

Helping children use language

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

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

Y	N	Y	N	Y	N	Y	N	NA
1	□	3.1	□	5.1	□	7.1	□	□
2	□	3.2	□	5.2	□	7.2	□	□
				5.3	□	7.3	□	□
						7.4	□	

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

Using books

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

1.2, 3.2. Number of books in disrepair:

5.2. Wide selection of books

Races:

Ages:

Abilities:

Animals:

Familiar routines:

Familiar objects:

Nature science books for Item 22:

5.1. Any inappropriate books: {Y / n}

(violent, frightening)

5.3. Staff read to individuals/small groups: {Y / n}

(observed at least 1 example)

A. Subscale (Items 12-14) Score ____

B. Number of items scored ____

LISTENING AND TALKING Average Score (A ÷ B) ____

ACTIVITIES

15. Fine motor		1.1, 3.1, 5.1. Materials for infants:						
		1	2	3	4	5	6	7
Y	N							
1.1	<input type="checkbox"/>							
1.2	<input type="checkbox"/>							
3.1	<input type="checkbox"/>							
3.2	<input type="checkbox"/>							
3.3	<input type="checkbox"/>							
Y	N							
5.1	<input type="checkbox"/>							
5.2	<input type="checkbox"/>							
7.1	<input type="checkbox"/>							
7.2	<input type="checkbox"/>							

Materials for toddlers

16. Active physical play		1.1, 1.2, 3.3, 5.5. Any equipment/materials inappropriate/unsafe?						
		1	2	3	4	5	6	7
Y	N							
1.1	<input type="checkbox"/>							
1.2	<input type="checkbox"/>							
1.3	<input type="checkbox"/>							
Y	N							
3.1	<input type="checkbox"/>							
3.2	<input type="checkbox"/>							
3.3	<input type="checkbox"/>							
Y	N							
5.1	<input type="checkbox"/>							
5.2	<input type="checkbox"/>							
5.3	<input type="checkbox"/>							
5.4	<input type="checkbox"/>							
5.5	<input type="checkbox"/>							

Appropriate indoor/outdoor space:

	12. Toxic/unsafe art materials used? (Y / n)						
	1	2	3	4	5	6	7 NA
17. Art							
Y N	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA	Y N NA
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"/> <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"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

18. Music and movement		3.1, 5.1. List number of musical toys/instruments:						
		1	2	3	4	5	6	7
Y	N							
1.1	<input type="checkbox"/>							
1.2	<input type="checkbox"/>							
Y	N							
3.1	<input type="checkbox"/>							
3.2	<input type="checkbox"/>							
3.3	<input type="checkbox"/>							
Y	N							
5.1	<input type="checkbox"/>							
5.2	<input type="checkbox"/>							
5.3	<input type="checkbox"/>							
5.4	<input type="checkbox"/>							

5.2. Informal singing observed? [Y / n]

19. Blocks		3.1, 5.1, 7.1. Sets of blocks:							
		1	2	3	4	5	6	7	NA
Y	N								1)
1.1	<input type="checkbox"/>								2)
									3)
Y	N								
3.1	<input type="checkbox"/>								
3.2	<input type="checkbox"/>								
3.3	<input type="checkbox"/>								
Y	N								
5.1	<input type="checkbox"/>								
5.2	<input type="checkbox"/>								
5.3	<input type="checkbox"/>								
Y	N								
7.1	<input type="checkbox"/>								
7.2	<input type="checkbox"/>								
7.3	<input type="checkbox"/>								

3.2, 7.2. Accessories:

20. Dramatic play

1 2 3 4 5 6 7

5.1 Dramatic play materials:

- Infants and toddlers:
- Dolls--
- Soft animals--
- Toy telephones--
- Pots & pans--

Y N Y N Y N NA Y N NA

1.1 ☐ ☐ 3.1 ☐ ☐ 5.1 ☐ ☐ 7.1 ☐ ☐

3.2 ☐ ☐ 5.2 ☐ ☐ 7.2 ☐ ☐

5.3 ☐ ☐ 7.3 ☐ ☐

5.4 ☐ ☐ ☐

- Toddlers only:
- Dress-ups--
- Child-sized play furniture--
- Play foods--
- Dishes/eating utensils--
- Doll furniture--

Small play buildings & accessories--

21. Sand and water play

1 2 3 4 5 6 7 NA

Y N Y N Y N Y N

1.1 ☐ ☐ 3.1 ☐ ☐ 5.1 ☐ ☐ 7.1 ☐ ☐

3.2 ☐ ☐ 5.2 ☐ ☐ 7.2 ☐ ☐

3.3 ☐ ☐ 5.3 ☐ ☐

22. Nature/science

1 2 3 4 5 6 7

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

Y N Y N Y N Y N

1.1 ☐ ☐ 3.1 ☐ ☐ 5.1 ☐ ☐ 7.1 ☐ ☐

1.2 ☐ ☐ 3.2 ☐ ☐ 5.2 ☐ ☐ 7.2 ☐ ☐

3.3 ☐ ☐ 5.3 ☐ ☐

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

1 2 3 4 5 6 7 NA

Y N NA Y N Y N Y N

1.1 ☐ ☐ 3.1 ☐ ☐ 5.1 ☐ ☐ 7.1 ☐ ☐

1.2 ☐ ☐ 3.2 ☐ ☐ 5.2 ☐ ☐ 7.2 ☐ ☐

1.3 ☐ ☐ 3.3 ☐ ☐ 5.3 ☐ ☐

4. Promoting acceptance of diversity

1 2 3 4 5 6 7

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

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

Y N Y N Y N Y N

1.1 ☐ ☐ 3.1 ☐ ☐ 5.1 ☐ ☐ 7.1 ☐ ☐

2.2 ☐ ☐ 3.2 ☐ ☐ 5.2 ☐ ☐ 7.2 ☐ ☐

3.3 ☐ ☐ 3.3 ☐ ☐

Races/ Cultures	Books	Pictures	Materials
Ages			
Abilities			
Gender			

7.1. Non-sexist images:

7.2. Variety of activities:

Subscale (Items 15-24) Score ____

B. Number of items scored ____

ACTIVITIES Average Score (A ÷ B) ____

INTERACTION

25. Supervision of play and learning

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

26. Peer interaction

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

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

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

27. Staff-child interaction

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

28. Discipline

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

A. Subscale (Items 25-28) Score ____

B. Number of items scored ____

INTERACTION Average Score (A ÷ B) ____

PROGRAM STRUCTURE

29. Schedule

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

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

30. Free play

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

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

1. Group play activities

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

Provisions for children with disabilities

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

Subscale (Items 29-32) Score _____

B. Number of items scored _____

PROGRAM STRUCTURE Average Score (A ÷ B) _____

PARENTS AND STAFF

33. 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"/>		

34. 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"/>		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"/>		
			3.5	<input type="checkbox"/>	<input type="checkbox"/>	5.5	<input type="checkbox"/>		

35. 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"/>		

36. 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"/>

37. Staff continuity

	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"/>
1.4	<input type="checkbox"/>	<input type="checkbox"/>	3.4	<input type="checkbox"/>	5.4	<input type="checkbox"/>		

8. Supervision and evaluation of staff

	1	2	3	4	5	6	7	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"/>								

9. Opportunities for professional growth

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

Subscale (Items 33-39) Score ____

B. Number of items scored ____

PARENTS AND STAFF Average Score (A ÷ B) ____

Total and Average Score

	Subscale/Total Score	# of Items Scored	Average Score
ice and Furnishings	÷	=	
sonal Care Routines	÷	=	
ening and Talking	÷	=	
ivities	÷	=	
raction	÷	=	
gram Structure	÷	=	
nts and Staff	÷	=	
TAL	÷	=	

