

SCORE SHEET – EXPANDED VERSION

School-Age Care Environment Rating Scale

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Observer: _____ Observer Code: _____

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

Center/School: _____ Center Code: _____

Number of children with identified disabilities: _____

Room: _____ Room Code: _____

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

Teacher(s): _____ Teacher Code: _____

Number of Staff present: _____

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

Number of children enrolled in class: _____

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

Number of children present: _____

Time observation began: _____ : _____ AM PM

Time observation ended: _____ : _____ AM PM

Time interview began: _____ : _____ AM PM

Time interview ended: _____ : _____ AM PM

SPACE AND FURNISHINGS

1. Indoor space

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

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

2. Space for gross motor activities

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

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

5.2 At least 1 hard and 1 soft play surface accessible outdoors daily sufficient to play on? Yes No

3. Space for privacy

1 2 3 4 5 6 7

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

4. Room arrangement

1 2 3 4 5 6 7

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

*Indicators in 4a added as 1.4, 3.4, 5.5 and 7.3**Score NA if no homework done during program***5. Furnishings for routine care**

1 2 3 4 5 6 7

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

*5.1 If 60-74% child sized give score of 4. If 75% child sized give 5.***6. Furnishings for learning and recreational activities**

1 2 3 4 5 6 7

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

5.2 Display in area most used? **Yes** **No**

7. Furnishings for relaxation and comfort

1 2 3 4 5 6 7

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

5.1 Accessible for 1/3 of time? **Yes** **No**

7.1 Give 6 for only 1 additional softness, 7 if 2 or more.

8. Furnishings for gross motor activities

1 2 3 4 5 6 7

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

5.1 Variety of skills:
List 3 or more skills
 1.
 2.
 3.

Stationary equipment::

Portable equipment:

9. Access to host facilities

1 2 3 4 5 6 7

Y N	Y N	Y N N A	Y N N A
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

1.1, 3.1, 5.1 – Dedicated play space:

5.1, 7.1 – Shared facilities:

5.2, 7.1 Require 2 or more shared facilities.

10. Space to meet personal needs of staff

1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	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"/>	

11. Space to meet professional needs of staff

1 2 3 4 5 6 7

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

7.1 Score NA if in child care center

A. Subscale (Items 1 - 11) Score ___ ___ **B.** Number of items scored ___ ___ **SPACE AND FURNISHINGS Average Score (A ÷ B) ___ ___ ___**

HEALTH AND SAFETY

12. Health policy

1 2 3 4 5 6 7

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

7.1 No score of 6 is possible

13. Health practice

1 2 3 4 5 6 7

- | | | | |
|---|---|---|---|
| Y N | Y N | Y N | Y N |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> |
| 1.3 <input type="checkbox"/> <input type="checkbox"/> | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | |
| 1.4 <input type="checkbox"/> <input type="checkbox"/> | 3.4 <input type="checkbox"/> <input type="checkbox"/> | | |
| 1.5 <input type="checkbox"/> <input type="checkbox"/> | 3.5 <input type="checkbox"/> <input type="checkbox"/> | | |

3.2 Must be scored No to give 5 or higher

14. Emergency and safety policy

1 2 3 4 5 6 7

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

15. Safety practice

1 2 3 4 5 6 7

- | | | | |
|---|---|---|---|
| Y N | Y N | Y N | Y N |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> |
| 1.3 <input type="checkbox"/> <input type="checkbox"/> | 3.3 <input type="checkbox"/> <input type="checkbox"/> | | |
| 1.4 <input type="checkbox"/> <input type="checkbox"/> | 3.4 <input type="checkbox"/> <input type="checkbox"/> | | |
| 1.5 <input type="checkbox"/> <input type="checkbox"/> | 3.5 <input type="checkbox"/> <input type="checkbox"/> | | |
| | 3.6 <input type="checkbox"/> <input type="checkbox"/> | | |
| | 3.7 <input type="checkbox"/> <input type="checkbox"/> | | |

16. Attendance

1 2 3 4 5 6 7

Y NNA Y N Y N Y N
 1.1 3.1 5.1 7.1
 1.2 3.2 5.2
 1.3 3.3

7.1 No score of 6 possible

17. Departure

1 2 3 4 5 6 7

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

18. Meals/snacks

1 2 3 4 5 6 7

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

3.6 Posted menu must be correct

19. Personal hygiene

1 2 3 4 5 6 7

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

5.1 Requires hand washing 75% of time when needed.

1.1, 3.1, 3.2 Handwashing observations (tally)				
	Adult		Child	
	Yes	No	Yes	No
Before eating or serving food				
After toileting				
Other (eg. nose blowing, playing with dirt or pets)				

Subscale (Items 12 - 19) Score ___

Number of items scored ___

HEALTH AND SAFETY Average Score (A ÷ B) ___

ACTIVITIES

20. Arts and Crafts

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

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

7.1 If only "new skills" or "long range project" score 6.

21. Music and Movement

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

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

3.1 If some provision but less than weekly score 2.

5.1 Must be available daily.

22. Blocks and construction

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

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

3.2 Level surface, not too many disruptions

23. Drama/Theater

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

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

24. Language/reading activities

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

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	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"/>

5.2 Must observe at least 1 instance.

5.3 Must observe more than 1 instance.

3.2 May be done by staff or older, fluent children

25. Math/reasoning activities

1 2 3 4 5 6 7

3.1, 5.1 Games and/or activities:

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

5.1 Requires 3-5 accessible

26. Science/nature activities

1 2 3 4 5 6 7

5.3 Example observed:

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

3.1 Score 2 if less than daily but at least weekly, or if there are either materials or equipment accessible daily.

27. Cultural awareness

1 2 3 4 5 6 7

Yes No

1.2 Staff display gender, ethnic or racial bias

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

3.1, 5.1 Examples of materials (eg. books, pictures, games, toys):

A. Subscale (Items 20 - 27) Score ___

B. Number of items scored ___

ACTIVITIES Average Score (A ÷ B) ___

INTERACTIONS

28. Greeting/departing

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

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

Greetings observed:

Departures observed:

3.2 must be "no" to score 5 or higher
7.1 no score of 6 possible

29. Staff-child interactions

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

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

3.1 and 3.2 must be scored "no" to score 5 or higher.

30. Staff-child communications

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

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

3.1, 5.1, 7.1 Conversations:

5.4 Questions:

7.2 Expansion:

31. Staff supervision of children

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

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

7.2 Expert supervision required to develop skills

32. Discipline

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

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

5.1 No score of 4 is possible

33. Peer interactions

1 2 3 4 5 6 7

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

34. Interactions between staff and parents

1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
	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"/>	

35. Staff interaction

1 2 3 4 5 6 7 NA

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

Score NA if only 1 staff member working with children.

36. Relationship between program staff and classroom teachers

1 2 3 4 5 6 7 NA

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>

Score NA if program is not located in children's school.

A. Subscale (Items 28 - 36) Score ___

B. Number of items scored ___

INTERACTIONS Average Score (A ÷ B) ___.

PROGRAM STRUCTURE

37. Schedule

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

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

38. Free choice

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

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

**39. Administrative relationship
between program staff
and program host**

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

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>

Score NA if part of child care center

40. Use of community resources

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

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

3.1 On-site community visitors also given credit

5.1 Give credit even if regularly used during full day program only

A. Subscale (Items 37 - 40) Score ___

B. Number of items scored ___

PROGRAM STRUCTURE Average Score (A ÷ B) ___

STAFF DEVELOPMENT

41. Opportunities for professional growth

1 2 3 4 5 6 7

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

42. Staff meetings

1 2 3 4 5 6 7

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>

43. Supervision and evaluation of staff

1 2 3 4 5 6 7 NA

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

A. Subscale (Items 41 - 43) Score ____

B. Number of items scored ____

STAFF DEVELOPMENT Average Score (A ÷ B) ____.

SPECIAL NEEDS SUPPLEMENTARY ITEMS

Items 44–49 are to be used in addition to the whole scale when children with special needs are included in the group.
In order to use these items accurately, information is needed about the special needs of the individual children.

44. Provisions for exceptional children 1 2 3 4 5 6 7 NA

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	<i>Score NA if there are no children in the group with identified disabilities.</i>		

45. Individualization 1 2 3 4 5 6 7

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

46. Multiple opportunities for learning and practicing skills 1 2 3 4 5 6 7

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

47. Engagement 1 2 3 4 5 6 7

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

48. Peer interactions 1 2 3 4 5 6 7

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

49. Promoting communication 1 2 3 4 5 6 7

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

A. Subscale (Items 44 - 49) Score ___ B. Number of items scored ___ **SPECIAL NEEDS SUPPLEMENTARY ITEMS Average Score (A ÷ B) ___.**

Total and Average Score

	<u>Score</u>	<u># of Items Scored</u>	<u>Average Score</u>
Space and Furnishings	_____	_____	_____
Health and Safety	_____	_____	_____
Activities	_____	_____	_____
Interactions	_____	_____	_____
Program Structure	_____	_____	_____
Staff Development	_____	_____	_____
Exceptional Children	_____	_____	_____
TOTAL	_____	_____	_____

Schedule

Planned

Observed

<u>Planned</u>	Schedule	<u>Observed</u>

