

SCORE SHEET – EXPANDED VERSION

Family Day Care Rating Scale

Thelma Harms and Richard M. Clifford

Observer: _____ Observer Code: _____

Home: _____ Facility Code: _____

Provider(s): _____ Teacher Code: _____

Number of providers present: _____

Number of children enrolled: _____

Highest number family child care home allows at one time: _____

Highest number of children present during observation: _____

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

Number of children with identified disabilities: _____

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

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

Time observation began: _____ : _____ AM PM

Time observation ended: _____ : _____ AM PM

Time interview began: _____ : _____ AM PM

Time interview ended: _____ : _____ AM PM

SPACE AND FURNISHINGS FOR CARE AND LEARNING

1. Furnishings for routine care and learning

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

Y N	Y N	Y N	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"/> <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"/>		7.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/>		

2. Furnishings for relaxation and comfort

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

Y N	Y N	Y NNA	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"/>	
		5.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

5.1 Accessible for much of the day {y / n}

5.2 # of soft toys:
infants/toddler:

2 years & older :

3. Child-related display	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">7</td> </tr> </table>	1	2	3	4	5	6	7	5.1 # of children enrolled:					
1	2	3	4	5	6	7								
<table style="width: 100%;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N NA</td> <td style="width: 25%;">Y N NA</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	Y N	Y N NA	Y N NA	Y N	1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>		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"/>		# of pieces of children's work displayed:
Y N	Y N NA	Y N NA	Y N											
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>											
	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"/>											

4. Indoor space arrangement	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">7</td> </tr> </table>	1	2	3	4	5	6	7													
1	2	3	4	5	6	7															
<table style="width: 100%;"> <tr> <td style="width: 25%;">Y N NA</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td>5.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> </table>	Y N NA	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"/> <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"/>				5.4 <input type="checkbox"/> <input type="checkbox"/>		
Y N NA	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"/> <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"/>																			
		5.4 <input type="checkbox"/> <input type="checkbox"/>																			

5. Active physical play	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">7</td> </tr> </table>	1	2	3	4	5	6	7	1.3, 3.3 Any materials in disrepair/unsafe?									
1	2	3	4	5	6	7												
<table style="width: 100%;"> <tr> <td style="width: 25%;">Y N NA</td> <td style="width: 25%;">Y N NA</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N NA</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.3 <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	Y N NA	Y N NA	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"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>		1.1, 3.1, 3.2 Any unsafe/inappropriate indoor/outdoor space?
Y N NA	Y N NA	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"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>															

6a. Space to be alone (infants/toddlers)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">7</td> <td style="width: 12.5%; text-align: center;">NA</td> </tr> </table>	1	2	3	4	5	6	7	NA								
1	2	3	4	5	6	7	NA										
<table style="width: 100%;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N NA</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Y N	Y N NA	Y N	Y N	1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>	1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		7.2 <input type="checkbox"/> <input type="checkbox"/>		3.3 <input type="checkbox"/> <input type="checkbox"/>			
Y N	Y N NA	Y N	Y N														
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>														
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		7.2 <input type="checkbox"/> <input type="checkbox"/>														
	3.3 <input type="checkbox"/> <input type="checkbox"/>																

6b. Space to be alone (2 years & older)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">1</td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">3</td> <td style="width: 12.5%; text-align: center;">4</td> <td style="width: 12.5%; text-align: center;">5</td> <td style="width: 12.5%; text-align: center;">6</td> <td style="width: 12.5%; text-align: center;">7</td> <td style="width: 12.5%; text-align: center;">NA</td> </tr> </table>	1	2	3	4	5	6	7	NA				
1	2	3	4	5	6	7	NA						
<table style="width: 100%;"> <tr> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> <td style="width: 25%;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	Y N	Y N	Y N	Y N	1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>				7.2 <input type="checkbox"/> <input type="checkbox"/>	
Y N	Y N	Y N	Y N										
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>										
			7.2 <input type="checkbox"/> <input type="checkbox"/>										

A. Subscale (Items 1 - 6) Score ___

B. Number of items scored ___

SPACE AND FURNISHINGS Average Score (A ÷ B) ___

BASIC CARE

7. Arriving / leaving

1 2 3 4 5 6 7

1.1, 3.1, 3.2, 5.1, 7.1 Greetings observed (√=yes, χ=no, w=warm)

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

	Child	Parent	Info. shared
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Note: 3.2 must be scored "No" to score 5 or higher

8. Meals / snacks

1 2 3 4 5 6 7

1.2, 3.2 Tables/highchair tray sanitized? _____

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

3.3 Handwashing before food prep (√=yes, χ=no):

9. Nap

1 2 3 4 5 6 7

Note: 5.2 All cots/ mats, cribs ≥ 36" apart or solid barrier? {y / n}

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

Other issues:

10. Diapering / toileting

1 2 3 4 5 6 7

Diapering procedure observed: (√=yes, χ=no)

1.2, 3.2, 3.4 Handwashing observed (√=yes, χ=no)

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

Prep -	_____
Wipe adult's hands -	_____
Wipe child's hands -	_____
Proper disposal -	_____
Sanitize diap. area -	_____

Children	Adults
_____	_____

1.2, 3.1 Sanitary conditions (√=yes, χ=no)

Same sink sanitized? _____

11. Personal Grooming

1 2 3 4 5 6 7

1.1, 3.3 Handwashing observed (√=yes, χ=no)

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

Children	
Before eating	
After eating	

12. Health

1 2 3 4 5 6 7

5.1 Handwashing observed (√=yes, χ=no)

Y N	Y N	Y N	Y N
1.1 <input type="checkbox"/> <input type="checkbox"/>	3.1 <input type="checkbox"/> <input type="checkbox"/>	5.1 <input type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input type="checkbox"/>
1.2 <input type="checkbox"/> <input type="checkbox"/>	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
1.3 <input type="checkbox"/> <input type="checkbox"/>	3.3 <input type="checkbox"/> <input type="checkbox"/>	5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/>	7.4 <input type="checkbox"/> <input type="checkbox"/>
		5.5 <input type="checkbox"/> <input type="checkbox"/>	7.5 <input type="checkbox"/> <input type="checkbox"/>

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

5.1 Same sink used? {y / n}

13. Safety

1 2 3 4 5 6 7

1.2, 1.3, 3.6 Safety hazards:

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

Indoor:

Outdoor:

A. Subscale (Items 7 - 13) Score ___

B. Number of items scored ___

BASIC CARE Average Score (A ÷ B) ___

LANGUAGE AND REASONING

14a. Informal use of language (infants/toddlers)

1 2 3 4 5 6 7 NA

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

5.1 Verbal play (examples):

7.1 Talking during routines (examples):

7.2,7.3 Repeating toddlers' words/adding words (examples):

Note: 3.1 must be scored "No" to score 5 or higher.

14b. Informal use of language (2 years & older)

1 2 3 4 5 6 7 NA

Y N Y N Y N Y N NA
 1.1 3.1 5.1 7.1
 3.2 5.2 7.2
 5.3 7.3
 5.4
 5.5

5.2 Helping children enjoy language (examples):

5.4 Caregiver adds to children's ideas (examples):

15a. Helping children understand language (infants/toddlers)

1 2 3 4 5 6 7 NA

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

1.1, 3.1, 5.1 # of books:

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

5.1 Books accessible (at least 1 hour daily) {y / n}

5.2 Activities to help children understand language:

15b. Helping children understand language (2 years and older)

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
 5.3

1.1, 3.1, 5.1 # of books:

5.1 Picture games List:

5.2 Any inappropriate books (violent, frightening): {y / n} List:

5.3 Planned activities that help children understand language:

16. Helping children use language

1 2 3 4 5 6 7

Y N Y N Y N Y N
 1.1 3.1 5.1 7.1
 3.2 5.2

5.1 Materials accessible (at least one hour daily) {y / n}

	Infants/toddlers	2 years and older
3.2, 5.2 Activities		
1.		
2.		
3.1, 5.1 Materials		

Note: 3.1 must be scored "No" to score 5 or higher.

17. Helping children reason (using concepts)	1 2 3 4 5 6 7	3.1, 5.1 Materials for infants/toddlers:	3.2 Daily experiences to help children reason:
1.1 <input type="checkbox"/> Y <input type="checkbox"/> N	3.1 <input type="checkbox"/> Y <input type="checkbox"/> N	5.1 <input type="checkbox"/> Y <input type="checkbox"/> N	5.1 Accessible (at least 1 hour daily) {y / n}
1.2 <input type="checkbox"/> Y <input type="checkbox"/> N	3.2 <input type="checkbox"/> Y <input type="checkbox"/> N	7.1 <input type="checkbox"/> Y <input type="checkbox"/> N	
		7.2 <input type="checkbox"/> Y <input type="checkbox"/> N	
		5.3 <input type="checkbox"/> Y <input type="checkbox"/> N	
		2 years and older: materials:	
		games:	

A. Subscale (Items 14 - 17) Score ____ B. Number of items scored ____ **LANGUAGE AND REASONING Average Score (A ÷ B) ____**

LEARNING ACTIVITIES

18. Eye-hand coordination	1 2 3 4 5 6 7	3.1, 5.1 Materials accessible (at least 1 hour daily) {y / n}	
1.1 <input type="checkbox"/> Y <input type="checkbox"/> N	3.1 <input type="checkbox"/> Y <input type="checkbox"/> N	5.1 <input type="checkbox"/> Y <input type="checkbox"/> N	3.2, 5.1, 5.2 # of materials for infants/toddlers:
	3.2 <input type="checkbox"/> Y <input type="checkbox"/> N	7.1 <input type="checkbox"/> Y <input type="checkbox"/> N	
		7.2 <input type="checkbox"/> Y <input type="checkbox"/> N	
		7.3 <input type="checkbox"/> Y <input type="checkbox"/> N	
		# of materials for 2 years and older:	

19. Art	1 2 3 4 5 6 7 NA	3.1 Art materials used: _____ Toddlers:	Drawing materials accessible daily? {y / n}
1.1 <input type="checkbox"/> Y <input type="checkbox"/> N	3.1 <input type="checkbox"/> Y <input type="checkbox"/> N	5.1 <input type="checkbox"/> Y <input type="checkbox"/> N	2 years and older:
		7.1 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
		5.2 <input type="checkbox"/> Y <input type="checkbox"/> N	
		7.2 <input type="checkbox"/> Y <input type="checkbox"/> N	
		5.3 <input type="checkbox"/> Y <input type="checkbox"/> N	
<i>Score "NA" if all children in care are 12 months of age or younger.</i>		5.1 Materials accessible (at least 1 hour daily) {y / n}	

20. Music and movement	1 2 3 4 5 6 7	3.1, 5.1, 7.1 Music experiences available how often?	
1.1 <input type="checkbox"/> Y <input type="checkbox"/> N	3.1 <input type="checkbox"/> Y <input type="checkbox"/> N	5.1 <input type="checkbox"/> Y <input type="checkbox"/> N	5.2 Informal singing observed? {y / n}
1.2 <input type="checkbox"/> Y <input type="checkbox"/> N		7.1 <input type="checkbox"/> Y <input type="checkbox"/> N	
		7.2 <input type="checkbox"/> Y <input type="checkbox"/> N	
		5.3 <input type="checkbox"/> Y <input type="checkbox"/> N	

21. Sand and water play	1 2 3 4 5 6 7 NA		
1.1 <input type="checkbox"/> Y <input type="checkbox"/> N	3.1 <input type="checkbox"/> Y <input type="checkbox"/> N	5.1 <input type="checkbox"/> Y <input type="checkbox"/> N	Indoors Outdoors How often?
		7.1 <input type="checkbox"/> Y <input type="checkbox"/> N	
		5.2 <input type="checkbox"/> Y <input type="checkbox"/> N	Water
		5.2 Toys/materials for sand/water play:	
<i>Score "NA" if all children in care are 12 months of age or younger.</i>			

22. Dramatic play 1 2 3 4 5 6 7 NA 5.1, 5.2 Materials accessible (at least 1 hour daily) {y / n}

Materials:
Indoors:

Y N 1.1 <input type="checkbox"/> <input type="checkbox"/>	Y N 3.1 <input type="checkbox"/> <input type="checkbox"/> 3.2 <input type="checkbox"/> <input type="checkbox"/>	Y N NA 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"/>
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Outdoors:

Score "NA" if all children in care are 12 months of age or younger.

23. Blocks 1 2 3 4 5 6 7 NA 3.1, 5.1 Types of blocks (accessible at least 1 hour daily) {y / n}:

3.1, 5.1 Types of accessories (accessible at least 1 hour daily) {y / n}:

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

Score "NA" if all children in care are 12 months of age or younger.

24. Use of TV 1 2 3 4 5 6 7

Y N NA 1.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N NA 3.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N NA 5.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N NA 7.1 <input type="checkbox"/> <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"/> <input type="checkbox"/> 7.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
--	--	--	--

Note: 3.1 and 3.3 must be scored "No" or "NA" to score 5 or higher.

25. Schedule of daily activities 1 2 3 4 5 6 7 5.2 Special activities scheduled daily

		Infants/toddlers	2 years and older
Indoor activity			
Outdoor activity			

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

26. Supervision of indoors & outdoors

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"/>	

A. Subscale (Items 18 - 26) Score ___

B. Number of items scored ___

LEARNING ACTIVITIES Average Score (A ÷ B) ___.

SOCIAL DEVELOPMENT

27. Tone

1 2 3 4 5 6 7

5.1 Caregiver uses physical contact to show affection to all children? {y / n}

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

Note: All of 3 must be scored "No" to score a 5 or higher.

28. Discipline

1 2 3 4 5 6 7

5.3 Praise for good behavior (examples):

Y N	Y N	Y N	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"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		5.4 <input type="checkbox"/> <input type="checkbox"/>	
		5.5 <input type="checkbox"/> <input type="checkbox"/>	

5.4 Rules explained (examples):

29. Cultural Awareness

1 2 3 4 5 6 7

3.1, 5.1 Accessible (at least 1 hour daily) {y / n}

5.4 People of all ages represented (at least 1 example in each category)

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"/>		5.3 <input type="checkbox"/> <input type="checkbox"/>	
		5.4 <input type="checkbox"/> <input type="checkbox"/>	

5.1 Diversity (tally)

	Books	Pictures	Dolls
Racial variety:			

	Books	Pictures
Baby/ toddler		
Older child		
Teenager		
Young adult		
Senior adult		

A. Subscale (Items 27 - 29) Score ___

B. Number of items scored ___

SOCIAL DEVELOPMENT Average Score (A ÷ B) ___.

ADULT NEEDS

30. Relationship with parents 1 2 3 4 5 6 7

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

31. Balancing personal & caregiving responsibilities 1 2 3 4 5 6 7

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

Note: 3.1 must be scored "No" to score a 5 or higher.

32. 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"/> |
| | | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> |

A. Subscale (Items 30 - 32) Score ___

B. Number of items scored ___

ADULT NEEDS Average Score (A ÷ B) ___.

SUPPLEMENTARY ITEMS: PROVISIONS FOR EXCEPTIONAL CHILDREN

**33. Adaptations for basic care
(physically handicapped)**

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"/>			

**34. Adaptations for activities
(physically handicapped)**

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"/>
	3.3 <input type="checkbox"/> <input type="checkbox"/>		7.3 <input type="checkbox"/> <input type="checkbox"/>

**35. Adaptations for
special needs**

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"/>
			7.2 <input type="checkbox"/> <input type="checkbox"/>

**36. Communication
(exceptional)**

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"/>	
		5.5 <input type="checkbox"/> <input type="checkbox"/>	

**37. Language / reasoning
(exceptional)**

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"/>
		5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>

38. Learning & play activities (exceptional) 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"/>
	3.2 <input type="checkbox"/> <input type="checkbox"/>	5.2 <input type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input type="checkbox"/>
		5.3 <input type="checkbox"/> <input type="checkbox"/>	
		5.4 <input type="checkbox"/> <input type="checkbox"/>	
		5.5 <input type="checkbox"/> <input type="checkbox"/>	

39. Social development (exceptional) 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"/>
	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"/>	

40. Caregiver preparation 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"/>			

A. Subscale (Items 33 - 40) Score ____ B. Number of items scored ____ **PROVISIONS FOR EXCEPTIONAL CHILDREN Average Score (A ÷ B)**

Total and Average Score

	<u>Score</u>	<u># of Items Scored</u>	<u>Average Score</u>
Space and Furnishings	_____	_____	_____
Basic Care	_____	_____	_____
Language-Reasoning	_____	_____	_____
Learning Activities	_____	_____	_____
Social Development	_____	_____	_____
Adult Needs	_____	_____	_____
Provisions for	_____	_____	_____
Exceptional Children	_____	_____	_____
TOTAL	_____	_____	_____