



SCORE SHEET – EXPANDED VERSION

Early Childhood Environment Rating Scale–Revised

Thelma Harms, Richard M. Clifford, and Debby Cryer

Observer: _____ Observer Code: _____
 Center/School: _____ Center Code: _____
 Room: _____ Room Code: _____
 Teacher(s): _____ Teacher Code: _____

Date of Observation: ____/____/____
m m d d y y
 Number of children with identified disabilities: _____

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

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

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

Time observation began: ____:____ AM PM
 Time observation ended: ____:____ AM PM
 Time interview began: ____:____ AM PM
 Time interview ended: ____:____ AM PM

Highest number center allows in class at one time: _____

Highest number of children present during observation: _____

SPACE AND FURNISHINGS

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

| | | | | | | | | |
|---|--|--|---|----------|----------|----------|----------|----------|
| 2. Furniture for care, play, & learning | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Y N | Y N N A | Y N N A | Y N | | | | | |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| | 3.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | |

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

3. Furnishings for Relaxation

1 2 3 4 5 6 7

5.1 Total time – cozy area: _____

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

S = substantial portion of the day

4. Room arrangement

1 2 3 4 5 6 7

3.1, 5.1, 7.1 List defined interest centers:

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

5. Space for privacy

1 2 3 4 5 6 7

5.2 Total time – space for privacy: _____

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

S = substantial portion of the day

6. Child-related display

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. Space for gross motor

1 2 3 4 5 6 7

1.1, 3.2 Safety hazards:

major

minor

| | | | |
|---|---|---|---|
| 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"/> |

outdoors

indoors

8. Gross motor equipment 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"/> |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> |
| 1.3 <input type="checkbox"/> <input type="checkbox"/> | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

3.1 Total time - gross motor equipment: _____ 7.1 stationary: _____

5.2 List variety of skills:

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

portable: _____

A. Subscale (Items 1 - 8) Score _____ B. Number of items scored _____ SPACE AND FURNISHINGS Average Score (A + B) _____

PERSONAL CARE ROUTINES

9. Greeting/departing 1 2 3 4 5 6 7

| | | | |
|---|---|--|--|
| Y N | Y N | Y 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"/> <input type="checkbox"/> | 7.3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

1.1, 3.1, 5.1, 5.3, 7.3 Greetings observed (√=yes, χ=no)

| | | | |
|---|-------|--------|-------------|
| | Child | Parent | Info shared |
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ |

10. Meals/snacks 1 2 3 4 5 6 7

| | | | |
|--|--|--|---|
| Y NNA | Y NNA | 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"/> |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> |
| 1.3 <input type="checkbox"/> <input type="checkbox"/> | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | 7.3 <input type="checkbox"/> <input type="checkbox"/> |
| 1.4 <input type="checkbox"/> <input type="checkbox"/> | 3.4 <input type="checkbox"/> <input type="checkbox"/> | 5.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 1.5 <input type="checkbox"/> <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"/> | | |

1.3, 3.3 Sanitary conditions observed (√=yes, χ=no) Tables sanitized? _____

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

Other problems? _____

11. Nap/rest 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"/> | |
| | 3.4 <input type="checkbox"/> <input type="checkbox"/> | | |

3.2 All cots/mats ≥ 18" apart?

5.3 All cots/mats ≥ 36" apart?

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|---|---|---|---|---|---|---|--|---|---|---|--|---|---|--|--|---------------|--|----------|-------|---------------|---|--|---|-----|----|-----|----|---|---|---|---|----|--------------------------|----|----|----|----|-------------------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| 12. Toileting/diapering <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td>1.4 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>3.5 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | 1.3 <input type="checkbox"/> <input type="checkbox"/> | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | 1.4 <input type="checkbox"/> <input type="checkbox"/> | 3.4 <input type="checkbox"/> <input type="checkbox"/> | | | | 3.5 <input type="checkbox"/> <input type="checkbox"/> | | | 1 2 3 4 5 6 7 | 1.3, 3.3 Handwashing observed (√=yes, χ=no) <table style="width:100%; border-collapse: collapse; border: none;"> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">1</td><td style="border: none; text-align: center;">2</td><td style="border: none; text-align: center;">3</td><td style="border: none; text-align: center;">4</td><td style="border: none; text-align: center;">5</td><td style="border: none; text-align: center;">6</td><td style="border: none; text-align: center;">7</td><td style="border: none; text-align: center;">8</td><td style="border: none; text-align: center;">9</td><td style="border: none; text-align: center;">10</td><td style="border: none; text-align: center;">11</td><td style="border: none; text-align: center;">12</td><td style="border: none; text-align: center;">13</td><td style="border: none; text-align: center;">14</td><td style="border: none; text-align: center;">15</td> </tr> <tr> <td style="border: none;">Child</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">Teacher</td> <td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td> </tr> </table> <p>Adult handwashing completed ____ out of ____ times Percentage completed = ____ %</p> <p>Child handwashing completed ____ out of ____ times Percentage completed = ____ %</p> | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | Child | | | | | | | | | | | | | | | | Teacher | | | | | | | | | | | | | | | | 3.1 Sanitary conditions (√=yes, χ=no) Toilets flushed? ____ Same sink sanitized? ____ |
| Y N | Y N | Y N | Y N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3 <input type="checkbox"/> <input type="checkbox"/> | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.4 <input type="checkbox"/> <input type="checkbox"/> | 3.4 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3.5 <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teacher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Health practices <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y NNA</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>3.4 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table> | 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"/> <input type="checkbox"/> | | 3.3 <input type="checkbox"/> <input type="checkbox"/> | 5.3 <input type="checkbox"/> <input type="checkbox"/> | | | 3.4 <input type="checkbox"/> <input type="checkbox"/> | | | 1 2 3 4 5 6 7 | 1.1, 3.1, 3.2 Handwashing observations (tally) <table style="width:100%; border-collapse: collapse; border: none;"> <tr> <td style="border: none;"></td> <td colspan="2" style="text-align: center; border: none;">Adult</td> <td colspan="2" style="text-align: center; border: none;">Child</td> </tr> <tr> <td style="border: none;"></td> <td style="text-align: center; border: none;">Yes</td> <td style="text-align: center; border: none;">No</td> <td style="text-align: center; border: none;">Yes</td> <td style="text-align: center; border: none;">No</td> </tr> <tr> <td style="border: none;">Upon arrival in class or re-entry from outdoors</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">After sand or messy play</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">Before/after water play</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">After dealing w/ bodily fluids or skin contact</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: none;">After touching pets or contaminated objects</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table> | | Adult | | Child | | | Yes | No | Yes | No | Upon arrival in class or re-entry from outdoors | | | | | After sand or messy play | | | | | Before/after water play | | | | | After dealing w/ bodily fluids or skin contact | | | | | After touching pets or contaminated objects | | | | | Adult handwashing Completed ____ out of ____ times Percentage completed = ____ % Child handwashing Completed ____ out of ____ times Percentage completed = ____ % | | | | | | | | | | | | | | | | | |
| 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"/> <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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Adult | | Child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Upon arrival in class or re-entry from outdoors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| After sand or messy play | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Before/after water play | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| After dealing w/ bodily fluids or skin contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| After touching pets or contaminated objects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Safety practices <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> <td style="text-align: center;">Y N</td> </tr> <tr> <td>1.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.1 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.1 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>5.2 <input type="checkbox"/> <input type="checkbox"/></td> <td>7.2 <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>1.3 <input type="checkbox"/> <input type="checkbox"/></td> <td>3.3 <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td></td> </tr> </table> | Y N | Y N | Y N | Y N | 1.1 <input type="checkbox"/> <input type="checkbox"/> | 3.1 <input type="checkbox"/> <input type="checkbox"/> | 5.1 <input type="checkbox"/> <input type="checkbox"/> | 7.1 <input type="checkbox"/> <input type="checkbox"/> | 1.2 <input type="checkbox"/> <input type="checkbox"/> | 3.2 <input type="checkbox"/> <input type="checkbox"/> | 5.2 <input type="checkbox"/> <input type="checkbox"/> | 7.2 <input type="checkbox"/> <input type="checkbox"/> | 1.3 <input type="checkbox"/> <input type="checkbox"/> | 3.3 <input type="checkbox"/> <input type="checkbox"/> | | | 1 2 3 4 5 6 7 | 1.1, 3.1 Safety hazards: <table style="width:100%; border-collapse: collapse; border: none;"> <tr> <td style="border: none;"></td> <td style="text-align: center; border: none;">major</td> <td style="text-align: center; border: none;">minor</td> </tr> <tr> <td style="border: none;">outdoors</td> <td style="border: 1px solid black; width: 150px; height: 40px;"></td> <td style="border: 1px solid black; width: 150px; height: 40px;"></td> </tr> <tr> <td style="border: none;">indoors</td> <td style="border: 1px solid black; width: 150px; height: 40px;"></td> <td style="border: 1px solid black; width: 150px; height: 40px;"></td> </tr> </table> | | | major | minor | outdoors | | | indoors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | major | minor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| outdoors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| indoors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subscale (Items 9 - 14) Score ____ | | Number of items scored ____ | | PERSONAL CARE ROUTINES Average Score (A+B) ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |