



SCORE SHEET – EXPANDED VERSION

Family Day Care Rating Scale

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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		1 2 3 4 5 6 7							5.1 # of children enrolled:
Y N	Y N N A	Y N N A	Y N					# of pieces of children's work displayed:	
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		1 2 3 4 5 6 7						
Y N N A	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		1 2 3 4 5 6 7							1.3, 3.3 Any materials in disrepair/unsafe?
Y N N A	Y N N A	Y N	Y N N A					1.1, 3.1, 3.2 Any unsafe/inappropriate indoor/outdoor space?	
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)		1 2 3 4 5 6 7 NA							
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"/> <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)		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"/>						

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

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"/>	

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

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

Y N N A	Y N N A	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"/> <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"/>		

1.2, 3.2 Tables/highchair tray sanitized? _____

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

9. Nap

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

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

Other issues:

10. Diapering / toileting

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"/> <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"/>		

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

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

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

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

Same sink sanitized? _____

11. Personal Grooming

1 2 3 4 5 6 7

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"/>		

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

	Children
Before eating	
After eating	

12. Health

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"/>
	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"/>

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

	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

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"/>		

1.2, 1.3, 3.6 Safety hazards:

Indoor:

Outdoor:

A. Subscale (Items 7 - 13) Score ___

B. Number of items scored ___

BASIC CARE Average Score (A + B) ___