



# SCORE SHEET

## Infant/Toddler Environment Rating Scale-Revised

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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

Number of staff present: \_\_\_\_\_

Number of children enrolled in class: \_\_\_\_\_

Highest number center allows in class at one time: \_\_\_\_\_

Highest number of children present during observation: \_\_\_\_\_

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

Notes: 3.5/5.3 accessibility:

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"/>	7.3 <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"/>		

Doors 32 +” wide

Easy to use handles

Threshold appropriate

Class-room	Bath-room	Stall/s	Center access

#### 2. Furniture for routine care and play

1 2 3 4 5 6 7

5.2, 7.2 Child-sized table(s) and chairs? \_\_\_\_\_

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

<b>3. Provision for relaxation &amp; comfort</b>	1 2 3 4 5 6 7	<b>Notes:</b> 3.1, 5.1 soft furnishings, cozy area 3.2, 5.3 # of soft toys:
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"/>		
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"/>		
5.3 <input type="checkbox"/> <input type="checkbox"/> 7.3 <input type="checkbox"/> <input type="checkbox"/>		

<b>4. Room arrangement</b>	1 2 3 4 5 6 7	1.2, 3.2, 5.2 visual supervision
Y N      Y NNA      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"/> <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"/>		

<b>5. Display for children</b>	1 2 3 4 5 6 7	5.4 Staff talk about display? (observe 1 example)
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"/>		
5.4 <input type="checkbox"/> <input type="checkbox"/> 7.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

A. Subscale (Items 1 - 5) Score \_\_\_\_\_

B. Number of items scored \_\_\_\_\_

**SPACE AND FURNISHINGS Average Score (A +B) \_\_\_\_\_**

PERSONAL CARE ROUTINES						
<b>6. Greeting/departing</b>	1 2 3 4 5 6 7	1.1, 3.1, 3.4, 5.1, 7.2 Greetings observed (√=yes, x=no, w=warm)				
		Child	Parent	Info. shared		
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. _____	_____	_____		
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"/>		2. _____	_____	_____		
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"/>		3. _____	_____	_____		
3.4 <input type="checkbox"/> <input type="checkbox"/>		4. _____	_____	_____		
		5. _____	_____	_____		
		6. _____	_____	_____		
		7. _____	_____	_____		
		8. _____	_____	_____		

7. Meals/snacks

1 2 3 4 5 6 7

1.3, 3.3, 5.3 Handwashing: (√=yes, χ=no)

1.3, 3.3, 5.3 Same sink used? {y / n}

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

Children		Adults	
Before eating		Before food prep, feeding	
After eating		After feeding	

Sink sanitized? \_\_\_\_\_  
Tables/highchair tray washed, sanitized? \_\_\_\_\_

8. Nap

1 2 3 4 5 6 7 NA

Notes: 1.1, 3.2 All cots/ mats, cribs > 36" apart or solid barrier? {y / n}

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

9. Diapering/toileting

1 2 3 4 5 6 7

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

1.1, 3.1, 5.1, 7.1 Same sink used? {y / n}

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"/>
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"/> <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"/>	

Prep - \_\_\_\_\_  
Wipe child's hands - \_\_\_\_\_  
Wipe adult's hands - \_\_\_\_\_  
Proper disposal - \_\_\_\_\_  
Sanitize diap. area - \_\_\_\_\_  
Post diap. handwash child - \_\_\_\_\_  
Post diap. handwash adult - \_\_\_\_\_

Sink sanitized? \_\_\_\_\_  
Other issues: \_\_\_\_\_

10. Health practice

1 2 3 4 5 6 7

1.1, 3.2, 5.2 Handwashing observations:

Y N	Y N N A	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"/>
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"/>
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"/> <input type="checkbox"/>	5.4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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

11. Safety practices

1 2 3 4 5 6 7

1.1, 1.2, 3.1, 5.1 Safety hazards:

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"/>		

Indoor: \_\_\_\_\_  
Outdoor: \_\_\_\_\_

A. Subscale (Items 6 - 11) Score \_\_\_\_\_

B. Number of items scored \_\_\_\_\_

PERSONAL CARE ROUTINES Average Score (A+B) \_\_\_\_\_