

SCORE SHEET – EXPANDED VERSION

Early Childhood Environment Rating Scale–Revised

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Observer: Nikara Haroldsen Observer Code: _____

Center/School: BYU-Idaho Child Labs Center Code: _____

Room: 219 Room Code: _____

Teacher(s): _____ Teacher Code: _____

Date of Observation: 05 / 14 / 25
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: 03 : 30 ☐ AM ☒ PM

Time observation ended: 04 : 05 ☐ AM ☒ PM

Time interview began: _____ : _____ ☐ AM ☐ PM

Time interview ended: _____ : _____ ☐ AM ☐ PM

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

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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> | 3.1 <input checked="" type="checkbox"/> <input type="checkbox"/> | 5.1 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | 7.1 <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 1.2 <input type="checkbox"/> <input checked="" type="checkbox"/> | 3.2 <input checked="" type="checkbox"/> <input type="checkbox"/> | 5.2 <input checked="" type="checkbox"/> <input type="checkbox"/> | 7.2 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 1.3 <input type="checkbox"/> <input checked="" type="checkbox"/> | 3.3 <input checked="" type="checkbox"/> <input type="checkbox"/> | 5.3 <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| 1.4 <input type="checkbox"/> <input checked="" type="checkbox"/> | 3.4 <input checked="" type="checkbox"/> <input type="checkbox"/> | | |
| | 3.5 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | | |

1.4 - There are some minor spots on the tile but nothing ~~excess~~ excessive.

7.2 - Windows don't open & door can't be left open

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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> | 3.1 <input checked="" type="checkbox"/> <input type="checkbox"/> | 5.1 <input checked="" type="checkbox"/> <input type="checkbox"/> | 7.1 <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 1.2 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | 3.2 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | 5.2 <input checked="" type="checkbox"/> <input type="checkbox"/> | 7.2 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| | 3.3 <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | 5.3 <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> | |

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

3. Furnishings for relaxation

① 2 3 4 5 6 7

Y N Y N Y N Y N
 1.1 ☐ ☒ 3.1 ☒ ☐ S 5.1 ☒ ☒ 7.1 ☒ ☐
 1.2 ☒ ☐ 3.2 ☐ ☒ 5.2 ☒ ☐ 7.2 ☐ ☒
 5.3 ☒ ☐

5.1 Total time, cozy area: _____

S = substantial portion of the day

4. Room arrangement

1 2 3 ④ 5 6 7

Y N Y N NA Y N Y N
 1.1 ☐ ☒ 3.1 ☒ ☐ 5.1 ☒ ☒ 7.1 ☒ ☐
 1.2 ☐ ☒ 3.2 ☒ ☐ 5.2 ☒ ☐ 7.2 ☒ ☐
 3.3 ☒ ☐ 5.3 ☒ ☐ 7.3 ☐ ☒
 3.4 ☒ ☐ ☐

3.1, 5.1, 7.1 List defined interest centers:

5.2 - blocks are close but separate

7.3 - Reading, blocks, dramatic play, sensory, manipulatives tables (weren't set up yet)

7.3 - Classroom not set up

5. Space for privacy

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 ☒ ☐ S 5.2 ☒ ☐ 7.2 ☐ ☒

5.2 Total time, space for privacy: _____

7.2 - not a designated area

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 ☒ ☒ 3.1 ☐ ☒ 5.1 ☐ ☒ 7.1 ☐ ☒
 1.2 ☐ ☒ 3.2 ☐ ☒ 5.2 ☐ ☒ 7.2 ☐ ☒
 5.3 ☐ ☒

3.1 - There weren't many displays

7.1 - hard to tell as there were no displays

7. Space for gross motor

1 2 ③ 4 5 6 7

Y N Y N Y N Y N
 1.1 ☐ ☒ 3.1 ☒ ☐ 5.1 ☒ ☐ 7.1 ☒ ☐
 1.2 ☐ ☒ 3.2 ☒ ☐ 5.2 ☒ ☒ 7.2 ☒ ☐
 5.3 ☒ ☒ 7.3 ☒ ☐

1.2, 3.2 Safety hazards: major

minor

outdoors

indoors

8. Gross motor equipment

① 2 3 4 5 6 7

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

3.1 Total time, gross motor equipment: _____

7.1 stationary:

5.2 List variety of skills:

- 1) Climbing 5)
- 2) Scooping 6)
- 3) 7)
- 4) 8)

portable:

A. Total Subscale (Items 1-8) Score 13B. Number of items scored 8SPACE AND FURNISHINGS Average Score (A + B) 1.63

PERSONAL CARE ROUTINES

9. Greeting/departing

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"/> | 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, ✗=no)

Child Parent Info shared

| | | | |
|---|---|---|---|
| 1 | — | — | — |
| 2 | — | — | — |
| 3 | — | — | — |
| 4 | — | — | — |
| 5 | — | — | — |
| 6 | — | — | — |

10. Meals/snacks

1 2 3 4 5 6 7

| | | | |
|--|--|--|---|
| Y N NA | 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"/> | 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, ✗=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? ☐ ☐