

SCORE SHEET – EXPANDED VERSION

Early Childhood Environment Rating Scale–Revised

Thelma Harms, Richard M. Clifford, and Debby Cryer

Observer: Daphne Paack

Center/School: BYU-Idaho

Room: _____

Teacher(s): Sister Hendershot

Observer Code: _____

Center Code: _____

Room Code: _____

Teacher Code: _____

Date of Observation: 02/09/26
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: 03:15 AM PM

Time observation ended: 03:40 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

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

windows don't open, but there is a thermostat; need to interview

unsure of disabilities
ground is all flat

2. Furniture for care, play, & learning

1 2 3 4 5 6 7

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

unaware of children with disabilities

5.1 Child-sized? 30 ÷ _____ = _____
(# 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 checked="" type="checkbox"/>	3.1 <input checked="" type="checkbox"/> <input type="checkbox"/>	S 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 type="checkbox"/>	3.2 <input type="checkbox"/> <input checked="" type="checkbox"/>	5.2 <input checked="" type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input checked="" type="checkbox"/>
		5.3 <input checked="" type="checkbox"/> <input type="checkbox"/>	

didn't see toys besides blocks

S = substantial portion of the day

unsure how cozy space is used

4. Room arrangement

1 2 3 4 5 6 7

3.1, 5.1, 7.1 List defined interest centers:

Y N	Y N NA	Y N	Y N
1.1 <input 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 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 type="checkbox"/>
	3.3 <input checked="" type="checkbox"/> <input type="checkbox"/>	5.3 <input checked="" type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input checked="" type="checkbox"/>
	3.4 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		

- cozy (reading?)
- blocks
- dramatic play
- art/sensory
- tables

unsure of additional materials

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 checked="" type="checkbox"/>	3.1 <input checked="" type="checkbox"/> <input type="checkbox"/>	5.1 <input checked="" type="checkbox"/> <input type="checkbox"/>	7.1 <input type="checkbox"/> <input checked="" type="checkbox"/>
	3.2 <input checked="" type="checkbox"/> <input type="checkbox"/>	S 5.2 <input checked="" type="checkbox"/> <input type="checkbox"/>	7.2 <input type="checkbox"/> <input checked="" type="checkbox"/>

S = substantial portion of the day

only climbing tower and maybe behind shelves

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 checked="" type="checkbox"/>	3.1 <input checked="" type="checkbox"/> <input type="checkbox"/>	5.1 <input 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 type="checkbox"/> <input checked="" type="checkbox"/>
		5.3 <input checked="" type="checkbox"/> <input type="checkbox"/>	

only 2D work

unsure if work is recent

7. Space for gross motor

1 2 3 4 5 6 7

1,2, 3.2 Safety hazards: major

Y N	Y N	Y N	Y N
1.1 <input 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 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"/>
		5.3 <input checked="" type="checkbox"/> <input type="checkbox"/>	7.3 <input type="checkbox"/> <input checked="" type="checkbox"/>

can't adequately assess outdoor area

	major	minor
outdoors		
indoors		stairs

8. Gross motor equipment

1 2 3 4 5 6 7

Y N Y N Y N N A Y N
 1.1 3.1
 1.2 3.2
 1.3 3.3
 5.1 7.1
 5.2 7.2
 5.3 7.3

only house thing
 unsure of outdoor space

3.1 Total time, gross motor equipment: _____
 5.2 List variety of skills:
 1) climbing 5)
 2) balancing 6)
 3) 7)
 4) 8)

7.1 stationary: climbing gym tree house
 portable: none

A. Total Subscale (Items 1-8) Score 38

B. Number of items scored 8

SPACE AND FURNISHINGS Average Score (A ÷ B) 4.75

PERSONAL CARE ROUTINES

9. Greeting/departing

1 2 3 4 5 6 7

Y N Y N Y N N A Y N N A
 1.1 3.1 5.1 7.1
 1.2 3.2 5.2 7.2
 1.3 3.3 5.3 7.3

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 N A Y N N A Y N N A Y N
 1.1 3.1 5.1 7.1
 1.2 3.2 5.2 7.2
 1.3 3.3 5.3 7.3
 1.4 3.4 5.4
 1.5 3.5
 3.6

1.3, 3.3 Sanitary conditions observed (✓=yes, ✗=no)

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

Tables sanitized?

Other problems?

11. Nap/rest

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
 1.3 3.3 5.3
 3.4

3.2 All cots/mats ≥ 18" apart?
 5.3 All cots/mats ≥ 36" apart?