

POQA

Infant-Toddler Program Quality Assessment



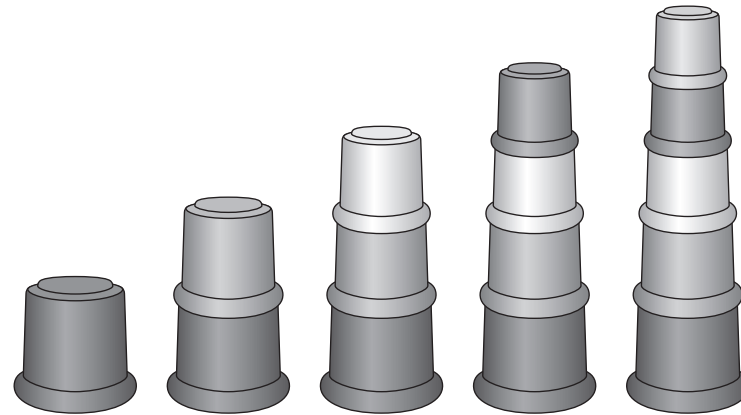
Form A — Observation Items

Beta Version

Infant-Toddler

PQA

Program Quality Assessment



Form A – Observation Items

Beta Version

Instrument Developers

*The Infant-Toddler PQA was developed
by staff of the HighScope Educational
Research Foundation, including*

Mary Hohmann
Shannon Lockhart
Jeanne Montie



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E-mail: press@highscope.org

Editors: Nancy Brickman, Jennifer Burd

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INTRODUCTION

What is the Infant-Toddler Program Quality Assessment (PQA)?

While attention to the importance of program quality in early care and education has increased in recent years, much of this focus has been at the preschool level (*Education Week*, 2009). Yet longitudinal studies, such as those conducted by the National Institute of Child Health and Human Development Early Child Care Research Network (NICHD, 2010), conclusively demonstrate that the quality of care received by infants and toddlers is critical to their subsequent social-emotional and cognitive health. Standards issued by professional organizations such as the National Association for the Education of Young Children (NAEYC, 2007; Willer & Ritchie, 2005) and Zero to Three (2008), and by public agencies, such as the U.S. Department of Health and Human Services (2004, April), which funds Early Head Start, have defined high-quality program practices for children from birth to age 3.

These recommendations are an essential first step in improving child care quality, particularly since they go beyond the minimal requirements that typically characterize licensing regulations. However, a necessary second step is assessing whether these higher standards are in fact being implemented in child care settings serving infants and toddlers. This systematic assessment is the role of program evaluation, and it requires valid measures that address all components of child care quality — nurturing adult-child relationships with continuity of care, consistent and supportive caregiving routines, diverse and appropriate equipment and materials, and respectful and sensitive interactions among caregivers

and between the caregiving team and families. The Infant-Toddler PQA is designed to respond to this need for comprehensive measures of program quality.

The Infant-Toddler PQA: Form A — Observation Items, Beta Version, measures four domains of curriculum implementation and program operations in child care settings: learning environment; schedules and routines; adult-child interaction; and curriculum planning and child observation. Within each domain is a series of items based on best practices acknowledged in the field. The instrument uses anecdotal notes based on classroom observations and staff interviews as evidence to objectively score items on a 5-point scale from lower to higher levels of quality. Each item contains descriptors that anchor the scoring decision and make it clear what types of caregiving practices, classroom materials, and agency policies contribute to a high-quality setting. Unlike many compliance measures, which typically permit only yes-no scores on items, the PQA defines quality along a continuum. These multiple levels allow raters to indicate with greater specificity a program's current status and needs for improvement. Because the Infant-Toddler PQA documents the typical behaviors of caregivers, teachers, and very young children throughout the program day, it is an authentic assessment of the quality of the program and setting.

Several sources were used to establish the content validity of the Infant-Toddler PQA. The HighScope Infant-Toddler Curriculum (Post & Hohmann, 2000; Post, Hohmann, & Epstein, 2011) was a primary resource used to define and describe quality; other resources that were consulted include NAEYC's statement of develop-

mentally appropriate practices (Copple & Bredekamp, 2009) and its program accreditation self-study kit (Willer & Ritchie, 2005), Zero to Three's *Early Learning Guidelines for Infants and Toddlers* (Petersen, Jones, & McGinley, 2008), and the Early Head Start Program Performance Standards (U.S. Dept. of Health and Human Services, 2004, April). State licensing and program standards were also consulted, although these generally define only minimum levels of quality. Because the instrument is based on widely accepted definitions of quality as well as the HighScope Curriculum, it is generally appropriate for infant-toddler programs with a broad child development focus, including but not limited to programs using the HighScope Infant-Toddler Curriculum.

The first pilot testing of the Infant-Toddler PQA was in 2001–2002 and involved 75 infant and toddler settings from both rural and urban communities in Michigan, Florida, and South Carolina, and from Canada and the United Kingdom. HighScope staff and certified trainers, and trained participants in HighScope's Infant-Toddler Curriculum Course used the tool in those settings. Descriptive statistics and factor analysis of data from that pilot study were used to revise the tool to its current beta version. This beta version was pilot tested in 2009–2010 in another 20 settings in Michigan, Florida, and Indiana. Additional validity and reliability data are currently being collected by certified HighScope trainers and trained assessors in 80 settings in Michigan and Canada. Final validity and reliability information for the Infant-Toddler PQA will be available when this study is complete.

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INFANT-TODDLER PROGRAM QUALITY ASSESSMENT (PQA)

FORM A: OBSERVATION ITEMS (SECTIONS I-IV) PROGRAM/RATER INFORMATION

I. PROGRAM INFORMATION

Name of agency _____

Name of center/site _____

Name of program/care setting being observed _____

Program director/administrator or contact person

Name _____

Position/Title _____

Phone () Ext. Fax () _____

E-mail _____

Address and phone of program/care setting being observed

Street _____

City/State/Zip _____

Phone () Ext. Fax () _____

E-mail _____

Program/caregiving staff

Name of caregiver/teacher _____

Name of caregiver/teacher _____

Name of caregiver/teacher _____

Names of other staff and volunteers (list by name and position)

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

Children

Number of children in program/care setting _____

Number of children in observed room _____

Age range of children in program/care setting _____

Age range of children in observed room _____

Hours program/care setting is in session

Days of week (circle all that apply):

MON TUE WED THU FRI SAT SUN

Time session begins each day _____ Time session ends each day _____

INFANT-TODDLER PQA ITEMS

Observation Items (Form A)

I. LEARNING ENVIRONMENT

- A. Safe and healthy environment (pp. 1–2)
- B. Space for sleeping, eating, and bodily care (pp. 3–4)
- C. Space for play and movement (pp. 5–6)
- D. Accessible sensory materials (pp. 7–9)
- E. Children’s photos, creations (p. 10)
- F. Accessible, safe outdoor space (pp. 12–13)

II. SCHEDULES AND ROUTINES

- A. Flexible, predictable schedule (p. 15)
- B. Comfortable arrivals/departures (p. 16)
- C. Child-initiated choice times (pp. 17–18)
- D. Bodily care choices (p. 19)
- E. Smooth transitions (p. 20)
- F. Child-centered feedings/meals (pp. 21–22)
- G. Fluid, dynamic group times (pp. 23–24)
- H. Nature-based outside times (pp. 25–26)
- I. Individualized naptimes (p. 27)

III. ADULT-CHILD INTERACTION

- A. Long-term adult-child relationships (p. 29)
- B. Child-adult trust (p. 30)
- C. Child-adult partnerships (pp. 31–32)
- D. Children’s intentions (pp. 33–34)
- E. Children’s social relationships (pp. 35–36)
- F. Toddler conflict resolution (pp. 37–38)

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

- A. Comprehensive curriculum (p. 39)
- B. Child observation (p. 40)
- C. Interpreting/recording observations (p. 41)
- D. Individualized planning by caregivers (p. 42)

Diagrams

- Room (p. 11)
- Outdoor Play Space (p. 14)
- Posted and Actual Schedule (p. 28)

SCORING INSTRUCTIONS

Step 1

Observe and/or interview as appropriate. (Sections I–III are designed to be completed mainly through observation, while Section IV is interview based.) Record supporting evidence in the spaces provided in each row of boxes.

What you see, hear, and write down provides the evidence for the overall level of quality you select in step 3. Much of your evidence will come from direct observation, but sometimes you will need to ask program staff (for example, caregivers, early childhood specialists, or directors) for additional information to supplement what you observe. Use the standard questions, which appear above the indicators, to elicit information from staff as needed. Supporting evidence for the indicator level you choose includes any of the following, as needed, for each item:

- Anecdotes: brief notes on what children and/or staff actually do and/or communicate
- Quotations: what children and/or staff actually say
- Materials lists
- Diagrams of the room, space, area, and/or outdoor play yard; sketches and notations
- Sequences of daily events and routines
- Answers to questions (see specific wording of questions under relevant items)

Step 2

Read each row of indicators. Check one box per row.

Once you have gathered supporting evidence for an item, read the rows of indicators that follow it. Based on the evidence you have gathered in step 1, place a checkmark (✓) in *one and only one* box (1, 3, or 5) of each row of indicators. *Try to complete every row for every item.* Ask caregivers and/or program staff for additional information to supplement what you observe as needed. If a row of boxes does not apply (for example, the space has only infants or only toddlers), write N/A in the row and do not check any boxes in that row.

Use these **age definitions** to help you interpret the indicators:

- *Young infants*, aged 0–10 months, are babies who do not yet sit up unaided.
- *Older (mobile) infants*, aged 5–18 months, sit unaided and are crawling.
- *Young toddlers*, aged 12–24 months, can toddle and walk unaided.
- *Older toddlers*, aged 24–36 months, are skilled walkers.

What Does a Level 5 Look Like?

HighScope’s Infant-Toddler manual *Tender Care and Early Learning: Supporting Infants and Toddlers in Early Childhood Settings* (Post, Hohmann, & Epstein, 2011) describes in detail what high-quality care (level 5) looks like and strategies for attaining it. The HighScope infant-toddler training workshop series enables teachers and caregivers to discuss and practice ways of implementing high-quality care. See highscope.org for more information on products or training.

Step 3

Determine the quality level. Circle the corresponding level at the top of the form: 1, 2, 3, 4, or 5.

Determine the quality level for the item using the following criteria:

For items with 3 or more rows of boxes

- Level 1: Half or more of the level 1 boxes are checked (regardless of the level 3 or level 5 boxes that may be checked).
- Level 2: Fewer than half of the level 1 boxes are checked, and some of the level 3 and/or level 5 boxes are checked.
- Level 3: Half or more of the level 3 boxes are checked, and no level 1 boxes are checked.
- Level 4: Fewer than half of the level 3 boxes are checked, and the remaining boxes are checked at level 5.
- Level 5: All the level 5 boxes are checked, and no level 1 boxes or level 3 boxes are checked.

For items with 2 rows of boxes

- Level 1: Both level 1 boxes are checked.
- Level 2: One level 1 box and either one level 3 box or one level 5 box are checked.
- Level 3: Both level 3 boxes are checked.
- Level 4: One level 3 box and one level 5 box are checked.
- Level 5: Both level 5 boxes are checked.

If a row of boxes is “not applicable” or cannot be observed or determined by interview, compute the quality level based on the number of rows that are completed for that item. If and only if no rows are completed in the item, check “Not observed or reported” and enter “NR” on the Summary Sheet.

I. LEARNING ENVIRONMENT

Circle one indicator level for this item based on the scoring rules on page xi.

I-A. The care space provides a safe and healthy environment for infants and toddlers.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Standard questions

Do you have a first aid kit? Where is it located?

Level 1 Indicators

- Space for any child-caregiver group exhibits inadequate ventilation, lighting, and temperature control (e.g., diaper pail odors throughout the day, urine smell in bathrooms, overpowering deodorizers, dim or harsh lights, lights on in sleeping area, extreme temperature variations, blinds and/or window treatments in disrepair and closed most of the day).
- Hazards are within children's reach and/or surfaces are not clean (e.g., cleaning products in children's reach; no cushioning under climbers; floors, tables, and toys showing dirt, grime, grease, dust, mold, insects, and/or disrepair; mouthed toys not removed and/or sanitized; blind cords in reach of children; water temperature too hot).
- Bodily care, food prep, and/or dishwashing conditions and/or procedures are unsanitary (e.g., sink used for both food prep and bodily care, sanitary materials stored within children's reach).

Level 3 Indicators

- Space for any child-caregiver group sometimes exhibits adequate ventilation, lighting and temperature control (e.g., odors from diaper pails after lunch, room cold or warm depending on sun coming through windows, soft recessed lighting in sleeping area with fluorescent lighting in play area).
- Some hazards are out of children's reach, and sometimes surfaces are clean (e.g., tile floor left dirty after activities until the end of the day; some appropriate cushioning under climbers; walls, ceilings, furnishings, fixtures, and appliances cleaned only as scheduled; cleaning products in sight of children; mouthed toys sometimes removed and/or sanitized before further use).
- Bodily care, food prep, and dishwashing conditions and procedures are sanitary but not always accessible (e.g., one sink for bodily care, another sink for food prep, but out of the room).

Level 5 Indicators

- Space for any child-caregiver group exhibits adequate ventilation, lighting, and temperature control (e.g., no odors, even temperature throughout the day, soft and natural light from windows and bulbs, blinds and/or window treatments in good repair and used during naptimes only).
- Hazards are out of children's reach and sight, and surfaces are clean and well maintained (e.g., cleaning products stored in locked cabinet; rounded corners [on furniture], cushioning under climbers; nonskid floors; clean floors, walls, ceilings, furnishings, fixtures, appliances; toys in good condition; mouthed toys removed and/or sanitized before further use; blind cords out of reach of children; temperature-controlled water for children's use).
- Bodily care, food prep, and dishwashing conditions and procedures are sanitary and easily accessible (e.g., separate areas for bodily care and food prep, each with own sink; child-safe storage of sanitary materials; space/procedures for thawing breast milk).

Supporting Evidence/Anecdotes

I. LEARNING ENVIRONMENT

I-A. (Cont.)

Level 1 Indicators

- There are no hand-washing supplies and/or no posted procedures (e.g., children and adults do not wash hands).
-

- There are unsafe and unsanitary sleeping conditions (e.g., stuffed animals and toys in cribs; stained, smelly blankets, pillows, sheets; shared bedding and/or bedding stored together).
-

- There are no accessible first-aid supplies and/or procedures (e.g., supplies kept in main office, caregivers unaware of children's special/medical needs, allergies not posted, CPR and choking procedures stored in main office).
-

- Emergency numbers and/or evacuation procedures are not posted (e.g., no accident report forms available in room).
-

Level 3 Indicators

- Hand-washing supplies are available but not easily accessible, and procedures are posted (e.g., children can't reach soap or turn on water; only hand sanitizers are used; children sometimes wash hands).
-

- Sleeping conditions are safe and sometimes sanitary (e.g., nothing in cribs with children, soiled bedding not washed immediately, bedding stored together).
-

- There are some accessible first-aid supplies and procedures (e.g., supplies/procedures are locked in cabinet or unmarked in room; lead caregiver is aware of special/medical needs of children; CPR and choking procedures are in room but not posted; first-aid kit is not appropriately stocked).
-

- Some but not all emergency numbers and evacuation procedures are visibly posted (e.g., accident report forms are sometimes available; clutter on bulletin board hides posted procedures).
-

Level 5 Indicators

- Hand-washing supplies are easily accessible to adults and toddlers, and procedures are visibly posted (e.g., adults wash hands before preparing food and after wiping noses and toileting/diapering; children wash hands before meals and after toileting).
-

- Sleeping conditions are safe and sanitary, with well-kept bedding (e.g., nothing in cribs with children, bedding cleaned weekly and used by only one child, individual children's bedding stored separately [not touching] on cots or in cubbies).
-

- First-aid supplies are marked and easily accessible; procedures are visibly posted (e.g., well-marked first-aid kit is visible in room and appropriately stocked for different emergencies; primary caregivers and subs are well trained and aware of special/medical needs of children; allergies are visibly posted; CPR and choking procedures are posted).
-

- Emergency numbers and clear evacuation procedures are visibly posted (e.g., natural disaster procedures written and drawn out for easy reading, accident report forms easily accessible).
-

Supporting Evidence/Anecdotes

I. LEARNING ENVIRONMENT

Circle one indicator level for this item based on the scoring rules on page xi.

I-B. The care space has equipment arranged in areas for sleeping, eating/food preparation, and bodily care.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

There are no cribs for infants and/or no cots/mats for toddlers (e.g., toddlers sleep on blankets on the floor; infants sleep in playpens).

There are no infant- and toddler-sized equipment or furnishings (e.g., only adult-sized tables, chairs, shelves, sink, toilet).

There is no adult-sized furniture (e.g., adults sit on floor or in child-sized chairs).

Eating space is part of the sleeping and play area (e.g., no designated area for children to eat; chairs placed anywhere for meals; loud play and background music during meals; crying children or children sleeping in cribs around eating children; no separate place for breast-/bottle-feeding; mobile infants and toddlers placed in confined seats, such as tables with seats built in; toddlers taken to the cafeteria to eat).

Level 3 Indicators

Cribs and cots/mats are available as needed (e.g., cots are brought out from closet; cribs are arranged around room in space also used for play).

There are some infant- and toddler-sized equipment and furnishings (e.g., adult-sized sink and/or toilet with child-sized seat and/or step stool).

There is one adult-sized chair (e.g., rocking chair, love seat, couch).

There is a separate eating space for children (e.g., a designated area in room for eating, such as on the tiled side; no separate space for breast-/bottle-feeding).

Level 5 Indicators

There is a quiet room or designated area for sleeping in cribs and on cots/mats as needed (e.g., sleeping area is separate from play area; if it is in a separate room, there is adequate supervision and frequent monitoring of sleeping children).

There are infant- and toddler-sized equipment and furnishings throughout the care space (e.g., child-sized tables, chairs, shelves, and climber).

There are comfortable adult-sized chair(s) and/or couch(es) for adults and children to sit on together (e.g., small mattress, beanbags, large pillows, camping or stadium chairs with back support).

There is a separate, quiet, social eating space for all children (e.g., there is ample space or a separate area for breast-/bottle-feeding, with room for at least two adult-child pairs; infants are fed away from sleeping children; mobile infants and toddlers sit at designated table, away from play and sleeping children).

Supporting Evidence/Anecdotes

I. LEARNING ENVIRONMENT

I-B. (Cont.)

Level 1 Indicators

- There is no space in the room for food and bottle prep (e.g., caregivers leave room to warm bottles and/or prepare food).

Level 3 Indicators

- Space is set aside in the room for food and bottle prep but is sometimes not accessible (e.g., caregivers preparing bottles/food are unable to view children; sometimes caregivers leave room to get food).

Level 5 Indicators

- A distinct, accessible area in view of children is used exclusively for bottle and food preparation (e.g., readily accessible refrigeration and bottle warming, easy access to area for warming and preparing children's food). *(Mark N/A if all food, including snacks, is prepared and delivered to the room).*

Supporting Evidence/Anecdotes

- No storage is available in the room (e.g., no food or eating supplies are stored in room, so caregivers leave room to get supplies; diapers and extra clothing are stored in hallway cubbies; cots are kept in closet in hallway).

- Storage is available in some parts of the room (e.g., there are cabinets in food prep area, but diapering supplies are stored in hallway rather than near changing table; some food and eating supplies are stored in room).

- Storage is available throughout the room for caregivers to access materials as needed (e.g., extra diapers, wipes, cleaning products stored above diaper changing table; cots stored in room; adequate storage for food and eating supplies in room).

- There is no readily accessible changing table, and/or there is no child-sized sink and toilet.

- There is an accessible changing table and/or adapted adult-sized sink and toilet as needed (e.g., modified toilet seats, step aids).

- There is a distinct, readily accessible changing area in view of children for bodily care (e.g., changing table facing children, child-sized sink and toilet).

I. LEARNING ENVIRONMENT

Circle one indicator level for this item based on the scoring rules on page xi.

I-C. The care space has equipment arranged in areas for play and movement.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

- There is no or very limited floor space for children's play and movement (e.g., caregivers must leave room to get materials, or space is overcrowded and cluttered due to all materials being stored in room).

Level 3 Indicators

- Some space is available for play (e.g., space for most children to play on the floor at the same time, some storage for adults' materials in room).

Level 5 Indicators

- Space for play is plentiful and organized to suit the mobility of children in the group, at least 50 square feet per child (e.g., space for all children to play on the floor at the same time; space for all children to roll, sit, scoot, crawl, cruise, walk, ride, rock, climb, jump, and run; adequate storage for adults' materials in room; space for children with disabilities to move with assistive devices).

Supporting Evidence/Anecdotes

- There is no soft space for children to snuggle against (e.g., no designated area, all hard floors, no carpet or area rugs).

- There are some soft spaces for children to snuggle against.

- There are soft spaces throughout the care space for children to snuggle against (e.g., rugs, couch/love seat, cozy nooks, lofts, pillows, small mattresses, cloth hammocks).

- There are no things to push and pull, rock on, ride, jump off of, get inside of; no balls are provided.

- There are some of the following: things to push and pull, rock on, ride, jump off of, get inside of; balls are available.

- There are many of *each* of the following: things to push and pull, rock on, ride, jump off of, get inside of; balls are available (e.g., the space has push toys, riding toys, toys on wheels with string, an adult or child-sized rocking chair, a wooden boat, and structures such as a loft, a tunnel, a large box, climbers, stairs, and vinyl foam cushions; or a gross-motor room is available with these types of materials).

I. LEARNING ENVIRONMENT

I-C. (Cont.)

Level 1 Indicators

- No climbing equipment is available to children (e.g., there is no climbing equipment indoors or outside, and there is no gross-motor room; children climb on shelves/furnishings).

Level 3 Indicators

- Children have access to a set of stairs or a piece of equipment for climbing during some parts of the day (e.g., set of stairs leading to playground, climber on playground).

Level 5 Indicators

- Children have access to indoor climbing equipment or materials throughout the day (e.g., stairs, steps, climbers, ramps, lofts, benches, vinyl foam cushions, pillows; climbing equipment available in gross-motor room; climbing equipment available outdoors).

Supporting Evidence/Anecdotes

In toddler rooms

- There are no organized spaces for the following types of play: sand, water, book, art, block, house, or small toy (e.g., materials and equipment are placed at random around the room).

In toddler rooms

- There are some organized spaces for the following types of play: sand, water, book, art, block, house, and small toy (e.g., only organized block and house areas).

In toddler rooms

- There are well-organized spaces for distinct kinds of play, including sand, water, book, art, block, house, and small toy areas.

In toddler rooms

- Areas are not labeled or labels are not easily understood by children (e.g., labels with words only, no pictures; adult-oriented area names such as “manipulatives,” “discovery table,” “dramatic play”; labels not at children’s physical level).

In toddler rooms

- Some areas are labeled and/or some labels are not easily understood by children.

In toddler rooms

- Areas are labeled at children’s physical level with simple, easily understood symbols and names (e.g., labels for the house, block, art, book, toy, sand, and water areas consist of a photo or a simple symbol for the area, such as a block for the block area, a paintbrush for the art area).

I. LEARNING ENVIRONMENT

Circle one indicator level for this item based on the scoring rules on page xi.

I-D. Materials for sensory exploration are plentiful and accessible to infants and toddlers.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

- All or most materials for children to see, touch, mouth, hear, smell, explore, and play with are made of plastic (e.g., rattles, toys).

- Materials for exploration and play are not safe and/or are not accessible to children (e.g., infants can reach materials they can swallow; materials are torn, broken or dirty; most materials are stored high on shelves or behind locked doors; materials are changed often so children can't find them).

- Materials for exploration and play do not reflect home and community cultures or differing abilities of the children in the program (e.g., commercial dress-up clothes; plastic dishes and food; all dolls have same ethnicity).

- Materials for exploration and play perpetuate stereotypes (e.g., picture books with only women as housewives, men as workers).

Level 3 Indicators

- Some of the materials for children to see, touch, mouth, hear, smell, explore, and play with are made of wood, metal, stone, fiber, paper, or natural materials.

- Materials for exploration and play are safe and accessible to children during some parts of the day (e.g., children can get materials out during choice time only).

- Some materials for exploration and play reflect home and community cultures and differing abilities of the children in the program.

- Some materials for exploration and play reinforce stereotypes, and/or only some materials depict nonstereotyped role models.

Level 5 Indicators

- More than half of the materials for children to see, touch, mouth, hear, smell, explore, and play with are made of wood, metal, stone, fiber, paper, and natural materials (e.g., tin cans/lids, cooking utensils, shells, rocks, wooden spoons, blocks, spools, fabrics, pumice, boxes; messy materials such as paint, play dough, clay, "goop," glue, sand, water).

- Materials for exploration and play are safe and accessible to children throughout the day (e.g., children can get materials off of shelves themselves; children can take materials outside; small materials are used only with direct supervision; children can hold toy while getting diaper changed; books are on cots for nonsleeping children; some materials are rotated to reflect children's interests).

- Materials for exploration and play reflect home and community cultures and differing abilities of the children in the program (e.g., real food containers; work clothes representing community and families; real dishes and cultural cooking items; music of different cultures; different ethnic dolls; doll figures with special needs).

- All materials for exploration and play depict a wide range of nonstereotyped role models and cultures (e.g., picture books with women as doctors and men doing housework; dolls, toy figures of women as police officers, men as nurses).

Supporting Evidence/Anecdotes

continued on next page ↓

I. LEARNING ENVIRONMENT

I-D. (Cont.)

Level 1 Indicators

- Children's use of personal comfort items (e.g., pacifiers, "blankies," stuffed animals) is denied or strongly discouraged.

Level 3 Indicators

- Children's personal comfort items are sometimes accessible to them (e.g., comfort items given only at naptime).

Level 5 Indicators

- Throughout the day children have easy access to personal comfort items (e.g., child can get pacifier, blanket, or stuffed animal from cubby).

Supporting Evidence/Anecdotes

- There are no soft items for children to snuggle against (e.g., no pillows, stuffed animals, blankets; caregivers do not snuggle with children).

- There are some soft items for children to snuggle against (e.g., cushions or pillows in the book area for children to use).

- Throughout the care and play space there are soft toys, pillows, fabrics, blankets, cushions of various sizes, and people for children to snuggle with.

- Books are not accessible to children (e.g., setting does not have books; caregivers do not read to children).

- A limited range of books are accessible to children during some parts of the day, and/or only designated books are available to children (e.g., children can choose books only at choice time and before naptime; books available to children are mouthed, torn, or of poor quality; children are not allowed to handle some of the books).

- A variety of books and types of books are accessible for children to explore, look at, and play with throughout the day (e.g., award-winning storybooks; picture books; books with simple stories; books of poems or rhymes; community and cultural books; magazines; foam, cloth, or board books; homemade books; big books).

- Simple musical instruments are not accessible to children.

- Some simple musical instruments are accessible to children during some parts of the day (e.g., only plastic replicas of instruments).

- Simple musical instruments are accessible to children throughout the day (e.g., real drum, cymbals, bells, rain stick, wooden maracas, xylophone, tambourine, homemade shakers; some plastic replicas).

I. LEARNING ENVIRONMENT

I-D. (Cont.)

Level 1 Indicators

- Musical recordings and radios are played as background music for caregivers and children all day (e.g., music is played loudly while children play and sleep).

In toddler rooms

- There are limited materials for some types of play (e.g., sand, water, art, block, toy, house), and/or the play materials are not accessible to children (e.g., there are not enough materials or children have to ask for them).

In toddler rooms

- Materials are not organized or labeled, or have written labels only (e.g., materials stored on unlabeled shelves around the room, materials arranged randomly).

Level 3 Indicators

- Musical recordings and radios are played as background music for some parts of the day (e.g., music is played during choice time; music for sleeping infants is played loudly while other children play).

In toddler rooms

- There are some materials for sand, water, art, block, toy, and house play that are sometimes accessible to children (e.g., sand and water are not available every day; different art materials are brought out each day instead of always having basic art materials available).

In toddler rooms

- Some materials are organized and labeled (e.g., blocks labeled; some shelves labeled; a few containers labeled; some picture labels included).

Level 5 Indicators

- Musical recordings and radios are never played as background music (e.g., music is only played for a specific purpose, such as band music for children pretending to be marching in a band during choice time, appropriate music for group time or transition activities, soft music during naptime).

In toddler rooms

- There are plentiful materials for sand, water, art, block, toy, and house play that are accessible to children throughout the day (e.g., shovels, measuring cups, scoops, dirt, sifters, spatulas, bowls, funnels, paper, crayons, markers, paint, glue, tape, pipe cleaners, scrap materials, cardboard, clay, play dough, wooden blocks, cardboard blocks, vinyl cushions, cars, push toys, dolls and doll accessories, dress-up clothes, bottles, blankets, cooking utensils, real pans, real dishes, silverware, puzzles, Duplos, toy people, pegs and peg boards, waffle blocks, counting bears/dinosaurs, farm animals; multiple sets of materials; basic materials that are accessible every day; some types of materials that are rotated based on children's interests).

In toddler rooms

- All materials are organized on shelves and in containers and are labeled for ease of use and cleanup (e.g., screw-top containers for toddler-only materials; catalog pictures, photos used as labels; materials arranged by developmental area and function on shelves).

Supporting Evidence/Anecdotes

I. LEARNING ENVIRONMENT

Circle one indicator level for this item based on the scoring rules on page xi.

I-E. Children's photographs and creations are displayed.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

- There are no photographs of children or their families hanging up or in albums.

Level 3 Indicators

- There are photographs of some children and/or their family members on display where children can see them.

Level 5 Indicators

- There are photographs of all children and their family members for children to see, touch, hold, and carry (e.g., photos of children playing, covered with clear contact paper, on floor or walls; album of families in book area).

Supporting Evidence/Anecdotes

- Displays consist of adult-made or commercially produced materials that are not related to children's interests (e.g., calendar bulletin board, posters of toothbrushing or fire safety, behavior or discipline posters, alphabet people).

- Some adult-made displays stem from children's interests and experiences.

- Adult-made displays always stem from children's interests and experiences (e.g., displays of children's creations; pictures or photos of classroom pets, children's family members, or classroom activities).

- There are no creations by children visible to children.

- Some creations by children are visible to children.

- Children's creations are hung and/or displayed where children can see and touch them (e.g., clay creations on low shelves; paintings or drawings with protective coverings on floor, wall, or low bulletin boards).

- Displays of children's creations consist of projects generated from adult ideas or copied from adult products (e.g., all children's flower cutouts look the same).

- Some displays of children's creations stem from children's interests and ideas (e.g., children's paintings cut into bugs for a bulletin board on insects).

- All displays of children's creations stem from children's interests and ideas (e.g., children's pencil scribbles, clay sculptures, finger paintings, glue creations).

Draw a diagram of the room.

I. LEARNING ENVIRONMENT

I-F. Outdoor play space is safe and accessible.

Circle one indicator level for this item based on the scoring rules on page xi.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

- There is no outdoor play area.

Level 3 Indicators

- There is an outdoor play area nearby (e.g., children walk or are pushed by caregivers in strollers to local playground).

Level 5 Indicators

- The outdoor play area is easily accessible from the indoor play and care space (e.g., door opens onto playground; children walk or infants are carried down hallway to playground).

Supporting Evidence/Anecdotes

-
- The outdoor play area provides limited space: less than 50 square feet per child (e.g., strip of grass along side of building).

-
- The outdoor play area provides some space, between 51 and 99 square feet per child (e.g., space is overcrowded with equipment and materials; children are bumping into one another).

-
- The outdoor play area provides plentiful space for children to explore and move freely, at least 100 square feet per child. The playground is divided into distinct play areas (e.g., for push and pull toys, riding toys and tricycles, sand and water play, swings, slides, a climbing structure); there is equipment for children with disabilities.

-
- No or inadequate barriers separate children from traffic, passersby, and/or older children (e.g., no fencing, low fences).

-
- Adequate barriers separate children from traffic, passersby, and/or older children.

-
- The outdoor play area is enclosed, used only by infants and toddlers, and visually screened from traffic (e.g., high wooden fence blocking traffic and/or pedestrians).

I. LEARNING ENVIRONMENT

I-F. (Cont.)

Level 1 Indicators

The outdoor play area/equipment is unsafe (e.g., equipment is in poor condition and/or dangerous for this age group; hazardous items on the ground are not removed regularly; there are unlocked fences or gates; portable materials are not safe for young children).

There are no impact-absorbing surfaces (e.g., there is grass and/or cement under swings, slide, and climbers).

There is no grass.

There is no shade (e.g., building structure offers shade only at times when children are not outside).

Level 3 Indicators

The outdoor play area is safe (e.g., equipment and surfaces are occasionally checked for hazards and hazardous items; playground equipment is designed for preschool children).

There are some impact-absorbing surfaces.

Grassy spaces are too small and/or poorly maintained (e.g., overgrown grass, weeds).

Play structures and/or umbrellas provide some shade (e.g., building structure offers shade during morning but not afternoon outside times).

Level 5 Indicators

The outdoor play area is designed for infants and toddlers and is safe and well maintained (e.g., equipment is checked regularly for hazards; play area is checked daily for hazardous items such as bottles, cans, dead animals, trash; fences/gates are locked; portable materials are safe for infants and toddlers and are checked daily).

There are impact-absorbing surfaces under swings, slides, and climbers (e.g., fine or coarse sand, rubber mats, wood mulch).

Grassy areas are well maintained for lying down, rolling, crawling, walking, and running.

Trees, shrubs, porches, and/or awnings provide adequate shade (e.g., building structure offers shade during all outside times).

Supporting Evidence/Anecdotes

Draw a diagram of the outdoor play space.

II. SCHEDULES AND ROUTINES

Circle one indicator level for this item based on the scoring rules on page xi.

II-A. The overall daily schedule is predictable yet flexible.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

- Daily events and caregiving routines are not organized; they occur randomly throughout the day or from one day to the next.

Level 3 Indicators

- The day is organized to include caregiving routines; the routine is posted for parents.

Level 5 Indicators

- The day is organized around regular daily events
- Arrival and departure
 - Choice time
 - Group time for mobile infants and toddlers
 - Outside time

The day includes caregiving routines

- Feeding and mealtime
- Bodily care
- Naps

(i.e., the routine is consistent yet flexible, developed around individual children's bodily rhythms, posted for parents, and posted pictorially for toddlers).

Supporting Evidence/Anecdotes

- The daily schedule is the same for all children (e.g., children are kept awake when they are falling asleep before naptime).

- The daily schedule sometimes flexes to accommodate children's individual needs.

- The daily schedule flexes throughout the day to accommodate each child's individual needs, rhythms, and temperament (e.g., Grace eats some lunch, lies down on her cot, and falls asleep while others eat, play, and wash up).

- Children do not initiate or freely explore actions, materials, and/or other people (e.g., nonsleeping children are confined in playpens, swings, infant seats, walkers, or cribs; children who fall asleep in a swing or seat are not taken out and put in a crib; infants are left in highchairs for long periods of time after being fed, even when crying; children are moved from one type of infant seat to another [Exersaucer to swing to highchair]; toddlers mostly do adult-initiated activities).

- During some parts of the day (e.g., choice time) children initiate and freely explore actions, materials, and/or other people (e.g., sometimes children remain in highchairs, cribs, or swings for periods of time, but are taken out when they cry; sometimes children spend time in Exersaucers, walkers, bouncy seats).

- Throughout the day children initiate and freely explore actions, materials, and other people (e.g., during awake time infants and nonmobile infants are given treasure baskets and/or a variety of materials to explore [Harriet lays Sophia on a blanket on the floor in front of a mirror, while the toddlers eat lunch; Landon, an older infant, explores wooden spoons and tin cans while sitting on the floor]; children spend less than 75 minutes total per day in bouncy seats, Exersaucers, walkers, swings, infant seats, or playpens, or in cribs or highchairs when not sleeping or eating; crying children are removed from seats immediately; highchairs or bouncy seats are used with infants as "safe places" for very short periods of time).

II. SCHEDULES AND ROUTINES

Circle one indicator level for this item based on the scoring rules on page xi.

II-B. Arrivals and departures focus on the comfort of children and parents.

1 **2** **3** **4** **5**
 Check here if not observed or reported.

Standard questions

1. What do you do when parents are distressed during separation from or reunion with their children?
2. What do you do when children are distressed during separation from or reunion with their parents?

Level 1 Indicators	Level 3 Indicators	Level 5 Indicators	Supporting Evidence/Anecdotes
<input type="checkbox"/> Children's arrivals and/or departures are rushed or abrupt (e.g., parents drop off children and leave immediately).	<input type="checkbox"/> Children's arrivals and/or departures are sometimes unhurried.	<input type="checkbox"/> Children's arrivals and departures are leisurely (e.g., parents establish a morning ritual with child, such as playing with child before departing or reading a story then saying good-bye; caregivers engage children with materials; children freely explore and play).	
<input type="checkbox"/> Children are not greeted and/or bid good-bye (e.g., caregivers are busy with routine work and do not address children).	<input type="checkbox"/> Children are sometimes greeted and bid good-bye.	<input type="checkbox"/> Children are greeted and bid good-bye in a calm, reassuring manner (e.g., while playing with Isabella, an infant, her caregiver whispers to her that her mom is here to take her home, then says, "Good-bye, see you tomorrow!" as they leave).	
<input type="checkbox"/> Children distressed during separation or reunion do not receive comfort (e.g., child is ignored or told to stop crying).	<input type="checkbox"/> Children distressed during separation or reunion sometimes receive comfort.	<input type="checkbox"/> Children distressed during separation and reunion have their feelings acknowledged (e.g., "It's sad when Mommy leaves for work") and receive comfort (e.g., holding, rocking, stroking, reading) for as long as they need it.	
<input type="checkbox"/> Parents are not greeted and/or bid good-bye (e.g., parents are ignored).	<input type="checkbox"/> Parents are sometimes greeted and bid good-bye.	<input type="checkbox"/> Parents are greeted and bid good-bye in a calm, reassuring manner (e.g., caregiver and parent exchange information verbally and in written form and share child observations; parents are greeted by name).	
<input type="checkbox"/> Parents distressed during separation and reunion do not have their feelings acknowledged.	<input type="checkbox"/> Parents distressed during separation and reunion sometimes have their feelings acknowledged.	<input type="checkbox"/> Parents distressed during separation and reunion have their feelings acknowledged (e.g., "It's hard to go to work when you'd rather stay here with Eli"; "You're in a rush to go home and Mo wants to show you the new blocks").	

II. SCHEDULES AND ROUTINES

Circle one indicator level for this item based on the scoring rules on page xi.

II-C. Choice times (play times, awake times) focus on child-initiated exploration and play.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

- There is no daily choice or play time for children, or choice time lasts all day (e.g., for most of the day, infants sit in Exersaucers, bouncy seats, and swings, and toddlers sit at tables; if choice time is all day, children wander and conflicts arise because nothing else is scheduled).

Level 3 Indicators

- Sometimes choice or play time is a part of the day for children, and/or choice time is too brief or too long (e.g., infants are confined to swings and seats during choice time; choice time is posted on schedule but not carried out; toddler choice time is too brief [15–20 minutes] or too long [children get restless]).

Level 5 Indicators

- Choice or play time is always a part of the day for children, and children's actions determine the length of choice time (e.g., infants are engaged with caregivers or a variety of materials during awake times; choice time allows toddlers to engage in pretend play; caregivers end choice time early when children lose interest or begin wandering).

Supporting Evidence/Anecdotes

- Children make no choices during choice/play time (e.g., children are confined in playpens, swings, bouncy seats).

- Children make some choices during choice/play time (e.g., at some point during choice time each child participates in a planned art activity; only some areas are available — no sand or water).

- Children make many choices and carry out their own exploration and play initiatives during choice/play time; they decide
- What to explore or play with
 - How to explore or play
 - Where to explore and play (all areas available)
 - How to move

- Children spend choice/play time responding to or carrying out adult-initiated activities (e.g., children do teacher-planned projects or activities at art table, block area, and/or toy table; children watch TV and/or videos).

- Children spend some time during choice/play time carrying out their own initiatives and some time in adult-initiated activities (e.g., children rotate in and out of art project set up at art table).

- Throughout choice/play time children carry out their own explorations and play initiatives (e.g., Mariah and Paul play with dolls in house area while Tyler and Cecelia use cars in block area; infants and nonmobile infants are given a variety of materials to explore and play with; while sitting beside caregiver, Yolanda chooses different items from her treasure basket to mouth — a bottle brush, large shell, wooden spoon, tin can, etc.).

II. SCHEDULES AND ROUTINES

II-C. (Cont.)

Level 1 Indicators

In rooms with older toddlers

- Children do not converse with caregivers about their choices (plan) or talk about what they did (recall) at any time during the day.

Level 3 Indicators

In rooms with older toddlers

- Children sometimes converse with caregivers about their choices (plan) and/or talk about what they did (recall) at some time during the day (e.g., “Jerrica, you chose to play with the babies today”).

Level 5 Indicators

In rooms with older toddlers

- Children converse with caregivers about their choices (plan) and talk about what they did (recall) during the day (e.g., caregivers converse with children as they select their activity at the beginning of choice time [“Zelda, what would you like to play with today?”]; as caregivers clean up with toddlers, they comment on what they saw children using during choice time; at lunchtime caregiver asks each child what he or she played with at choice time; concrete planning and recall times are part of the daily schedule).

Supporting Evidence/Anecdotes

II. SCHEDULES AND ROUTINES

Circle one indicator level for this item based on the scoring rules on page xi.

II-D. Bodily care routines include choices for children.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

- Children do not actively participate or make choices during bodily care routines.

Level 3 Indicators

- Sometimes children actively participate or make choices during bodily care routines (e.g., after lunch, children are not given choices during diapering/toileting because caregivers want to get children down for nap).

Level 5 Indicators

- Throughout the day children actively participate and make choices during bodily care routines (e.g., during diapering/toileting times, children hold a clean diaper, sock, or washcloth; play peek-a-boo with the caregiver; look at self in mirror; choose to walk or be carried to changing table; sing songs with caregiver; if toddlers, choose to sit on potty or toilet).

Supporting Evidence/Anecdotes

- Bodily care occurs without warning; children are not alerted to bodily care before it occurs (e.g., caregiver abruptly picks up infant to change diaper).

- Sometimes children are alerted to bodily care before it occurs.

- Throughout the day children are alerted to bodily care before it occurs, are told what care they are in need of, and have some time to come to a stopping point, if necessary, before the care begins (e.g., “Douglas, in a few minutes I am going to change your diaper”; “Myra, it’s time to go to the bathroom; would you like to finish looking at the book or put it on the counter until we are done?”).

- Children are not encouraged to do things for themselves during bodily care routines (e.g., caregivers do everything for children because it is faster).

- Sometimes children are encouraged to do things for themselves during bodily care routines (e.g., after outside time, caregivers wash children’s hands so they can quickly move children to the tables for lunchtime).

- Throughout the day children are encouraged to do things for themselves during bodily care routines (e.g., put on/take off clothing; wash/dry own face, hands; get on and off toilet; turn water on and off; get own paper towel; brush own teeth).

II. SCHEDULES AND ROUTINES

Circle one indicator level for this item based on the scoring rules on page xi.

II-E. Transitions flow smoothly from one interesting experience to the next.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

Children do not have choices at transition times (e.g., children are told to stop playing and start cleaning up all at one time).

Children are moved abruptly by caregivers from one event to the next (e.g., when it's feeding time, infants are picked up and put in their seats).

Children wait for events and/or caregiving routines to begin (e.g., toddlers wait in line for all children before moving to next activity).

In toddler rooms

Children do not participate in cleanup.

Level 3 Indicators

Children sometimes have choices at transition times (e.g., children can choose to bring a stuffed puppy to diaper change; children sing songs while waiting to wash hands).

Children sometimes are told by caregivers what comes next.

Children sometimes move at their own pace from one event or caregiving routine to the next.

In toddler rooms

Children are directed and/or rushed through cleanup (e.g., caregiver places object in child's hands and tells her to put it on shelf; caregiver takes toy away from child and places it on shelf the correct way).

Level 5 Indicators

Children make choices during transition times (e.g., children choose how to move from one part of the room to another, what to clean up, and how to put it on shelves [Kyra continues to work on her painting while other children who are done with group time wash their hands]).

Throughout the day children are told by caregivers what comes next (e.g., caregiver tells infant that it is time for his bottle and talks to him about what she is doing as she warms bottle; caregiver announces to toddlers that cleanup time will start when they hear the music).

Children move at their own pace from one event or caregiving routine to the next (e.g., caregivers overlap activities to allow children to change activities at their own pace; caregivers plan different ways for children to transition, such as moving when their names are called, moving like animals, singing).

In toddler rooms

Children clean up in their own manner/pace and receive caregivers' encouragement and support (e.g., caregivers allow time for children to participate in cleanup [caregiver holds the plastic jar while Dylan picks the lids up one by one and puts them in the jar]; during choice time caregivers encourage and assist children in putting toys away before they get something else out; during nap or after children leave, caregivers straighten shelves and complete cleanup).

Supporting Evidence/Anecdotes

II. SCHEDULES AND ROUTINES

Circle one indicator level for this item based on the scoring rules on page xi.

II-F. Feedings and mealtimes are child centered and leisurely.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Standard questions

1. Are parents allowed to nurse and/or bottle-feed their infants at the center? If yes, how often? Occasionally? On a regular basis?
2. Are children fed when they are hungry even when their hunger occurs outside a designated feeding or mealtime? If yes, how often? Sometimes? Regularly?

Level 1 Indicators

- Infants drinking from a bottle are not held (e.g., infant lying down with bottle propped up, caregiver holding infant with bottle propped up while feeding another child lying on floor).

- Parents (whose schedules permit) do not, or are discouraged from, nursing or bottle-feeding their children at the center.

- Older infants and toddlers do not feed themselves (e.g., caregivers feed children to make cleanup easier).

- Children have no choice about what and/or how much to eat (e.g., caregivers decide what children will eat and feed them).

Level 3 Indicators

- Sometimes infants drinking from a bottle are held by a caregiver.

- Parents (whose schedules permit) occasionally nurse or bottle-feed their children at the center.

- Sometimes older infants and toddlers feed themselves (e.g., caregivers only allow children who don't make a mess to feed themselves).

- Sometimes children have a choice about what and/or how much to eat.

Level 5 Indicators

- Infants drinking from a bottle are always held by a primary caregiver and receive the caregiver's close attention (e.g., caregiver talks with infant while feeding her).

- Parents (whose schedules permit) regularly nurse and bottle-feed their children at the center and are encouraged to do so.

- Older infants and toddlers always feed themselves and receive support for doing so (e.g., spoon-fed infants have their own spoon to hold as caregiver feeds them [Tayon dips his spoon into the bowl of carrots and the caregiver says, "Tayon, you're using your spoon to eat with"]).

- Children have a choice about what and how much to eat (e.g., Hailey eats her grapes before she eats her muffin at breakfast).

Supporting Evidence/Anecdotes

II. SCHEDULES AND ROUTINES

II-F. (Cont.)

Level 1 Indicators	Level 3 Indicators	Level 5 Indicators	Supporting Evidence/Anecdotes
<input type="checkbox"/> Feedings and/or mealtimes are rushed (e.g., caregivers quickly remove lunch items from table while children are still eating).	<input type="checkbox"/> Sometimes feedings and/or mealtimes are unhurried.	<input type="checkbox"/> Feedings and mealtimes are leisurely. Children eat at their own pace and spend varying amounts of time eating (e.g., caregivers initiate conversations with children; caregivers read a book while children eat).	
<input type="checkbox"/> Children rarely interact with caregivers during mealtimes (e.g., caregivers are busy with other duties; caregivers supervise mealtimes but do not join children).	<input type="checkbox"/> Children interact with caregivers briefly during mealtimes (e.g., caregivers ask children if they want more).	<input type="checkbox"/> Children and caregivers show pleasure in their interactions and communications with one another while seated together during mealtimes (e.g., caregivers smile, observe, and listen attentively to children; caregivers converse with children).	
<input type="checkbox"/> All children are fed/eat on schedule whether or not they are hungry.	<input type="checkbox"/> Sometimes children are fed/eat when they are hungry even when their hunger occurs outside a designated feeding or mealtime.	<input type="checkbox"/> Children are fed/eat when they are hungry even when their hunger occurs outside a designated feeding or mealtime.	
In toddler rooms	In toddler rooms	In toddler rooms	
<input type="checkbox"/> Children do not participate in setup or cleanup of meals.	<input type="checkbox"/> Sometimes children participate in setup and/or cleanup of meals (e.g., children help with cleanup but not setup).	<input type="checkbox"/> Children participate in setup and cleanup of meals and receive support for doing so (e.g., Henry throws his cup in the trash, and caregiver says, "Thank you for throwing your cup away!"; Terrance helps put plates and forks in the middle of the table for lunch).	

II. SCHEDULES AND ROUTINES

Circle one indicator level for this item based on the scoring rules on page xi.

II-G. Group times for mobile infants and toddlers are fluid and dynamic and focus on children's actions, ideas, and interests.

1 **2** **3** **4** **5**

Check here if not observed or reported.

[Notes: Group times are defined as both small- and large-group gatherings that generally are planned but occasionally are spontaneous. Group times consist of activities with hands-on materials or music and movement activities.]

Level 1 Indicators

- For mobile infants and toddlers, there are no daily group times (e.g., children are confined in seats; free play continues all day in between caregiving routines).

Level 3 Indicators

- For mobile infants and toddlers, sometimes group times are a regular part of the day (e.g., group times do not occur every day; only whole-group times are scheduled).

Level 5 Indicators

- For mobile infants and toddlers, group times (small and large groups) are a regular part of the day (e.g., children paint shells for small-group time; before lunch all the children gather together and sing songs; during choice time, a small group of children play with balls and buckets; children wave scarves to music during whole-group times).

Supporting Evidence/Anecdotes

- Children make no choices during group time (e.g., caregivers make choices for children on how to use materials; children sing songs as instructed by caregivers).

- Children make some choices during group time (e.g., caregiver allows Amari to choose the blue car from his basket but says he has to drive the car instead of flying it around; Ciara chooses "Wheels on the Bus" and wants to sing the "mommies" verse first, but the caregiver tells her to "sing it the way the verses go").

- Children make many choices during group time:
- How to explore and use materials
 - How to communicate
 - Where to sit and/or stand
 - How to move
 - What to sing
 - How to sing

- Children do not use the materials provided in their own manner (e.g., caregivers have children make a product, such as a rabbit or flower; children move their bodies as the caregiver instructs them to).

- Sometimes children use the materials provided in their own manner.

- All children use the materials provided in their own manner (e.g., while using water and paintbrushes, Natalia bangs her brush on the table; while using shakers to music, Linus waves the shaker in the air and imitates how other children are moving their shakers; Ben moves his body vigorously to the fast music).

II. SCHEDULES AND ROUTINES

II-G. (Cont.)

Level 1 Indicators

- Children's actions and interests do not determine the length of group time (e.g., caregivers insist that children stay with an activity until all children are done).

Level 3 Indicators

- Children's actions and interests sometimes determine the length of group time (e.g., children can leave the table when they are done with small group, but all children have to stay and sing for large-group time).

Level 5 Indicators

- Children's actions and interests determine the length of group time. Children explore and play with materials for varying amounts of time (e.g., toddlers come and go freely from one group to the other; children have choices when they do not want to participate in the group activity; caregivers stop group times when children begin to lose interest).

Supporting Evidence/Anecdotes

II. SCHEDULES AND ROUTINES

Circle one indicator level for this item based on the scoring rules on page xi.

II-H. Outside times provide nature-based sensory-motor learning opportunities.

1 **2** **3** **4** **5**

Check here if not observed or reported.

[Notes: (a) If outside time is scheduled but not observed, score at level 1. (b) Where extreme weather conditions or safety considerations prevent the regular use of outdoor play space, a large and open indoor space, such as a gross-motor room, should be used as a substitute. (c) If the observation occurs on a day that is atypical due to unusual weather or other special conditions, check “not observed.”]

Level 1 Indicators

There is no daily outside time.

Nonmobile and mobile infants spend all their outside time in playpens, carriages, strollers, swings, or wagons (e.g., every day Mariah walks the infants she cares for around the setting in a stroller).

Children do not have choices during outside time (e.g., riding in a stroller is the only outdoor activity).

Level 3 Indicators

Sometimes outside time is a part of the day for some children (e.g., infants are not taken outside; mobile infants and toddlers go outside when there is enough time before lunch).

Nonmobile and mobile infants spend some of their outside time in playpens, carriages, strollers, swings, or wagons.

Children have some choices during outside time.

Level 5 Indicators

Outside time is a part of each day for all children (e.g., caregivers take infants outside every day; during cold weather, infants are bundled up and taken for a stroll outside, and mobile infants and toddlers go out for brief amounts of time; on a hot day, caregivers may take nonmobile infants out and place them on a blanket in the shade while mobile infants and toddlers play in the shade or go in the sprinkler).

Nonmobile and mobile infants spend little or none of their outside time in playpens, carriages, strollers, swings, or wagons (e.g., strollers are only used on special occasions, such as going for a walk with nonmobile infants, transporting children in and out of the setting, or in very cold weather; when outdoors, infants are placed on blankets in the shade to explore and move their bodies, and mobile infants can crawl, scoot, and roll around the playground).

Children have many choices during outside time (e.g., to roll, creep, crawl, cruise, toddle, walk, climb, run, pedal, dig, paint, pretend, build, splash, converse, ride, swing, slide, push, pull, get under or into, pretend).

Supporting Evidence/Anecdotes

II. SCHEDULES AND ROUTINES

II-H. (Cont.)

Level 1 Indicators

- When outdoors, children do not explore materials with all their senses (e.g., grass is the only material available to explore; caregivers have not brought out portable materials).

Level 3 Indicators

- When outdoors, children sometimes explore materials with all their senses.

Level 5 Indicators

- When outdoors, children explore natural and play materials with all their senses (e.g., children pick up, smell, taste, carry, and drop sticks, large stones, leaves, and dandelions; play in sand; and crawl on grass; caregivers bring out materials for children to use and/or lie on, such as blankets, mats, balls, bats, shovels, buckets, bubbles, blocks, bikes).

Supporting Evidence/Anecdotes

-
- When outdoors, children do not interact or play with caregivers (e.g., caregivers supervise children for safety but do not get involved in their play).

-
- When outdoors, children sometimes interact and play with caregivers (e.g., caregivers supervise children for safety and sometimes get involved in their play).

-
- When outdoors, children interact and play with caregivers (e.g., caregivers supervise children for safety and get involved in their play [caregiver plays chase with toddlers Sammy and Nevaeh; caregiver sits on the ground with Emani, a mobile infant, and rolls a ball back and forth to her; a small group of toddlers push their feet through the sand with their caregiver]).

II. SCHEDULES AND ROUTINES

Circle one indicator level for this item based on the scoring rules on page xi.

II-I. Naptimes accommodate children's individual needs for sleep and rest.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

- All children are put down for naps at the same time and awakened at the same time, and/or children are not visually supervised when sleeping (e.g., baby monitor used instead of having caregiver supervise children as they sleep in separate room).

Level 3 Indicators

- Sometimes children fall asleep and wake up according to their own schedules.

Level 5 Indicators

- Children nap or rest when they are tired, even when this occurs outside a designated naptime, and wake up on their own; all sleeping children are visually monitored and supervised, whether sleeping in the same room or in a separate room (e.g., Danielle falls asleep during choice time and the caregiver picks her up and lays her on her mat; as children transition to naptime, those who tire first lie down while others hear stories read by caregivers; Chanda rubs Peta's back as she falls asleep; Susan rocks Josie to sleep in the rocking chair).

Supporting Evidence/Anecdotes

- Nonmobile and mobile infants remain in their cribs for 10 minutes or longer after they are fully awake or even when fussing (e.g., child shakes side of the crib, child throws toys outside of the crib, child cries).

- Nonmobile and mobile infants are sometimes taken out of their cribs soon after they are fully awake (e.g., Jamaal wakes from morning nap and begins to cry; his caregiver picks him up and sets him on the floor).

- Nonmobile and mobile infants are taken out of their cribs, greeted, cuddled, and changed as soon as they are fully awake (e.g., while walking over to pick up Blake, Nancy says, "I see you, Blake. You woke up. I hope you had a good sleep!").

- Sleeping children hear loud music (e.g., infants and toddlers hear loud music while they are napping).

- Sleeping children sometimes hear soft music (e.g., loud music is played for sleeping infants while other children play; sometimes music is played softly for napping toddlers).

- Sleeping children hear soft music or no music (e.g., sleeping infants hear soft music or no music while napping; music is always played softly for napping toddlers; music is turned off once children are sleeping; toddlers fall asleep to caregivers reading stories).

In toddler rooms

- During naptime nonsleeping children lie on their cots/mats.

In toddler rooms

- During naptime nonsleeping children look at books on their cots/mats.

In toddler rooms

- During naptime nonsleeping children and early rising children play with items they have selected on their cots/mats and/or in designated play areas (e.g., Devon awakes from nap early and her caregiver says, "Devon, you woke up early today. Would you like to play with the farm animals and the blocks while we wait for the other children to wake up?").

Complete the information in the two columns below.

Posted Daily Schedule and Routine

Actual Daily Schedule and Routine

III. ADULT-CHILD INTERACTION

Circle one indicator level for this item based on the scoring rules on page xi.

III-A. Children's relationships with their caregivers are long term.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Standard questions

1. Are you responsible for a particular group of children from day to day? How many?
2. Are you the primary caregiver for these children, or do you share their care with other caregivers?
3. How long do these children remain within your care before they move to another room or caregiver?

Level 1 Indicators

- Each child is cared for by a changing cast of caregivers (e.g., children do not know which caregivers will be taking care of them from day to day).

Level 3 Indicators

- Each child is cared for by the same group of caregivers from day to day (e.g., children have the same caregivers but are not assigned a primary caregiver).

Level 5 Indicators

- Each child is cared for by the same primary caregiver and caregiving team from day to day (i.e., each primary caregiver is assigned specific children to care for, including communicating with their parents; each caregiving team is assigned a consistent substitute caregiver).

Supporting Evidence/Anecdotes

- Each child is assigned a primary caregiver without regard to his or her preferences or temperament.

- Each child's preferences and temperament are sometimes considered in the assignment of a primary caregiver (e.g., a child's preference is only considered within the first few days of entering the program, and/or a child is passed back and forth between primary caregivers according to the child's preferences).

- Each child is given time to display a preference for a primary caregiver, and each child's temperament fits well with the primary caregiver's temperament (e.g., after two weeks in the program, Stephanie prefers the co-caregiver, so Stephanie is assigned to the co-caregiver as her primary caregiver).

- Each child does not remain with the same caregiver or caregiving team for a year or more (e.g., children are moved to another room with new caregivers every 6 months; caregivers change from year to year).

- Each child remains with the same caregiver or caregiving team for a year or more (e.g., when the children are toddlers, they go to the next room and group of caregivers; sometimes caregivers are changed from year to year).

- Each child remains with the same primary caregiver and caregiving team for the duration of the child's enrollment in the infant-toddler program (e.g., caregivers and children move together from room to room each year until children go on to preschool, or the same caregivers and children remain in the same room until the children go on to preschool).

III. ADULT-CHILD INTERACTION

Circle one indicator level for this item based on the scoring rules on page xi.

III-B. Children form trusting relationships with their caregivers.

1 2 3 4 5

Check here if not observed or reported.

Level 1 Indicators	Level 3 Indicators	Level 5 Indicators	Supporting Evidence/Anecdotes
<input type="checkbox"/> Children are not touched, held, and/or spoken to or are touched, held, and/or spoken to in a rough, rushed, or disinterested manner.	<input type="checkbox"/> Sometimes children are touched, held, and spoken to in an attentive, unhurried manner.	<input type="checkbox"/> Throughout the day children are touched, held, and spoken to in a warm, attentive, leisurely manner.	
<input type="checkbox"/> Children do not show pleasure in their interactions with caregivers.	<input type="checkbox"/> Sometimes children show pleasure in their interactions with caregivers.	<input type="checkbox"/> Throughout the day children show pleasure in their interactions with caregivers.	
<input type="checkbox"/> Children do not receive caregiver attention when they demand, signal, or request it.	<input type="checkbox"/> Sometimes children receive caregiver attention when they demand, signal, or request it.	<input type="checkbox"/> Throughout the day children receive caregiver attention when they demand, signal, or request it and when they pause in exploration and play.	
<input type="checkbox"/> Children do not initiate interactions with caregivers.	<input type="checkbox"/> Sometimes children initiate interactions with caregivers.	<input type="checkbox"/> Throughout the day children initiate interactions with caregivers (e.g., during arrival time, Wendy crawls over and sits in Hilda's lap; at outside time, Jerome brings a ball to Alicia and says, "We play?").	
<input type="checkbox"/> Children and caregivers do not interact at the children's pace (e.g., caregivers hurry children through each part of routine).	<input type="checkbox"/> Sometimes children and caregivers interact at the children's pace.	<input type="checkbox"/> Throughout the day children and caregivers interact at the children's pace (e.g., while going outside, caregivers let children walk and crawl at their own pace down the hallway and down stairs to the playground).	
<input type="checkbox"/> Children hear only negative comments from caregivers about themselves and others (e.g., "Sam, you're making a mess" — Sam always makes a mess"; "Mimi is a biter").	<input type="checkbox"/> Children hear some positive comments from caregivers about themselves and others.	<input type="checkbox"/> Throughout the day children hear only positive comments from caregivers about themselves and others (e.g., "Sam and Kari like paint"; "Mimi, chewing on the teether makes your gums feel better").	

III. ADULT-CHILD INTERACTION

Circle one indicator level for this item based on the scoring rules on page xi.

III-C. Children interact in partnership with their caregivers.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

- Children do not explore or play with caregivers on the same physical level.

Level 3 Indicators

- Sometimes children explore or play with caregivers on the same physical level.

Level 5 Indicators

- Throughout the day children explore or play at their physical level with caregivers (e.g., at outside time, caregiver Shaneil lies on the blanket with Lanelle, an infant, while talking with her; at group time, caregiver Myra sits on the floor with Cyrus, who is stacking wooden blocks).

Supporting Evidence/Anecdotes

- Children do not play or explore near caregivers who watch and listen to them (e.g., children are ignored by caregivers; caregivers talk among themselves while children play).

- Sometimes children play or explore near caregivers who watch and listen to them.

- Throughout the day children play or explore near caregivers who watch and listen to them (e.g., at choice time, Kamiel makes car noises while pushing a car and his caregiver imitates his actions by making the same noises; at lunchtime, Matthew's caregiver, who has been observing as Matthew picks up his cup and drinks, says, "Matthew, you drank from the cup all by yourself").

- Children and caregivers do not participate in exchanges and conversations involving gestures, sounds, and/or words.

- Sometimes children and caregivers participate in exchanges and conversations involving gestures, sounds, and/or words.

- Throughout the day children and caregivers communicate in give-and-take exchanges and conversations involving gestures, sounds, and/or words (e.g., at choice time, caregiver Jessica uses sign language for "more" to Henry when he points to the shelf; while getting her diaper changed, Gabrielle coos and her caregiver coos back to her).

III. ADULT-CHILD INTERACTION

III-C. (Cont.)

Level 1 Indicators

- Throughout the day children hear many harsh *directives* from caregivers. (e.g., “Eli, take that out of your mouth!” “Come here!” “Put it in the box.” “You go wash your hands now!”).

Level 3 Indicators

- Throughout the day children sometimes hear harsh *directives* from caregivers (e.g., at lunchtime, Jeremy is squeezing the mashed potatoes in his hands and his caregiver says, “Stop doing that, Jeremy!”).

Level 5 Indicators

- Throughout the day children hear few *directives* from caregivers, none harsh (e.g., caregivers use a pleasant unhurried tone of voice while saying “It’s time to wash hands — let’s go to the bathroom”; “You can get a book and take it to your cot”; “Let’s get ready for outside time, so get your coat”; “Gentle touches, please”; “Kacey, that’s for painting and not for your mouth”).

Supporting Evidence/Anecdotes

-
- Throughout the day children hear few or no caregiver *acknowledgments* and *comments* related to their actions, interests, ideas, and feelings.

-
- Throughout the day children hear some caregiver *acknowledgments* and *comments* related to their actions, interests, ideas, and feelings.

-
- Throughout the day children hear many caregiver *acknowledgments* (e.g., “I see!” “Oh my!”) and *comments* directly related to their actions, interests, ideas, and feelings (e.g., “That’s a long drip of paint.” “You’re glad to see Joseph!” “I wonder what you are building with your blocks?” “Look, you made it stand up!” “You’re pointing to the long piece of string.” “You are excited that Mom is here.” “I see a smile — you must really like these bananas!”).

III. ADULT-CHILD INTERACTION

III-D. Children carry out their intentions.

Circle one indicator level for this item based on the scoring rules on page xi.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

Children are seldom encouraged to pursue their interests and initiatives or solve problems, and/or they are urged to do things they cannot yet do (e.g., caregiver holds onto and guides child's hand so she can make a straight line; caregiver says, "No, LaKeisha, I will get the dolls off the shelf for you," "Let me cut that paper for you").

Children are seldom allowed to do things they can do and/or wish to do themselves (e.g., caregivers do not allow children time to take care of their own personal needs, such as dressing themselves; Alesha wants to get her own paper but the caregiver says, "No Alesha, I will do it").

Children are scolded, shamed, or punished for their initiatives, or their initiatives are ignored (e.g., "No, Blaine, you are not allowed to take the play dough away from the art table"; "Izzy, you are not going to use paints anymore since you always spill the paint").

Level 3 Indicators

Sometimes children are encouraged to pursue their interests and initiatives and solve problems (e.g., children pursue interests during choice time and outside time only; during some group times children pursue their interests).

Sometimes children are allowed to do things they can do and/or wish to do themselves.

Sometimes children receive caregiver support for their initiatives.

Level 5 Indicators

Throughout the day children are encouraged to pursue their interests and initiatives and solve problems (e.g., Joslynn tries three times to get a puzzle piece into its spot — she stops, turns it around, and puts it in the puzzle; at choice time, Blake says he wants the red engine truck, then goes to the block area and takes the truck down from the shelf; Meghan walks to the easel and picks up the paintbrush to paint).

Throughout the day children do things they can do and/or wish to do themselves (e.g., Jeffery says, "I do" and puts his shoes on by himself; Amaia walks to the bathroom to get her diaper changed; Kyla brushes her teeth, wipes her mouth, and throws her paper towel away; Luis says, "I want to" and pulls the tricycle out of the shed at outside time).

Throughout the day children receive caregiver support for their efforts, ideas, and initiatives (e.g., at arrival time, Ellen, Wayne's caregiver, watches as he hangs his coat on the hook and then says, "You hung your coat up by yourself!"; Eli's caregiver tells him, "Thank you for helping Gregory throw the ball to Dean"; Amelia's caregiver imitates her as she bangs the shaker on the floor).

Supporting Evidence/Anecdotes

III. ADULT-CHILD INTERACTION

III-D. (Cont.)

Level 1 Indicators

- Children receive praise (e.g., “Good job!” “I like the way Lamar is sitting quietly”) and/or rewards (stickers, food, candy, toys) for their accomplishments and/or for following caregivers’ wishes.

Level 3 Indicators

- Sometimes children receive praise and/or rewards for their initiatives and accomplishments.

Level 5 Indicators

- Children receive encouragement for their accomplishments (e.g., “You rolled the ball”; “Thank you for giving a shaker to Kim”; “Chris, you crawled all the way over here to me!”; “You stacked all the foam blocks on top of each other”).

Supporting Evidence/Anecdotes

-
- Children do not have any choices when they have to do an everyday task.

-
- Sometimes children have choices when they have to do an everyday task.

-
- Throughout the day children have choices when they have to do an everyday task (e.g., “You can put on the green bib or the orange bib”; “You can put your shoes in your cubby or under your cot”).

III. ADULT-CHILD INTERACTION

III-E. Children form social relationships.

Circle one indicator level for this item based on the scoring rules on page xi.

1 2 3 4 5

Check here if not observed or reported.

Level 1 Indicators

Most of the time, nonmobile children cannot see mobile children (e.g., nonmobile children are kept on their side of the room and their view is blocked by shelving; nonmobile children are kept in swings, bouncy seats, etc.).

Children do not interact with other children in a friendly, interested manner (e.g., children grab things from other children, children hit others).

Children do not seek out or show preferences for other children (e.g., children play by themselves).

Level 3 Indicators

Sometimes nonmobile children can see mobile children.

Sometimes children interact with other children in a friendly, interested manner.

Sometimes children seek out or show preferences for other children.

Level 5 Indicators

Throughout the day nonmobile children watch and/or communicate with other children (e.g., caregivers arrange protected areas so nonmobile children can be on the floor/ground and watch other children [Janet places Daniel on the floor and puts pillows around him to protect him from mobile children; during outside time, Veda lays a blanket on the grass near the sandbox and sits Erica down for her to see the other children playing in the sandbox; during choice time, Nancy sits Anil and Raina next to each other on a blanket, where both infants look at each other and coo]).

Throughout the day children interact with other children in a friendly, interested manner (e.g., Dominique, Savannah, and Brandon slide on the snow and fall down, then help each other up, laugh, and fall down again; Felix passes out books and smiles at other children at his table while they wait for lunch; Shyann and Katelin lie on a beanbag chair and look at books together).

Throughout the day children seek out children they prefer or indicate an awareness of their absence (e.g., Colby hugs Dominique upon arrival because he has been out sick; Natalie coos and wiggles her body when Megan, another child, arrives and says, "Hi"; Raymond joins Dalane, who is in the block area playing race cars; at lunchtime Tayon saves Gregory a chair to sit next to him; when Emma is getting ready to go home, Gena walks over and gives her a kiss on the cheek).

Supporting Evidence/Anecdotes

III. ADULT-CHILD INTERACTION

III-E. (Cont.)

Level 1 Indicators

- Children's communications to other children are not interpreted by a caregiver.

Level 3 Indicators

- Sometimes children's communications to other children are interpreted by a caregiver.

Level 5 Indicators

- Throughout the day children's communications to other children are interpreted by a caregiver (e.g., "Pat, Sam is giving the ball to you"; "Luke is saying bye-bye to you, Josh"; "Leah, Olivia would like to play dollies with you").

Supporting Evidence/Anecdotes

-
- Toddlers do not explore or play on equipment alongside other children.

-
- Sometimes toddlers explore and/or play on equipment alongside other children.

-
- Throughout the day toddlers explore and play on equipment alongside and/or with other children (e.g., at group time, Blake, Wesley, and Jamaal paint next to each other on a large piece of paper on the floor; at outside time, Fran, Jordan, and Andrea lie on top of the fort, kicking their legs in the air).

III. ADULT-CHILD INTERACTION

III-F. Toddlers participate in resolving conflicts.

Circle one indicator level for this item based on the scoring rules on page xi.

1 **2** **3** **4** **5**

Check here if not observed or reported.

Level 1 Indicators

- Most children in conflict go unnoticed or are ignored by caregivers.

Level 3 Indicators

- Some children in conflict receive positive attention from a caregiver (e.g., caregiver attends to and holds child that has been hit or bitten: “Come here Julia, so I can give you a hug. It hurt when he hit you”).

Level 5 Indicators

- Each child involved in a conflict receives the positive attention of a caregiver who is ready to help if needed.

Supporting Evidence/Anecdotes

- Children in conflict are scolded, shamed, isolated, or punished (e.g., “It’s not fair to take toys from others, now give it back!”; “Go sit in timeout!”; “You may not have this until you apologize!”).

- Children in conflict hear statements about manners and morals (e.g., “We don’t hit our friends”; “Tell Lamar you’re sorry”; “Use your words”; “You need to share”; “Let’s take turns”).

- Each child in a conflict receives respectful support:
- Children stop their hurtful actions with the help of caregivers who remain calm in voice and demeanor (e.g., “Gently, Eli. Touch Max gently,” caregiver says, then strokes each infant gently; “Kicking needs to stop because it hurts,” caregiver says while sitting in between two children).
 - Children calm down as caregivers acknowledge their feelings (e.g., “You look very angry”; “You both are really upset”; “You are sad because you want a turn”).

- Children in conflict are not asked about the problem and/or do not participate in identifying the problem (e.g., caregiver takes disputed toy away and gives it back to the other child; caregiver puts toy away).

- Children in conflict sometimes participate in identifying the problem (e.g., caregiver asks what happened and draws her own conclusion; caregiver asks only one child what happened).

- Each child in a conflict participates in identifying the problem:
- Children communicate what the problem is from their point of view; caregivers restate the problem based on their observations and children’s verbal and nonverbal cues (e.g., Jalen points to the red truck and caregiver says, “You wanted the red truck”).
 - Children affirm or correct the caregiver’s restatement of the problem (e.g., “No, I want the blue one”; caregiver says, “Oh, so you want the blue one and James wants the red one”).

III. ADULT-CHILD INTERACTION

III-F. (Cont.)

Level 1 Indicators

- Children in conflict do not hear an explanation or participate in finding a solution for a problem (e.g., “I said to give it back to her”; “You don’t need that”).

Level 3 Indicators

- Children in conflict sometimes participate in finding a solution for a problem (e.g., caregiver says, “Holly says she had it first, and James, your idea is to share”; caregiver says, “Pedro says he wants to have the first turn and since he had it, he can go first”).

Level 5 Indicators

- Each child in a conflict participates in finding and choosing a solution for a problem:
 - Children generate ideas for solutions and choose one together (e.g., caregiver helps children communicate their ideas; caregiver offers ideas for children: “Would you like to hear my idea?”).
 - Children receive follow-up caregiver support as needed.

Supporting Evidence/Anecdotes

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

Circle one indicator level for this item based on the scoring rules on page xi.

1 2 3 4 5

Check here if not observed or reported.

IV-A. Caregivers use a comprehensive curriculum model for guiding their practices with infants and toddlers.

Standard questions

1. Do you use a curriculum model(s)? If so, which model do you use?
2. Do you use the curriculum to make daily decisions about your teaching and learning with infants and toddlers? If so, how?

Level 1 Indicators

- Caregivers do not use a comprehensive curriculum model (e.g., caregivers rely on their instincts and/or what they have made up; caregivers use an undocumented curriculum).

Level 3 Indicators

- Caregivers sometimes use a comprehensive curriculum model (e.g., caregivers use a specific curriculum along with activities from other sources and/or use a combination of curriculum models).

Level 5 Indicators

- Caregivers use one comprehensive curriculum model that addresses the following:
- *Educational program* encompasses all areas of child development, is developmentally appropriate, encourages children's active learning (learning through exploration and investigation), focuses on intentional teaching, has clear goals, is based on theory and research, builds on prior learning and experiences, has content that aligns with professional standards, shows evidence of effectiveness, is supported through staff training.
 - *Appropriate child assessment* assists in making sound decisions about teaching and learning, identifies significant concerns, and assists in improving program practices.
 - *Program evaluation* is continuous, with results used to improve practices.

Supporting Evidence/Anecdotes

- Caregivers do not refer to the program's curriculum to guide their decisions and teaching practices with infants and toddlers (e.g., curriculum sits in teachers' resource room).

- Caregivers sometimes refer to the program's curriculum to guide their decisions and teaching practices with infants and toddlers.

- Caregivers refer to the program's curriculum to guide their decisions and teaching practices with infants and toddlers (e.g., caregivers look to the curriculum to help them solve problems with the learning environment, routine, adult-child interactions, assessment of children, etc.).

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

Circle one indicator level for this item based on the scoring rules on page xi.

1 2 3 4 5

IV-B. Caregivers observe children.

Check here if not observed or reported.

Level 1 Indicators

- Caregivers do not observe and listen attentively to children (e.g., they ignore children or are occupied with routine tasks).

Level 3 Indicators

- Sometimes caregivers observe and listen attentively to children.

Level 5 Indicators

- Throughout the day caregivers observe and listen attentively to children as they explore, play, or engage in caregiving routines (e.g., while sitting next to infant Kesha, caregiver observes her grasping the whisk and putting it to her mouth; during breakfast caregiver looks at and listens to Shyann as she signs “more” for grapes).

Supporting Evidence/Anecdotes

- Caregivers observe and primarily attend to children when conflicts or problems arise (e.g., caregivers supervise: “You need to share those blocks”).

- Caregivers observe and attend to children’s strengths and interests in some areas.

- Caregivers observe and attend to children’s strengths and interests in
 - Sensory-motor exploration and play
 - Social interaction
 - Self-care
 - Communication

- Caregivers do not jot down notes to remind themselves of what they see and hear.

- Caregivers sometimes jot down notes to remind themselves of what they see and hear.

- Throughout the day caregivers jot down notes to remind themselves of what they see and hear, and use the notes later in planning and sharing with parents.

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

Circle one indicator level for this item based on the scoring rules on page xi.

1 2 3 4 5

IV-C. Caregivers discuss, interpret, and record child observations.

Check here if not observed or reported.

Standard questions

1. Do you talk with another caregiver or caregivers about what you have seen and heard as children play and communicate? If so, when?
2. How do you interpret what you see and hear children doing and saying (e.g., do you relate your child observations to the child's developing abilities in approaches to learning; social and emotional development; physical development and health; communication, language, and literacy; cognitive development; and creative arts)?
3. Do you record your child observations in any way? If so, how? How often?

Level 1 Indicators

- Caregivers rarely discuss what they see and hear children doing and communicating (e.g., caregivers only discuss problems; caregivers share brief comments during the day).

Level 3 Indicators

- Caregivers sometimes discuss what they see and hear children doing and communicating.

Level 5 Indicators

- Caregivers meet daily to discuss what they see and hear children doing and communicating (e.g., caregivers discuss what happened at group times, outside times).

Supporting Evidence/Anecdotes

- Caregivers rarely relate children's actions and communications to child development.

- Caregivers sometimes relate children's actions and communications to child development.

- Caregivers relate children's actions and communications to developmentally appropriate standards and/or child development curriculum content areas such as
- Approaches to learning
 - Social and emotional development
 - Physical development and health
 - Communication, language, and literacy
 - Cognitive development
 - Creative arts
- (e.g., caregivers use appropriate observation-based assessments such as Infant-Toddler COR, Ounce Scale).

- Caregivers rarely record their observations of children (e.g., caregivers write notes when children bite, hit, or have conflicts).

- Caregivers sometimes record their observations of children.

- Caregivers daily and systematically record their observations of children to create a permanent anecdotal account of each child's development to share with parents and other caregivers.

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

Circle one indicator level for this item based on the scoring rules on page xi.

1 2 3 4 5

IV-D. Caregivers plan ways to support individual children.

Check here if not observed or reported.

Standard questions

1. How often do you plan ways to support children?
2. How do you decide what to plan for children (e.g., do you plan around what children can already do, what they can't yet do, favorite activities you like to do with children, goals of the curriculum you have for children)?
3. When during the day do you plan for children? What are children doing at that time?

Level 1 Indicators

- Caregivers do not plan.

Level 3 Indicators

- Caregivers sometimes plan.

Level 5 Indicators

- Caregivers meet daily to plan.

Supporting Evidence/Anecdotes

- Caregivers plan while children are present and awake.

- Caregivers sometimes plan without children or while children nap.

- Caregivers regularly plan without children or while children nap.

- Caregivers make group rather than individual plans, or plans to motivate children to do things they are not yet able to do or are not interested in doing (e.g., "Let's introduce coloring inside the lines").

- Caregivers make plans based on goals, activities, and/or a thematic approach (e.g., "Let's do the leaf activity"; "Let's bring out the sensory table"; "What should we do for tomorrow's color?").

- Caregivers make plans based on their observations and discussions of each child's strengths, abilities, and interests, using their anecdotal notes as they plan (e.g., "Jon is really interested in crawling up onto things — let's add the large vinyl wedge and blocks and turn the rocking boat step-side-up"; "I have children who are at different developmental levels so my plan for group time will include different ways my children will use and explore string and glue").

Infant-Toddler Program Quality Assessment (PQA): Summary Sheet

Form A: Observation Items

Caregiver's Name _____

Program Name _____

Rater's Name _____

Date of Assessment _____

Enter the numerical level (1, 2, 3, 4, or 5) for each item. Refer to the Scoring Instructions on page xi. If an item was not rated, enter NR.

I. LEARNING ENVIRONMENT

- ___ A. Safe and healthy environment
- ___ B. Space for sleeping, eating, and bodily care
- ___ C. Space for play and movement
- ___ D. Accessible sensory materials
- ___ E. Children's photos, creations
- ___ F. Accessible, safe outdoor space

II. SCHEDULES AND ROUTINES

- ___ A. Flexible, predictable schedule
- ___ B. Comfortable arrivals/departures
- ___ C. Child-initiated choice times
- ___ D. Bodily care choices
- ___ E. Smooth transitions
- ___ F. Child-centered feedings/meals
- ___ G. Fluid, dynamic group times
- ___ H. Nature-based outside times
- ___ I. Individualized naptimes

III. ADULT-CHILD INTERACTION

- ___ A. Long-term adult-child relationships
- ___ B. Child-adult trust
- ___ C. Child-adult partnerships
- ___ D. Children's intentions
- ___ E. Children's social relationships
- ___ F. Toddler conflict resolution

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

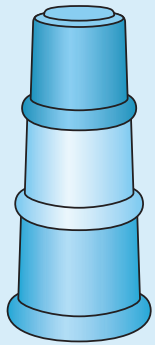
- ___ A. Comprehensive curriculum
- ___ B. Child observations
- ___ C. Interpreting/recording observations
- ___ D. Individualized planning by caregivers

___ NUMBER OF ITEMS NOT RATED (Number of items marked "NR")

___ NUMBER OF ITEMS RATED
(25 minus the number not rated)

___ TOTAL SCORE
(Sum of scores on rated items)

___ AVERAGE SCORE
(Total score ÷ Number of items rated)



Infant-Toddler

PQA

The Infant-Toddler Program Quality Assessment (PQA): Form A — Observation Items

is an authentic instrument designed to measure program quality and identify provider training needs in child care programs serving children aged 6 weeks to 3 years. It consists of standards for best practices that may be scored by outside raters or used by providers as a self-assessment tool. The instrument consists of 25 items measuring the following four domains of curriculum implementation and program operations: *learning environment*; *schedules and routines*; *adult-child interaction*; and *curriculum planning and child observation*.

Developed by HighScope Educational Research Foundation, the Infant-Toddler PQA is appropriate for use in programs with a broad child development focus, including but not limited to care settings using the HighScope Infant-Toddler Curriculum. This beta version has been refined through pilot testing in a wide range of infant-toddler programs. Additional validity and reliability data are currently being gathered and will be reported when the studies are complete.

The Infant-Toddler PQA has the following features:

- Assesses key aspects of program quality using evidence collected through observations in the care setting and interviews
- Provides specific, easy-to-understand quality indicators for each item with objective 5-point rating scales that define quality on a continuum
- Provides detailed examples for interpreting the quality indicators within the instrument itself, so users have at their fingertips all the information they need to score the instrument
- Reflects research-based and field-tested best practices in child development
- Can be used as a basis for reporting, monitoring, and training

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Training results in the most effective use of the Infant-Toddler PQA. To arrange PQA training for providers or independent raters who will be completing this instrument, please contact the Training Coordinator, HighScope Educational Research Foundation, 600 North River Street, Ypsilanti, MI 48198-2898; Phone: 734.485.2000, extension 237; FAX: 734.485.4467; E-mail: training@highscope.org. For more information on HighScope's curriculum or assessment products or training offerings, visit the HighScope website at highscope.org.



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