

INFANT/TODDLER ENVIRONMENT RATING SCALE

REVISED EDITION

THELMA HARMS

DEBBY CRYER

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Introduction to the ITERS–R

The Infant/Toddler Environment Rating Scale–Revised Edition (ITERS–R) is a thorough revision of the original Infant/Toddler Environment Rating Scale (ITERS, 1990). It is one of a series of four scales that share the same format and scoring system but vary considerably in requirements, because each scale assesses a different age group and/or type of child development setting. The ITERS–R retains the original broad definition of environment including organization of space, interaction, activities, schedule, and provisions for parents and staff. The 39 items are organized into seven subscales: Space and Furnishings, Personal Care Routines, Listening and Talking, Activities, Interaction, Program Structure, and Parents and Staff. This scale is designed to assess programs for children from birth to 30 months of age, the age group that is most vulnerable physically, mentally, and emotionally. Therefore, the ITERS–R contains items to assess provision in the environment for the protection of children’s health and safety, appropriate stimulation through language and activities, and warm, supportive interaction.

Admittedly, it is very challenging to meet the needs of infants and toddlers in a group care setting because each of these very young children requires a great deal of personal attention in order to thrive. The economic pressure of raising a family continues to make the use of out-of-home group care for infants and toddlers the norm rather than the exception. Therefore, as a society, we are increasingly aware that we must face the challenge of providing child care settings for very young children that promote optimal development. It has long been the personal challenge of professional early childhood educators to provide the nurturance and stimulation that very young children need on a daily basis. A comprehensive, reliable, and valid instrument that assesses process quality and quantifies what is observed to be happening in a classroom, can play an important role in improving the quality of infant/toddler care.

In order to define and measure quality, the ITERS–R draws from three main sources: research evidence from a number of relevant fields (health, development, and education), professional views of best practice, and the practical constraints of real life in a child care setting. The requirements of the ITERS–R are based on what these sources judge to be important conditions for positive outcomes in children both while they are in the program and long afterward. The guiding principle here, as in all of our environment rating scales, has been to focus on what we know to be good for children.

Process of Revision

The process of revision drew on four main sources of information: (1) research on development in the early years and findings related to the impact of child care environments on children’s health and development; (2) a content comparison of the original ITERS with other assessment instruments designed for a similar age group, and additional documents describing aspects of program quality; (3) feedback from ITERS users, solicited through a questionnaire that was circulated and also put on our website, as well as from a focus group of professionals familiar with the ITERS; and (4) intensive use for more than two years by two of the ITERS co-authors and over 25 ITERS trained assessors for The North Carolina Rated License Project.

The data from studies of program quality gave us information about the range of scores on various items, the relative difficulty of items, and their validity. The content comparison helped us to identify items to consider for addition or deletion. By far the most helpful guidance for the revision was the feedback from direct use in the field. Colleagues from the US, Canada, and Europe who had used the ITERS in research, monitoring, and program improvement gave us valuable suggestions based on their experience with the scale. The focus group discussed in particular what was needed to make the revised ITERS more sensitive to issues of inclusion and diversity.

Changes in the ITERS–R

While retaining the basic similarities in format and content that provide continuity between the ITERS and ITERS–R, the following changes were made:

1. The indicators under each level of quality in an item were numbered so that they could be given a score of “Yes”, “No”, or “Not Applicable” (NA) on the scoresheet. This makes it possible to be more exact in reflecting observed strengths and weaknesses in an item.
2. Negative indicators on the minimal level were removed from one item and are now found only in the 1 (inadequate) level. In levels 3 (minimal), 5 (good), and 7 (excellent) only indicators of positive attributes are listed. This eliminates the one exception to the scoring rule in the original ITERS.
3. The Notes for Clarification have been expanded to give additional information to improve accuracy in scoring and to explain the intent of specific items and indicators.

4. Indicators and examples were added throughout the scale to make the items more inclusive and culturally sensitive. This follows the advice given to us by scales users to include indicators and examples in the scale instead of adding a subscale.
5. New items were added to several subscales including the following:
 - Listening and Talking: Item 12. Helping children understand language, and Item 13. Helping children use language.
 - Activities: Item 22. Nature/science, and Item 23. Use of TV, video and/or computer.
 - Program Structure: Item 30. Free play, and Item 31. Group play activities.
 - Parents and Staff: Item 37. Staff continuity, and Item 38. Supervision and evaluation of staff.
6. Some items in the Space and Furnishings subscale were combined to remove redundancies, and two items were dropped in Personal Care Routines: Item 12. Health policy, and Item 14. Safety policy. Research showed that these items were routinely rated with high scores because they were based on regulation but the corresponding items assessing practice were rated much lower. It is practice that the ITERS–R should concentrate on since the aim is to assess process quality.
7. The scaling of some of the items in the subscale Personal Care Routines was made more gradual to better reflect varying levels of health practices in real life situations, including Item 6. Greeting/departing, Item 7. Meals/snacks, Item 9. Diapering/toileting, Item 10. Health practices, and Item 11. Safety practices.
8. Each item is printed on a separate page, followed by the Notes for Clarification.
9. Sample questions are included for indicators that are difficult to observe.

Reliability and Validity

As noted earlier in this introduction, the ITERS–R is a revision of the widely used and documented ITERS, that is one in a family of instruments designed to assess the overall quality of early childhood programs. Together, with the original instrument, the Early Childhood Environment Rating Scale (ECERS), and the more recent revision of that scale, the ECERS–R, these scales have been used in major research projects in the United States as well as in a number of other countries. This extensive research has documented both the ability of the scales to be used reliably and the validity of the scales in terms of their relation to other measures of quality and their tie to child development outcomes for children in classrooms with varying environmental ratings.

In particular, both the ECERS and ITERS scores are predicted by structural measures of quality such as child-staff ratios, group size, and staff education levels (Cryer, Tietze, Burchinal, Leal, & Palacios, 1999; Phillippsen, Burchinal, Howes, & Cryer, 1998). The scores are also related to other characteristics normally expected to be related to quality such as teacher salaries and total program costs (Cryer et al., 1999; Marshall, Creps, Burstein, Glantz, Robeson, & Barnett, 2001; Phillippsen et al., 1998; Whitebook, Howes, & Phillips, 1989). In turn, rating scale scores have been shown to predict children’s development (Burchinal, Roberts, Nabors, & Bryant, 1996; Peisner-Feinberg et al., 1999).

Since the concurrent and predictive validity of the original ITERS is well established and the current revision maintains the basic properties of the original instrument, the studies of the ITERS–R have focused on the degree to which the revised version maintains the ability of trained observers to use the scale reliably. Additional studies will be needed to document the continued relationship with other measures of quality as well as to document its ability to predict child outcomes. A two-phase study was completed in 2001 and 2002 to establish reliability in use of the scale.

The first phase was a pilot phase. In this phase a total of 10 trained observers in groups of two or three used the first version of the revised scale in 12 observations in nine centers with infant and/or toddler groups. After these observations, modifications were made in the revised scale to adjust for issues that arose in the pilot observations.

The final phase of the field test involved a more formal study of reliability. In this phase, six trained observers conducted 45 paired observations. Each observation lasted approximately three hours, followed by a 20–30 minute teacher interview. The groups observed were selected to be representative of the range of quality in programs in North Carolina. North Carolina has a rated license system that awards points for various features related to quality. Centers are given a license with one to five stars depending on the total number of points earned. A center receiving a one-star license meets only the very basic requirements in the licensing law while a five-star center meets much higher standards. For our sample we selected 15 groups in centers with one or two stars, 15 with three stars, and 15 with four or five stars. The programs were also chosen to represent various age ranges of children served. Of the 45 groups observed, 15 were from groups with children under 12 months of age, 15 from groups with children 12–24 months old, and 15 with children 18–30 months old. The groups were in 34 different centers and seven of them included children with identified disabilities. All centers were in the central portion of North Carolina.

The field test resulted in 90 observations with two paired observations each in 45 group settings. Several measures of reliability have been calculated.

Indicator Reliability. Across all 39 items in the revised ITERS, there are a total of 467 indicators. There was agreement on 91.65% of all indicator scores given by the raters. Some researchers will omit the Parents and Staff Subscale in their work. Thus, we have calculated the indicator reliability for the child specific items in the first six subscales, Items 1–32. The observer agreement for the 378 indicators in these items was 90.27%. Only one item had indicator agreement of less than 80% (Item 11. Safety practices was 79.11%). The item with the highest level of indicator agreement was Item 35. Staff professional needs, with an agreement of 97.36%. It is apparent that a high level of observer agreement at the indicator level can be obtained using the ITERS–R.

Item Reliability. Because of the nature of the scoring system, it is theoretically possible to have high indicator agreement but low agreement at the item level. Two measures of item agreement have been calculated. First, we calculated the agreement between pairs of observers within 1 point on the seven-point scale. Across the 32 child-related items, there was agreement at this level 83% of the time. For the full 39 items, agreement within 1 point was obtained in 85% of the cases. Item agreement within one point ranged from a low of 64% for Item 4. Room arrangement, to 98% for Item 38. Evaluation of staff.

A second, somewhat more conservative measure of reliability is Cohen’s Kappa. This measure takes into account the difference between scores. The mean weighted Kappa for the first 32 items was .55 and for the full 39-item scale it was .58. Weighted Kappa’s ranged from a low of .14 for Item 9. Diapering/toileting, to a high of .92 for Item 34. Provisions for personal needs of staff. Only two items had weighted Kappa’s below .40 (Item 9. Diapering/toileting, and Item 11. Safety practices, with a weighted Kappa of .20). In both cases the mean item score was extremely low. A characteristic of the Kappa statistic is that for items with little variability the reliability is particularly sensitive to even minor differences between observers. The authors and observers agreed that the low scores on these items accurately reflected the situation in the groups observed and that any changes to substantially increase variability would provide an inaccurate picture of the features of quality reflected in these two items. For all items with a weighted Kappa below .50 the authors examined the items carefully and made minor changes to improve the reliability of the item without changing its basic content. These changes are included in the printed version of the scale. Even using the more conservative measure of reliability, the overall results indicate a clearly acceptable level of reliability.

Overall Agreement. For the full scale, the intraclass correlation was .92 both for the full 39 items as well as for the 32 child-related items. Intraclass correlations for the seven subscales are shown in Table 1. It should be noted that the intraclass correlation for the Program Structure Subscale is calculated excluding Item 32. Provision for children with disabilities, since only a small portion of groups received a score on this item. Taken together with the high levels of agreement at the item level, the scale has clearly acceptable levels of reliability. It should be remembered that this field test used observers who had been trained and had a good grasp of the concepts used in the scale.

Table 1 Intraclass Correlations of Subscales

Subscale	Correlation
Space and Furnishings	0.73
Personal Care Routines	0.67
Listening and Talking	0.77
Activities	0.91
Interaction	0.78
Program Structure	0.87
Parents and Staff	0.92
Full Scale (Items 1–39)	0.92
All Child Items (1–32)	0.92

Internal Consistency. Finally we examined the scale for internal consistency. This is a measure of the degree to which the full scale and the subscales appear to be measuring a common concept. Overall the scale has a high level of internal consistency with a Cronbach’s alpha of .93. For the child-related items, 1–32, the alpha is .92. This measure indicates a high degree of confidence that a unified concept is being measured. A second issue is the degree to which the subscales also show consistency. Table 2 shows the alphas for each subscale:

Table 2 Internal Consistency

Subscale	Alpha
Space and Furnishings	0.47
Personal Care Routines	0.56
Listening and Talking	0.79
Activities	0.79
Interaction	0.80
Program Structure	0.70
Parents and Staff	0.68
Full Scale (Items 1–39)	0.93
All Child Items (1–32)	0.92

Cronbach's alphas of .6 and higher are generally considered acceptable levels of internal consistency. Thus, caution should be taken in using the Space and Furnishings and Personal Care Routines subscales. Program Structure, Item 32. Provisions for children with disabilities was rated for only the few groups that had children with identified disabilities. The internal consistency score for this subscale was calculated excluding this item. Thus, the authors recommend using the Program Structure subscale excluding Item 32 unless most programs being assessed include children with disabilities.

Overall, the field test demonstrated a high level of interrater agreement across the scale items and at the full-scale score level. These findings are quite comparable to those found in similar studies of the original ITERS and ECERS, and the ECERS-R. All of these previous studies have been confirmed by the work of other researchers, and the scales have proven to be quite useful in a wide range of studies involving the quality of environments for young children. At the same time the scales have been shown to be user-friendly to the extent that it is possible to get observers to acceptable levels of reliability with a reasonable level of training and supervision.

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Instructions for Using the ITERS–R

It is important to be accurate in using the ITERS–R whether you use the scale in your own classroom for self-assessment or as an outside observer for program monitoring, program evaluation, program improvement, or research. A video training package for the ITERS–R is available from Teachers College Press for use in self-instruction or as part of group training. It is preferable to participate in a training sequence led by an experienced ITERS–R trainer before using the scale formally. The training sequence for observers who will use the scale for monitoring, evaluation, or research should include at least two practice classroom observations with a small group of observers led by an experienced group leader, followed by an interrater agreement comparison. Additional field practice observations may be needed to reach the desired level of agreement, or to develop reliability within a group. Anyone who plans to use the scale should read the following instructions carefully before attempting to rate a program.

Administration of the Scale

1. The scale is designed to be used with one room or one group at a time, for children birth through 30 months of age. A block of at least three hours should be set aside for observation and rating if you are an outside observer, that is, anyone who is not a member of the teaching staff (i.e., program directors, consultants, licensing personnel, and researchers).
2. Before you begin your observation, complete the identifying information on the top of the first page of the Score Sheet. You will need to ask the teacher for some of the information, especially the birth dates of the oldest and youngest children, number of children enrolled in the group, and whether there are children with identified disabilities in the group. By the end of the observation, make sure all identifying information requested on the first page is complete.
3. Take a few minutes at the beginning of your observation to orient yourself to the classroom.
 - You may want to start with Items 1–5 in Space and Furnishings because some of the indicators are easy to observe and typically do not change during the observation.
 - Some items require observation of events and activities that occur only at specific times of the day (i.e., Items 6–9 in Personal Care Routines, Item 16. Active physical play). Be aware of those items so that you can observe and rate them as they occur.
4. Be careful not to disrupt the ongoing activities while you are observing.
 - Score items that assess aspects of relationships only after you have observed for a sufficient time to get a representative picture (i.e. Items 13–14 on language, Items 25–28 on interactions).
 - Item 14. Using books and Items 15–24 in the Activities subscale will require both inspection of materials and observation of use of materials.
 - Maintain a pleasant but neutral facial expression.
 - Do not interact with the children unless you see something dangerous that must be handled immediately.
 - Do not talk to or interrupt the staff.
 - Be careful about where you place yourself in the room to avoid disrupting the environment.
5. Arrange a time with the teacher to ask questions about indicators you were not able to observe. The teacher should be free of responsibility for children when he or she is answering questions. Approximately 20–30 minutes will be required for questions. In order to make best use of the time set aside for asking questions:
 - Use the sample questions provided, whenever applicable.
 - If you have to ask questions about items for which no sample questions have been provided, note your questions on the score sheet or another sheet of paper before talking with the teacher.
 - Ask only those questions needed to decide whether a higher score is possible.
 - Ask questions on one item at a time following the order of the items in the scale and take notes or decide on a score before you move on to the next item.
6. Note that the six-page Score Sheet, starting on page 57, provides a convenient way to record the ratings for indicators, items, subscale, and total scores, as well as your comments. The Profile that follows the Score Sheet permits a graphic representation of this information.
 - A fresh copy of the Score Sheet is needed for each observation. Permission is hereby given to photocopy the Score Sheet and Profile only, not the entire scale.

- Ratings should be recorded on the Score Sheet before leaving the program or immediately afterward. Ratings should not be entrusted to memory for later recording.
- Complete an assessment, including any report that is required, before doing another observation.
- It is advisable to use a pencil with a good eraser on the Score Sheet during the observation, so that changes can be made easily.

Scoring System

1. Read the entire scale carefully, including the Items, Notes for Clarification, and Questions. In order to be accurate, all ratings must be based as exactly as possible on the indicators provided in the scale items.
2. The scale should be kept readily available and read constantly during the entire observation to make sure that the scores are assigned accurately.
3. Examples that differ from those given in the indicator but meet the intent of the indicator may be used as a basis for giving credit for an indicator.
4. Scores should be based on the current situation that is observed or reported by staff, not on future plans. In the absence of observable information on which to base your rating, you may use answers given by the staff during the question period to assign scores.
5. Requirements in the scale apply to *all* children in the group being observed, unless an exception is noted in an item.
6. When scoring an item, always start reading from 1 (inadequate) and progress upward till the correct quality score is reached.
7. Yes (Y) is marked on the scoresheet if the indicator is *true* for the situation being observed. No (N) is marked on the scoresheet if the indicator is *not true*. (For each numbered indicator, ask yourself, “Is this true, Yes or No?”).
8. Ratings are to be assigned in the following way:
 - A rating of 1 must be given if *any* indicator under 1 is scored Yes.
 - A rating of 2 is given when all indicators under 1 are scored No and at least half of the indicators under 3 are scored Yes.
 - A rating of 3 is given when all indicators under 1 are scored No and all indicators under 3 are scored Yes.
 - A rating of 4 is given when all requirements of 3 are met and at least half of the indicators under 5 are scored Yes.
 - A rating of 5 is given when all requirements of 3 are met and all indicators under 5 are scored Yes.

- A rating of 6 is given when all requirements of 5 are met and at least half of the indicators under 7 are scored Yes.
- A rating of 7 is given when all requirements of 5 are met and all indicators under 7 are scored Yes.
- A score of NA (not applicable) may only be given for indicators or for entire items when “NA permitted” is shown on the scale and there is an NA on the Score Sheet. Indicators that are scored NA are not counted when determining the rating for an item, and items scored NA are not counted when calculating subscale and total scale scores.
- To calculate average subscale scores, sum the scores for each item in the subscale and divide by the number of items scored. The total mean scale score is the sum of all item scores for the entire scale divided by the number of items scored.

Alternate Scoring Option

Since each one of the indicators in the ITERS–R can be given a rating, it is possible to continue to rate the indicators beyond the quality level score assigned to an item. Using the scoring system described above, indicators are typically rated only until an item quality score is assigned. However, if it is desirable, for purposes of research or program improvement, to gain additional information on areas of strength beyond the item quality level score, the observer can continue to rate all the indicators in an item.

If the alternate scoring option is selected and all indicators are scored, the required observation time and the questioning time will need to be extended considerably. An observation of approximately three and a half to four hours and a questioning time of approximately 45 minutes will be required to complete all indicators. The additional information may, however, be helpful in making plans for specific improvements and in the interpretation of research findings.

The Score Sheet and the Profile

The Score Sheet provides for both indicator and item scores. The indicator scores are Y (Yes), N (No), and NA (not applicable), which is permitted only as noted for selected indicators. The item quality scores are 1 (Inadequate) through 7 (Excellent), and NA (not applicable), which is permitted only as noted for selected items. There is also a small space provided for notes to justify the scores. Since notes are particularly helpful in counseling staff for improvement,

we suggest taking more extensive notes on another sheet of paper for this purpose.

Care should be taken to mark the correct box under Y, N, or NA for each indicator. The numerical item quality score should be circled clearly (see sample, p. 56).

The Profile permits a graphic representation of the scores for all items and subscales. It can be used to compare areas of strength and weakness, and to select items and subscales to target for improvement. There is also space for the mean subscale scores. The profiles for two observations can be plotted side by side to present changes visually (see sample, p. 56).

Explanation of Terms Used Throughout the Scale

Accessible: Children can reach and are allowed to use toys, materials, furnishings and/or equipment. Toys on open shelves must be within easy reach of children. No barriers can be present to prevent children from reaching them. For example, toys are not accessible if they are in containers with lids that the children can not manage, unless staff show signs that they regularly make the toys accessible to the children, by opening various containers during the observation. If materials are stored out of reach, they must be placed within children's reach to be counted as accessible. For example, if they are stored out of a non-mobile infant's reach, the baby must be moved to reach them, or the materials must be placed close to the non-mobile infant. During an observation, if there is evidence that staff regularly provide access to the variety of toys required for an item or indicator, credit can be given for "accessible."

Appropriate: Used in various items to mean age- and developmentally-suited for the children in the group being observed. For example, Item 5. Display for children, Item 7. Meals/snacks, and Item 14. Using books use the word "appropriate" in the context of the item. In determining whether the requirements for "appropriate" are being met within the context of a particular indicator, the observer should consider whether the children's needs for protection, stimulation, and positive relationships are being met in ways that are supportive and meaningful.

Handwashing: For infants, toddlers, and staff, hands must be washed with soap and running water for 5–10 seconds (sing "Row, Row, Row Your Boat" once). Hands should be dried with individual paper towels that are not shared, or air-dried with a blower. Using wipes or antiseptic waterless washes can not be substituted for handwashing, since these do not effectively get rid of germs. However, for *very young infants* who have little body or head control, use of a disposable wipe is an acceptable substitute. Use of gloves does not eliminate the need for staff to wash

their hands thoroughly after completing a diaper change. See detailed instructions for handwashing in the Notes for Clarification for Item 7. Meals/snacks, Item 9. Diapering/toileting, and Item 10. Health practices.

Infants/Toddlers: Infants are defined as children from birth through 11 months of age. Toddlers are children between the ages of 12 and 30 months. In all items or indicators where a particular age cut-off is given (e.g., "Score NA when all children are younger than 12 months of age."), some flexibility is allowed. If there is only one child in the group who exceeds the age cut-off, and that child is *less than* one month older than the age requirement, then the item/indicator can still be marked NA. If the child is more than one month older than the age cut-off, or if there are two or more children who meet the age requirement, then the item/indicator must be scored. The item or indicators in question must be scored, even if there are plans to move the child to an older group, because ratings must be based on the current situation. An exception to this rule is applied when a child with a disability is enrolled. In this case, the necessity for a requirement will depend on the child's abilities and disabilities. For example, if a child has a speech/language disability, and does not have limited physical abilities, then many requirements would still apply, such as for certain furnishings or activities that are not speech/language related.

Much of the day: Refers to the time materials are accessible to the children. It means most of the time that any child may be awake and able to play. Since many very young children will be on individual schedules, access must be provided when *any* child is awake. If children are prevented from using materials for long periods because of lengthy routines, group times, or being kept where access is not possible (e.g., in high chairs, play pens, outdoors where materials are not available; non-mobile children given access to only a limited number of toys), then credit can not be given for "much of the day." For non-mobile infants, all required toys or materials do not have to be accessible at the same time during the whole observation because of problems with clutter. However, there must be clear indications that the required variety and numbers of materials are accessible at various times during the day.

Some and many: Used throughout the scale to denote quantity or frequency. Specific guidelines may be given in various items. "Some" denotes presence in the environment, and at least 1 example must be observed, unless the guidelines require more examples. To give credit for "many", children should have access without long periods of waiting or undue competition.

Staff: Generally refers to the adults who are directly involved with the children, the teaching staff. In the scale, staff is used in the plural because there is usually more

than one staff member working with a group. When individual staff members handle things differently, it is necessary to arrive at a score that characterizes the overall impact of the staff members on the children. For example, in a room where one staff member is very verbal and the other is relatively non-verbal, the score is determined by how well the children's need for verbal input is met. In all items involving any type of interaction, "staff" refers to those adults who are in the classroom and who work with the children daily (or almost daily), for much of the day. This can include volunteers, if they are in the classroom for the required amount of time. Adults who are in the classroom for short periods of the day, or who are not a regular daily part of the classroom, do not count in evaluating whether the requirements of the item are met. For example, if a therapist, parent, director, or owner of a program comes into the classroom and interacts with the children for short or irregular periods, these interactions do not count in scoring the item, *unless they have a substantial negative impact on the operation of the class or group, or on one or more specific children*. When staff, such as floaters or part-time assistants, are regularly assigned to work in a classroom during specific periods of the day and are present on a daily basis, their interactions should be considered in scoring. In programs such as Parent Cooperatives or Lab Schools whose usual staffing pattern includes different people daily as teaching assistants, these assistants should be counted as staff.

Usually: Used to indicate the common or prevalent practice observed, that is carried out with only a few lapses.

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