

D.6 Environmental Observation Form

Session Form

The Session Form is to be used to help record all events that take place during the day chronologically. It is used primarily to help data collectors keep a record of all events that happen during your day on site in order to later calculate minutes and location of different types of activities. _

Start Time:	End Time:	Outside/ Inside	Activity	Physical Activity	Sitting or Standing	Notes
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	

Start Time:	End Time:	Outside/ Inside	Activity	Physical Activity	Sitting or Standing	Notes
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	

Start Time:	End Time:	Outside/ Inside	Activity	Physical Activity	Sitting or Standing	Notes
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	

Start Time:	End Time:	Outside/ Inside	Activity	Physical Activity	Sitting or Standing	Notes
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Meal/snack <input type="checkbox"/> Management <input type="checkbox"/> Free play <input type="checkbox"/> Nap <input type="checkbox"/> Organized teacher activity	<input type="checkbox"/>	<input type="checkbox"/>	

Environmental Observation Form

Outdoor Activity-Related Information

OUTDOOR ACTIVE PLAYTIME (*Structured Physical Activity and Staff Behavior under Outdoor Active Playtime should start to be filled out as soon as you head outdoors with the observed classroom and be filled out continuously throughout the time you are outdoors with the observed classroom. You will fill this section out any time you see a teacher leading or joining in physical activity with one or more children or restricting active play for one or more children while outdoors.*)

No Active Outdoor Playtime observed →Skip to Question 9

Structured Physical Activity

1. Was structured physical activity (teacher leading some type of active play with one or more children) observed during time outdoors?

Yes (*use box below to track minutes and number of occasions*)

Total number of times/occasions while outdoors: _____

Total number of times/occasions optional: _____

Total minutes of structured physical activity observed while outdoors: _____

No

	Start Time	End Time	Optional	# children	Primary Activity
1			Y N		
2			Y N		
3			Y N		
4			Y N		
5			Y N		
6			Y N		
7			Y N		
8			Y N		
9			Y N		
10			Y N		

2. Which of the following types of **teacher led/structured activities** occurred outdoors? (*Check all that apply*)

- Musical games and dancing
- Ball games (throwing or catching skills with another person)
- Aiming games (bowling or bean bag toss at an object)
- Parachute
- Climbing games
- Balancing games
- Jumping games (hop like a bunny)
- Running games (tag, Red Rover)
- Instruction games (Mother May I; Red Light Green Light)
- Calisthenics
- Walking
- No teacher led activities outdoors
- Other _____

Staff Behavior

3. Did staff **join in** active play while outdoors?

- Yes
 - How many times per day did you observe staff joining active play while outdoors?
_____ (*Use box below to track number of times*)

No

4. Did you observe staff **restricting active play** as a disciplinary action for misbehavior for one or more children while outdoors?

- Yes
 - How many times per day did you observe staff restricting active play as a disciplinary action while outdoors? _____ (*Use box below to track number of times*)

No

Outdoor Sedentary Behavior (*Please fill out the **Screen Time Form** for each time you see one or more children using a screen or screen-related device.*)

5. Did you observe one or more children using screens or screen-related devices while outdoors?

- Yes

No

OUTDOOR ACTIVE PLAYTIME (*Outdoor Conditions, Outdoor Portable Equipment and Outdoor Water Availability should be filled out near the end of the outdoor active playtime session*)

Outdoor Conditions

For each session of outdoor physical activity observed, complete one line of the grid below. Circle the location the activity was observed (if other, fill in location). If activity takes place in the same place for multiple sessions, use one of the "other" rows for the subsequent sessions, being sure to fill in the location. Complete columns 2 – 7 for each location where physical activity is observed. Columns 4 and 5 are to be completed only if response to column 3 is YES.

1	2	3	4	5	6	7
Location of physical activity session	Outdoor active playtime observed at location	Is there shade?	If YES to shade, what type?	If YES to shade, how much is covered?	Precipitation	Ground Conditions
On-site main playground	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Roof/cover - manmade (permanent) <input type="checkbox"/> Trees/arboretum - natural <input type="checkbox"/> Nearby buildings provide shade <input type="checkbox"/> Retractable awning/tent (temporary) <input type="checkbox"/> Umbrella	<input type="checkbox"/> < 1/3rd <input type="checkbox"/> 1/3 – 2/3rds <input type="checkbox"/> >2/3rds <input type="checkbox"/> N/A overcast skies	<input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow	<input type="checkbox"/> Dry <input type="checkbox"/> Wet/muddy <input type="checkbox"/> Snow on ground
On-site alternate playground. Specify: _____ -	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Roof/cover - manmade (permanent) <input type="checkbox"/> Trees/arboretum - natural <input type="checkbox"/> Nearby buildings provide shade <input type="checkbox"/> Retractable awning/tent (temporary) <input type="checkbox"/> Umbrella	<input type="checkbox"/> < 1/3rd <input type="checkbox"/> 1/3 – 2/3rds <input type="checkbox"/> >2/3rds <input type="checkbox"/> N/A overcast skies	<input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow	<input type="checkbox"/> Dry <input type="checkbox"/> Wet/muddy <input type="checkbox"/> Snow on ground
Other on-site outdoor play space (may be a field, open space outdoors, etc.) Specify: _____ -	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Roof/cover - manmade (permanent) <input type="checkbox"/> Trees/arboretum - natural <input type="checkbox"/> Nearby buildings provide shade <input type="checkbox"/> Retractable awning/tent (temporary) <input type="checkbox"/> Umbrella	<input type="checkbox"/> < 1/3rd <input type="checkbox"/> 1/3 – 2/3rds <input type="checkbox"/> >2/3rds <input type="checkbox"/> N/A overcast skies	<input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow	<input type="checkbox"/> Dry <input type="checkbox"/> Wet/muddy <input type="checkbox"/> Snow on ground
Shared space with private entity. Specify: _____ -	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Roof/cover - manmade (permanent) <input type="checkbox"/> Trees/arboretum - natural <input type="checkbox"/> Nearby buildings provide shade <input type="checkbox"/> Retractable awning/tent (temporary) <input type="checkbox"/> Umbrella	<input type="checkbox"/> < 1/3rd <input type="checkbox"/> 1/3 – 2/3rds <input type="checkbox"/> >2/3rds <input type="checkbox"/> N/A overcast skies	<input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow	<input type="checkbox"/> Dry <input type="checkbox"/> Wet/muddy <input type="checkbox"/> Snow on ground
Other: _____ _____ -	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Roof/cover - manmade (permanent) <input type="checkbox"/> Trees/arboretum - natural <input type="checkbox"/> Nearby buildings provide shade <input type="checkbox"/> Retractable awning/tent (temporary) <input type="checkbox"/> Umbrella	<input type="checkbox"/> < 1/3rd <input type="checkbox"/> 1/3 – 2/3rds <input type="checkbox"/> >2/3rds <input type="checkbox"/> N/A overcast skies	<input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow	<input type="checkbox"/> Dry <input type="checkbox"/> Wet/muddy <input type="checkbox"/> Snow on ground
Other: _____ _____ -	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Roof/cover - manmade (permanent) <input type="checkbox"/> Trees/arboretum - natural <input type="checkbox"/> Nearby buildings provide shade <input type="checkbox"/> Retractable awning/tent (temporary) <input type="checkbox"/> Umbrella	<input type="checkbox"/> < 1/3rd <input type="checkbox"/> 1/3 – 2/3rds <input type="checkbox"/> >2/3rds <input type="checkbox"/> N/A overcast skies	<input type="checkbox"/> None <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow	<input type="checkbox"/> Dry <input type="checkbox"/> Wet/muddy <input type="checkbox"/> Snow on ground

Outdoor Portable Play Equipment (Check off all portable play equipment – equipment or toys that can be easily moved - that is available during the outdoor active playtime)

Outdoor PORTABLE play equipment	Yes, available	No, not available
Ball play and striking equipment (balls, bean bags, noodles, rackets)	<input type="checkbox"/>	<input type="checkbox"/>
Floor play equipment (mats, portable tunnels, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Jumping play equipment (jump ropes, hula hoops, trampoline)	<input type="checkbox"/>	<input type="checkbox"/>
Parachute	<input type="checkbox"/>	<input type="checkbox"/>
Push-pull toys (wagons, wheelbarrows, big dump trucks, shopping carts, doll strollers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Riding toys (tricycles, cars, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Rocking and twisting toys (rocking horse, sit-n-spin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Sand/water play toys (buckets, scoops, shovels)	<input type="checkbox"/>	<input type="checkbox"/>
Twirling play equipment (ribbons, scarves, batons, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Outdoor Water Availability

6. Was drinking water for children available outdoors?

- Available for self-service (water fountain/ jug/ water bottles)
- Easily visible and available on request
- Available during designated water breaks
- Water not available→**Skip to Other Weather Conditions**
- Other: _____

7. How did the children get drinking water while outdoors?

- Water fountain
- Water cooler(such as in an office setting)
- Communal water pitcher / jug /thermos
- Individual water bottles
- Other: _____

8. While outdoors, did you witness teachers prompting children to drink water?

- Yes
- No

OUTDOOR ACTIVE PLAYTIME (These questions can be filled out at any time during the entire observation day and do not need to be filled out while outdoors with the classroom)

Other Weather Conditions (You will look these up online for the time scheduled for the active playtime session)

Weather during scheduled outdoor playtime: **High temperature:** ____ °F **Low temperature:** ____ °F

Air quality: Good Moderate USG Unhealthy Very Unhealthy Hazardous

No Outdoor Active Playtime

9. Was the **NO outdoor** active play due to weather (too hot, too cold, rain/snow)?

- Yes (Check all that apply)
 - Too hot
 - Too cold
 - Too rainy
 - Too snowy
 - Too windy/wind chill
 - Ground too wet/muddy/snowy
 - Poor air quality
 - Other: _____

No

10. Did you see a water source located in the outdoor playspace?

- Yes
- No

OUTDOOR ACTIVE PLAYSPACE (These questions may be filled out at any time during your observation day, while outdoors or during down time, such as naps. You may need to ask which on-site outdoor spaces are usually used by children, if not able to observe).

Outdoor Playspace—General

11. Is there an on-site outdoor playspace at this program?

- Yes
- No → **Skip to Question 13**

12. If yes, what is available on-site? (Check all that apply)

- Main playground
- Alternate playground (specify: _____)
- Field, grassy area or open space
- Parking lot used by children for play
- Other, specify: _____

(SKIP to Outdoor Playspace Grid)

13. If no, what is usually used instead? (Check all that apply)

- Public park
- A walk around the block
- Shared space with some other entity (e.g. school)
- Dedicated area to center, but off-site
- Other: _____

(END outdoor playspace questions)

Outdoor Playspace—Specific

Answer the questions below for each on-site outdoor playspace. The grid allows for up to four outdoor spaces to be described.

• **Outdoor Playspace #1**

-
- Which outdoor playspace are you assessing?
 - Main playground
 - Alternate playground (specify: _____)
 - Field, grassy area, or open space
 - Parking lot used by children for play
 - Other, specify: _____

What type of surface does the on-site outdoor playspace have?

- Mulch
- Happy Landing
- Rubberized Mats
- Loose rubberized shreds/ nuggets/ strips
- Gravel/ pea gravel/ rocks
- Grass
- Dirt
- Concrete
- Asphalt/ tar/ black top
- Sand
- Unable to observe
- Other, specify: _____

Was outdoor playspace...

- Unobstructed with plenty of space for group games (tag, red rover, etc.) without moving any equipment or restricting play
- Adequate space for group games but certain equipment or activities are restricted
- Some obstruction, but enough space for small group (less than 5 children) to play
- Little open space or completely obstructed
- Unable to observe
- No outdoor running space

Outdoor Playspace #2

- Which outdoor playspace are you assessing?
- Main playground
 - Alternate playground (specify: _____)
 - Field, grassy area, or open space
 - Parking lot used by children for play
 - Other, specify: _____

What type of surface does the on-site outdoor playspace have?

- Mulch
- Happy Landing
- Rubberized Mats
- Loose rubberized shreds/ nuggets/ strips
- Gravel/ pea gravel/ rocks
- Grass
- Dirt
- Concrete
- Asphalt/ tar/ black top
- Sand
- Unable to observe
- Other, specify: _____

Was outdoor playspace...

- Unobstructed with plenty of space for group games (tag, red rover, etc.) without moving any equipment or restricting play
- Adequate space for group games but certain equipment or activities are restricted
- Some obstruction, but enough space for small group (less than 5 children) to play
- Little open space or completely obstructed
- Unable to observe
- No outdoor running space

• **Outdoor Playspace #3**

-
- Which outdoor playspace are you assessing?
 - Main playground
 - Alternate playground (specify: _____)
 - Field, grassy area, or open space
 - Parking lot used by children for play
 - Other, specify: _____

What type of surface does the on-site outdoor playspace have?

- Mulch
- Happy Landing
- Rubberized Mats
- Loose rubberized shreds/ nuggets/ strips
- Gravel/ pea gravel/ rocks
- Grass
- Dirt
- Concrete
- Asphalt/ tar/ black top
- Sand
- Unable to observe
- Other, specify: _____

Was outdoor playspace...

- Unobstructed with plenty of space for group games (tag, red rover, etc.) without moving any equipment or restricting play
- Adequate space for group games but certain equipment or activities are restricted
- Some obstruction, but enough space for small group (less than 5 children) to play
- Little open space or completely obstructed
- Unable to observe
- No outdoor running space

Outdoor Playspace #4

- Which outdoor playspace are you assessing?
- Main playground
 - Alternate playground (specify: _____)
 - Field, grassy area, or open space
 - Parking lot used by children for play
 - Other, specify: _____

What type of surface does the on-site outdoor playspace have?

- Mulch
- Happy Landing
- Rubberized Mats
- Loose rubberized shreds/ nuggets/ strips
- Gravel/ pea gravel/ rocks
- Grass
- Dirt
- Concrete
- Asphalt/ tar/ black top
- Sand
- Unable to observe
- Other, specify: _____

Was outdoor playspace...

- Unobstructed with plenty of space for group games (tag, red rover, etc.) without moving any equipment or restricting play
- Adequate space for group games but certain equipment or activities are restricted
- Some obstruction, but enough space for small group (less than 5 children) to play
- Little open space or completely obstructed
- Unable to observe
- No outdoor running space

Outdoor Fixed Play Equipment (Check off all fixed play equipment – equipment or toys that cannot be easily moved - that is available in the outdoor playspace)

Outdoor FIXED play equipment	Yes, available	No, not available
Balancing surfaces (balance beams, boards, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Basketball hoop	<input type="checkbox"/>	<input type="checkbox"/>
Climbing structures (jungle gyms, ladders, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Dramatic play structure (playhouse)	<input type="checkbox"/>	<input type="checkbox"/>
Merry-go-round	<input type="checkbox"/>	<input type="checkbox"/>
Pool	<input type="checkbox"/>	<input type="checkbox"/>
Sand box	<input type="checkbox"/>	<input type="checkbox"/>
See-saw	<input type="checkbox"/>	<input type="checkbox"/>
Slides	<input type="checkbox"/>	<input type="checkbox"/>
Swinging equipment (swings, rope, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Tricycle track	<input type="checkbox"/>	<input type="checkbox"/>
Tunnels	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Indoor Activity-Related Information

INDOOR ACTIVE PLAYTIME (*Structured Physical Activity and Staff Behavior under Indoor Active Playtime should start to be filled out at the beginning of any time indoors with the observed classroom and be filled out continuously throughout the time you are indoors with the observed classroom. You will fill this section out any time you see a teacher leading or joining in physical activity with one or more children or restricting active play for one or more children while indoors.*)

Structured Physical Activity

14. Was structured physical activity (teacher leading some type of active play with one or more children) observed during time indoors?

- Yes (*Use box below to track minutes and number of occasions*)

Total number of times/occasions while indoors: _____

Total number of times/occasions optional: _____

Total minutes of structured physical activity observed while indoors: _____

- No

	Start Time	End Time	Optional	# children	Primary Activity
1			Y N		
2			Y N		
3			Y N		
4			Y N		
5			Y N		
6			Y N		
7			Y N		
8			Y N		
9			Y N		
10			Y N		

15. Which of the following types of **teacher led/structured activities** occurred indoors? (*Check all that apply*)

- Musical games and dancing
- Ball games (throwing or catching skills with another person)
- Aiming games (bowling or bean bag toss at an object)
- Parachute
- Climbing games
- Balancing games
- Jumping games (hop like a bunny)
- Running games (tag, Red Rover)
- Instruction games (Mother May I; Red Light Green Light)
- Calisthenics
- Walking
- No teacher led activities indoors
- Other _____

Staff Behavior

16. Did staff **join in** active play while indoors?

- Yes
 - How many times per day did you observe staff joining active play while indoors?
_____ (*Use box below to track number of times*)

No

17. Did you observe staff **restricting active play** as a disciplinary action for misbehavior for one or more children while indoors?

- Yes
 - How many times per day did you observe staff restricting active play as a disciplinary action while indoors? _____ (*Use box below to track number of times*)

No

Indoor Sedentary Behavior (*Please fill out the **Screen Time Form** for each time you see one or more children using a screen or screen-related device.*)

18. Did you observe one or more children using screens or screen-related devices while indoors?

- Yes
- No

INDOOR ACTIVE PLAYTIME (*Indoor Portable Equipment and Indoor Water Availability should be filled out once during the observation day, but you will need to look for portable play equipment and water availability throughout the day*)

Indoor Portable Play Equipment (*Check off all portable play equipment – equipment or toys that can be easily moved - that is available to the children indoors*)

Indoor PORTABLE play equipment	Yes, available	No, not available
Ball play and striking equipment (balls, bean bags, noodles, rackets)	<input type="checkbox"/>	<input type="checkbox"/>
Dramatic play structure (playhouse)	<input type="checkbox"/>	<input type="checkbox"/>
Floor play equipment (mats, portable tunnels, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Jumping play equipment (jump ropes, hula hoops, trampoline)	<input type="checkbox"/>	<input type="checkbox"/>
Parachute	<input type="checkbox"/>	<input type="checkbox"/>
Push-pull toys (wagons, wheelbarrows, big dump trucks, shopping carts, doll strollers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Riding toys (tricycles, cars, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Rocking and twisting toys (rocking horse, sit-n-spin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Sand/water play toys (buckets, scoops, shovels)	<input type="checkbox"/>	<input type="checkbox"/>
Twirling play equipment (ribbons, scarves, batons, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Indoor Water Availability

19. How was drinking water for children available indoors?

- Available for self-service (water fountain/ jug/ water bottles/cooler)
- Easily visible and available on request
- Available during designated water breaks
- Only during meals and snacks
- Water not available for children
- Other: _____

20. How did the children get drinking water while indoors?

- Water fountain
- Faucet from sink
- Water cooler (such as in an office setting)
- Communal water pitcher / jug /thermos
- Individual water bottles
- Other: _____

21. While indoors, did you witness teachers prompting children throughout the day to drink water?

- Yes, regularly (multiple times throughout the day, not just specific occasions such as coming in from outdoor play)
- Yes, at specific times only (such as coming in from outdoor play)
- No

INDOOR ACTIVE PLAYSPACE (These questions may be filled out at any time during your observation day, while indoors or during down time, such as naps.)

Indoor Playspace—General

22. Is there an indoor playspace at this program other than the classroom (separate room or gym for active play)?

Yes

No

a. *If no, what is usually used instead? (Check all that apply)*

Classroom

Cafeteria

Shared space with some other entity (e.g. school)

Dedicated area to program, but off-site

Other: _____

23. Is there more than one indoor playspace at this program?

Yes

a. *If yes, how many?* _____

No

Indoor Playspace—Specific

Answer the questions below for each on-site indoor playspace. The grid allows for up to four indoor spaces to be described.

Indoor Playspace #1

Which indoor playspace are you assessing?

- Separate room or gym
- Classroom
- Cafeteria
- Shared indoor space with some other entity (e.g. school)
- Other, specify: _____

Was indoor play space suitable for....

- Quiet play (room is small and not a lot of room for movement)
- Limited movement/some active play (enough space for a few children to move by walking, skipping, hopping, jumping, etc.)
- All activities (enough space for all children in the class to engage in running activities, such as tag)

Indoor Playspace #2

Which indoor playspace are you assessing?

- Separate room or gym
- Classroom
- Cafeteria
- Shared indoor space with some other entity (e.g. school)
- Other, specify: _____

Was indoor play space suitable for....

- Quiet play (room is small and not a lot of room for movement)
- Limited movement/some active play (enough space for a few children to move by walking, skipping, hopping, jumping, etc.)
- All activities (enough space for all children in the class to engage in running activities, such as tag)

Indoor Playspace #3

Which indoor playspace are you assessing?

- Separate room or gym
- Classroom
- Cafeteria
- Shared indoor space with some other entity (e.g. school)
- Other, specify: _____

Was indoor play space suitable for....

- Quiet play (room is small and not a lot of room for movement)
- Limited movement/some active play (enough space for a few children to move by walking, skipping, hopping, jumping, etc.)
- All activities (enough space for all children in the class to engage in running activities, such as tag)

Indoor Playspace #4

Which indoor playspace are you assessing?

- Separate room or gym
- Classroom
- Cafeteria
- Shared indoor space with some other entity (e.g. school)
- Other, specify: _____

Was indoor play space suitable for....

- Quiet play (room is small and not a lot of room for movement)
- Limited movement/some active play (enough space for a few children to move by walking, skipping, hopping, jumping, etc.)
- All activities (enough space for all children in the class to engage in running activities, such as tag)

Indoor Fixed Play Equipment (Check off all fixed play equipment – equipment or toys that cannot be easily moved - that is available in the indoor playspace. Please assess fixed equipment in the classroom, if no additional indoor playspace available)

Indoor FIXED play equipment	Yes, available	No, not available
Balancing surfaces (balance beams, boards, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Basketball hoop	<input type="checkbox"/>	<input type="checkbox"/>
Climbing structures (jungle gyms, ladders, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Dramatic play structure (playhouse)	<input type="checkbox"/>	<input type="checkbox"/>
Merry-go-round	<input type="checkbox"/>	<input type="checkbox"/>
Pool	<input type="checkbox"/>	<input type="checkbox"/>
Sand box	<input type="checkbox"/>	<input type="checkbox"/>
See-saw	<input type="checkbox"/>	<input type="checkbox"/>
Slides	<input type="checkbox"/>	<input type="checkbox"/>
Swinging equipment (swings, rope, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Tricycle track	<input type="checkbox"/>	<input type="checkbox"/>
Tunnels	<input type="checkbox"/>	<input type="checkbox"/>
Other_____	<input type="checkbox"/>	<input type="checkbox"/>

Classroom Environment

24. Which of the following screens or screen-related devices are in the classroom and how many are there?

(Please count devices that are used by children but may belong to a teacher or a child)

- TV; How many? _____
- DVD/VCR; How many? _____
- Video game console; How many? _____
- Desktop or laptop computer for children's use; How many? _____
- Tablet computer or iPad for children's use; How many? _____
- Smart phone for children's use; How many? _____
- Other screen: _____; How many? _____

25. What is the condition of the classroom itself?

Walls

- Clean or newly painted, no holes, cracks, chips or marks
- Some marks or discolorations, or minor cracks or chips
- Holes in wall, cracks wider than $\frac{1}{4}$ inch, or major discoloration – areas at least as large as this page (8 $\frac{1}{2}$ x 11")

Floor

- Smooth with no stains
- Few or light colored stains or some unevenness
- Discolored, or holes or cracks, or very uneven

26. What are the wall or ceiling decorations in the classroom?

- Murals
- Student Art
- Professional Art
- Banners
- Posters
- Other (specify): _____
- None → If no decorations, observation is done

27. Do any of the wall or ceiling decorations in the classroom....

- Provide nutrition information?
- Promote healthy eating habits?
- Promote physical activity?
- Promote food safety (e.g. wash hands)?
-

CALCULATIONS (At the end of the observation day please use Session Form and Screen Time Table to fill in the charts below)

Physical Activity Calculations

Please fill in the table below for physical activity by recording the number of minutes and occasions that took place indoors and outdoors. (Use Session Form to calculate).

	Indoor Physical Activity		Outdoor Physical Activity		Total Physical Activity (outdoor and indoor combined)	
	Indoor Occasions	Indoor Minutes	Outdoor occasions	Outdoor minutes		
Active time	____ occasions	____ minutes	____ occasions	____ minutes	____ occasions	____ minutes

Sedentary Time Calculations

Please fill in the table below for sedentary activity by recording the number of minutes of seated/standing time (Use Session Form to calculate).

	Minutes of seated or standing time		Total Seated or Standing Time (outdoor and indoor combined)
	Indoor Minutes	Outdoor minutes	
Sedentary time	____ minutes	____ minutes	____ minutes

Please fill in the table below for minutes of screen time by recording the number of minutes from the **Screen Time Table**.

	Total Screen Time
Screen time	____ minutes

SCREEN TIME TABLE For each occasion of screen time observed (each time a screen is turned on for children), record the following information in the table:

Screen time occasion	Which of the following screen time devices are turned on?	Were children mostly active while the screen was on?	If it is interactive, are other children watching while one child interacts with a screen?	Did there appear to be a limit on the amount of time spent on the screen?	Total minutes	Notes
<input type="checkbox"/> Occasion 1	<input type="checkbox"/> TV <input type="checkbox"/> VCR/DVD <input type="checkbox"/> Video Game Console <input type="checkbox"/> Computer <input type="checkbox"/> iPad/Tablet <input type="checkbox"/> Smart phone <input type="checkbox"/> Other screen: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply		
<input type="checkbox"/> Occasion 2	<input type="checkbox"/> TV <input type="checkbox"/> VCR/DVD <input type="checkbox"/> Video Game Console <input type="checkbox"/> Computer <input type="checkbox"/> iPad/Tablet <input type="checkbox"/> Smart phone <input type="checkbox"/> Other screen: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply		
<input type="checkbox"/> Occasion 3	<input type="checkbox"/> TV <input type="checkbox"/> VCR/DVD <input type="checkbox"/> Video Game Console <input type="checkbox"/> Computer <input type="checkbox"/> iPad/Tablet <input type="checkbox"/> Smart phone <input type="checkbox"/> Other screen: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply		
<input type="checkbox"/> Occasion 4	<input type="checkbox"/> TV <input type="checkbox"/> VCR/DVD <input type="checkbox"/> Video Game Console <input type="checkbox"/> Computer <input type="checkbox"/> iPad/Tablet <input type="checkbox"/> Smart phone <input type="checkbox"/> Other screen: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply		

Screen time occasion	Which of the following screen time devices are turned on?	Were children mostly active while the screen was on?	If it is interactive, are other children watching while one child interacts with a screen?	Did there appear to be a limit on the amount of time spent on the screen?	Total minutes	Notes
<input type="checkbox"/> Occasion 5	<input type="checkbox"/> TV <input type="checkbox"/> VCR/DVD <input type="checkbox"/> Video Game Console <input type="checkbox"/> Computer <input type="checkbox"/> iPad/Tablet <input type="checkbox"/> Smart phone <input type="checkbox"/> Other screen: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply		
<input type="checkbox"/> Occasion 6	<input type="checkbox"/> TV <input type="checkbox"/> VCR/DVD <input type="checkbox"/> Video Game Console <input type="checkbox"/> Computer <input type="checkbox"/> iPad/Tablet <input type="checkbox"/> Smart phone <input type="checkbox"/> Other screen: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply		
<input type="checkbox"/> Occasion 7	<input type="checkbox"/> TV <input type="checkbox"/> VCR/DVD <input type="checkbox"/> Video Game Console <input type="checkbox"/> Computer <input type="checkbox"/> iPad/Tablet <input type="checkbox"/> Smart phone <input type="checkbox"/> Other screen: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply		
<input type="checkbox"/> Occasion 8	<input type="checkbox"/> TV <input type="checkbox"/> VCR/DVD <input type="checkbox"/> Video Game Console <input type="checkbox"/> Computer <input type="checkbox"/> iPad/Tablet <input type="checkbox"/> Smart phone <input type="checkbox"/> Other screen: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not apply		
TOTAL MINUTES OF SCREEN TIME						
					ADD all screen time minutes together and enter in box →	