Site Name:	Teacher I	Name:			
Review Date:	iew Date: Start Time: End Time:				
	ITERS-R Interview Question	ons for Provider I	<u>Review</u>		
observation. The	not required that you complete questions are provided for you t	to know the question	ons that may be	asked	-
will always ask Qu advance, you can	uestions #33 through #39. If you and is strongly encouraged.				
Center	mplete the chart below: Center Additional Materials Center Additional Materials rotated? Where are ac materials sto are not current classroom			red th	nat
Books and language materials					
Fine Motor					
Dramatic Play					
Math/number					
		<u> </u>			
	e for Routine Care and Play			YES	NO
5.4 , 7.3 . Do you us If yes , ask : Where	se any other toys or materials in ac	ddition to what I obse	erved?		
<u>,</u>					
Could you please s	show me?				
	s are not visible during the obse	ervation, ask:			
Where are the chil	dren's cots or mats stored?				

Site Name:		Teacher Name:			
Review Da	te:S	tart Time:	End Time:		
(ITEM 2	CONTINUED)				
Could yo	u please show me?				
					T.
	Display for Children			YES	NO
	ou add to or change what is n the wall?	displayed for children, su	uch as the pictures and		
If yes, a	sk: About how often?				I
	.				1
ones tha	<u>Greeting/Departing</u> (If gre t apply)	eeting or departing are r	not observed, ask the	YES	NO
	Do parents usually bring the	children into the room?		120	110
	What is done to prepare for				<u>I</u>
E 2 If a c	hild has difficulty latting his	or har parant lague or lag	ving the center at the end of	the de	
how is th	hild has difficulty letting his one is handled?	or her parent leave or leav	ving the center at the end of	ine da	y,
			Т		
74 Don	aranta ayar anand tima visiti	no at drap off and piels un	a time a 2	YES	NO
	arents ever spend time visiti possible for you to talk to par		times?		
	<u>sk</u>: What sorts of things are o				
11 y 00; u 0	MI What borts or things are t				
			Т		
				YES	NO
7.3 . Is a	written record of each infant's	s day given to parents?		ļ	

Site Name:	I eacher Nai	ne:		
Review Date:	Start Time:	End Time:		
(ITEM 6 CONTINUED)				
If yes, ask: May I see an	example?			
Item 7. Meals/Snacks				
		n) What do you do if parents provid vide does not meet the children's no		
1.5, 3.5. What do you do	if children have food allergies?	?		
			YES	NO
7.2. Do you have a chance If yes, ask: What sort of	ce to talk with parents about th	eir child's nutrition?		
n yes, ask. What soft of	issues do you discuss?			
Item 8. Nap - If nap is				
1.1. Where do the childre	n sleep?			
How are the cots/mats ar	ranged?			
1.2. Who supervises nap	time?			

Site Name:	Teacher Name:			
Review Date:	Start Time:	End Time:		
(ITEM 8 CONTINUED))			
How is supervision hand				
Might need to ask eve	n if nap is not observed:			
5.2. What do you do if a	child is tired before naptime?			
7.2. What do you do if a	a child wakes up very early from nap?	,		
, , , , , , , , , , , , , , , , , , , ,	, a sa sp sa g sa g			
Item 10. Health Pract	tices		YES	NO
1.2. Is smoking allowed	in the child care areas, either indoors	s or outdoors?		
3.3. Are extra clothes av	vailable for the children, in case they	are needed?		
7.2: Must ask if toddle and not observed.	rs enrolled AND program is open f	or longer than 6 hours	YES	NO

	YES	NO
7.3. Do you make any health-related information available to the parents?		

If yes, ask: Can you give me two examples?

Do children brush their teeth?

1

2

Site Name:	Teacher Nar	me:			
Review Date:	Start Time:	End Time:			
Item 11. Safety Practices			YES	NO	
3.3. Do you (or anyone else or groups enrolled, including man breathing?		st aid appropriate for all age way (choke-saving) and rescue			
Is there a first aid kit available for you to use?					
Can you please show it to me?	•				
			YES	NO	
Is there a telephone accessible	e you would use to call fo	r help in an emergency?			
Item 16. Active Physical P			YES	NO	
1.1, 3.1, 3.2, 5.1. Are any area space indoors and outdoors?	as used by this group for	active physical play, including			
If yes, and not observed, ask	<u>c</u> : Could you please show	me these areas?			
How often are they used and	for about how long ?				
Item 17. Art			YES	NO	
1.2, 3.2. Are art materials use	d with the children?				
If yes, ask: What materials are	e used?				
May I see the art supplies?					
			YES	NO	
Are edible materials ever used	for art?				
If yes, ask: Please give me two	o examples?				

2

Site Name:	Teacher Nam	ne:	
Review Date:	Start Time:	End Time:	
(ITEM 17 CONTINUE	D)		
3.1, 5.1. How often are	art materials used with the child	ren?	
7.1. How do you choose	e what art materials to offer the c	hildren?	

Itom 19 Music and Mayament	VEC	NO
Item 18. Music and Movement 3.2, 5.3, 7.2. Do you use any music with the children?	YES	NO
If yes, ask: How is this handled?		
How often is this done?		
What types of music are used with the children? Please provide examples.		
7.1. Do you have any other musical toys or instruments that the children can use?	YES	NO
If yes, ask: Could you please show me?		

Item 21. Sand and Water Play	YES	NO
1.1, 3.1, 5.1, 7.1. Do the children ever use sand or water?		

Site Name:	Teacher Name	:		
Review Date:	Start Time:	End Time:		
(ITEM 21 CONTINUE				
If yes, ask: How often Sand-	?			
Water-				
			YES	NO
3.3, 5.2. Are any toys u	used for the sand and water play?			
If yes, ask: Could you	please describe or show them to m	ne?		
			YES	NO
7.2. Are there any other what I saw today?	r activities or materials used with s	and or water in addition to		
	give me some examples?		· ·	
1				
2				
3				
Itam 22 Naturalacia				

Item 22. Nature/science
5.1. How often are children taken outdoors?
Could you please describe any experiences they have with nature when they are taken outdoors?

Item 23. Use of TV, Video, and/or Computer	YES	NO	
1.1, 3.1. 5.1, 7.1. Are TV, video, computer, or other audiovisual materials used with the children?			

Site Name:	Teacher Nam	le:		
Review Date:	Start Time:	End Time:		
(ITEM 23 CONTINUEL	D)			
If NO, stop here and	continue with next item.			
-		e any requirements before show	ing or	
			YES	NO
1.2. Are other activities a	accessible to the children while t	he TV or videos are used?		
If yes, ask: How many?				
,	video, or computers used with th	e children?		
For what length of time a TV/Video-	re these available?			
Computer-				
How many times per day	?			
5.3. What does staff do v	while children use these materia	ls?		
			YES	NO
7.1. Do any of the materi	ials encourage active involveme	nt by the children?		
If yes, ask: Please give and 1	some examples.			
			YES	NO
7.2. Do you use TV, vide other things that the child	eo, and computer materials that in dren are interested in?	elate to classroom topics or		

Site Name:	Teacher Nam	e:		
Review Date:	Start Time:	End Time:		
(ITEM 23 CONTINUE	 D)			
If yes, ask: Please expla				
Item 24. Promoting A	cceptance of Diversity		YES	NO
	rities/routines, aside from the ma help children become more awa			
If yes, ask: Please give	me one example.		J	
Item 28. Discipline				
1.1. What methods of dis	scipline do you use?			
			YES	NO
7.3. Do you seek advice challenging behaviors in	from professionals when you en your care?			
If yes, ask: Can you give	e some examples of who might b	e asked?		
1				
2				

Item 29. Schedule

1.1, 1.2, 3.1, 5.1, 7.1. What do you do if a toddler seems tired before naptime or hungry before mealtime?

Site Name:	Teacher Name):		
Review Date:	Start Time:	End Time:		
				1
(ITEM 29 CONTINUED	<u> </u>			
(ITEMI 29 CONTINOLD	7		YES	NO
Is flexibility possible in na	p or meal times?			
If yes, ask: How would the	nat be handled?			
Item 30. Free Play			YES	NO
	ditional play materials for children	ı to use?		
If yes, ask: How often de	o you change the materials?			
	or Children with Disabilities	- (Only if a child with		
disabilities is present			YES	NO
	y information from assessments	on the children?		
If yes, ask: How is it use	α?			
			YES	NO
	need to do anything special to r	neet the needs of the children?		
If yes, ask: Please descr	ibe what you do.			
			YES	NO
1.3, 3.3, and 5.3: Are you meet the children's needs	u and the children's parents invo s?	lved in helping to decide how to		
If yes, ask: Please descr	ibe.			

Site Name:	Teacher Nam	ne:		
Review Date:	Start Time:	End Time:		
(ITEM 32 CONTINUE	,			-
5.1, 7.1: When and whe place?	ere do professional recommenda	tions or interventions such as ther	apy take	Э
				.
			YES	NO
7.3: Are you involved in plans?	the children's assessments or in	n the development of intervention		
If yes, ask: What is yo	ur role?			