

**QUICK FACTS: Environment Rating Scale (ERS) Changes**

**April 2012**

**Effective May 1, 2012: Scoring Changes**

**INFANT-TODDLER ERS (ITERS-R) and EARLY CHILDHOOD ERS (ECERS-R)**

The authors of the ERS have released a number of scoring changes for both the ITERS-R and ECERS-R. A more detailed explanation of each of the changes can be found in this document.

The following ITERS-R items are affected:

1. Item 8 (Nap) – new requirements regarding spacing of cribs, use of blankets and soft toys, and swaddling of infants
2. Items 7, 9, and 10 (Meals/snacks, Diapering/toileting, and Health practices) – the use of hand sanitizer with children over 24 months of age and the use of disinfectants to sanitize surfaces (other than bleach and water) are now permissible with certain restrictions
3. Item 16 (Active physical play) – the time a child may remain in a restrictive device, such as a swing, bouncer seat, or high chair) is limited to 15 minutes unless the child is actively eating or being fed

The following ECERS-R items are affected:

1. Item 7 (Space for gross motor) – the amount of time children should have opportunities to access the gross motor space is now prorated based on the hours of operation
2. Items 10, 12 and 13 (Meals/snacks, Toileting/diapering and Health practices) – the use of hand sanitizer in preschool aged classrooms and the use of disinfectants to sanitize surfaces (other than bleach and water) are now permissible under certain conditions
3. Item 22 (Blocks) – different types of block accessories are required at higher levels of quality
4. Item 27 (Use of TV, video, and/or computers) – the time children 24 months of age and older may have access to media (TV, video, computer) has decreased to no more than 15 minutes per day and no more than 30 minutes per week

**HAVE ANY QUESTIONS...CALL FOR ASSISTANCE**

It is the owner/director's responsibility to maintain knowledge and understanding of the steps and requirements and to submit applications and information in a timely manner. If you have any questions regarding a qualification or requirement of Quality Start, you are encouraged to contact your regional Child Care Quality Start Specialist or the Quality Start state office at the phone number listed below.

Check the Quality Start website for updates and other information [www.grslouisiana.org](http://www.grslouisiana.org).

For assistance call the Quality Improvement Unit at 888-LAHELPU (524-3578) or (225) 342-0694 or send an email to [dss.qualitystart@la.gov](mailto:dss.qualitystart@la.gov).

## **INFANT-TODDLER ENVIRONMENT RATING SCALE (ITERS-R) POLICY REGARDING SAFE SLEEPING CONDITIONS**

The American Academy of Pediatrics and the Centers for Disease Control have found that swaddling (wrapping an infant in a blanket or cloth) and placing an infant on his/her stomach to sleep increases the risk of sudden infant death syndrome (SIDS) and dislocation of the hip joint. Excessive swaddling may also cause the infant to overheat and having soft items in cribs increases the risk of suffocation. *Caring for Our Children* recommends that infants rest in a safety-approved crib with a firm mattress and firmly fitted sheet. Infants should be placed on their backs at all times in comfortable safe clothing, but nothing else should be in the crib – not even a blanket. Studies have shown that respiratory infections spread when children who are ill cough, sneeze, or talk and the large droplets containing bacteria come into contact with the eyes, nose or mouth of another child. For this reason, the American Academy of Pediatrics and the Centers for Disease Control recommend that cribs/cots/mats be spaced at least three feet apart to reduce the spread of disease and to provide easy access to children in case of emergency. In response to these recommendations, the authors of the ERS have recently implemented a change in scoring of Item 8, *Nap*. The Additional Notes for Clarification, which were disseminated by the authors of the scale in January 2012, state the following:

*Swaddling:* “According to the 2011 edition of *Caring for Our Children* (page 99) swaddling of children in child care settings is associated with the risk of serious health conditions, and is not necessary or recommended.

*Soft materials in cribs:* “Based on the new policy statement in *Caring for Our Children* (American Academy of Pediatrics, et al.) on SIDS sleep-related infant deaths, blankets are hazardous for sleeping infants under a year of age. In order for sleep provisions to be considered safe for infants, no blankets or any other soft materials such as (toys, bumper pads) should be placed in the crib.”

*Spacing of cribs:* “According to the 2011 edition of *Caring for Our Children* (page 252), the ends of cribs are no longer acceptable as a solid barrier to prevent the spread of disease. Cribs/cots must be separated by three feet of space. When scoring these indicators, consider all aspects of health related to nap. If there are no other health-related problems except for spacing of cribs/cots, score as follows: If more than 50% of cribs/cots are less than 3 feet apart, or if any are less than 18 inches apart, score 1.1 Yes. If you observe only one or two instances of a crib being less than 36 inches from another crib, and they have solid ends to separate them, score 1.1 No, but 3.2 No.”

The ERS assessment team will comply with these directives and will score accordingly effective May 1, 2012.

1.1 – This indicator will be scored “yes” if:

- blankets or other soft materials (such as soft toys, bumper pads, pillows, quilts, or comforters) are in the crib of any child
- infants are wrapped in a blanket to sleep
- any cribs are spaced less than 18 inches apart
- more than half the cribs are spaced less than 36 inches apart, even if the ends of the cribs are solid

3.2 – This indicator will be scored “yes” if only one or two cribs are less than 36 inches apart, as long as they have solid ends. If they do not have solid ends or more than two cribs are spaced less than 36 inches apart, this indicator will be scored “no.”

**What this means for child care providers:**

Infant classrooms that are assessed using the ITERS-R will earn a score of 2 or below for item 8 if:

- any soft items, including blankets, are placed in cribs
- cribs are not spaced at least 36 inches apart

## INFANT-TODDLER ENVIRONMENT RATING SCALE (ITERS-R) POLICY REGARDING MAINTAINING SANITARY CONDITIONS

The American Academy of Pediatrics and the Centers for Disease Control have found that using an alcohol-based hand sanitizer after washing hands with soap and water is effective in reducing the spread of illness in child care centers. Hand sanitizer products may be dangerous or toxic if swallowed in amounts greater than the residue left on hands after cleaning. It is important for teachers to monitor children's use of hand sanitizers to ensure the product is being used appropriately. As with any hand hygiene product, supervision of children is required to monitor effective use and to avoid swallowing or accidental contact with eyes and nasal passages. Studies have also found that an alternative sanitizing solution that is not chlorine bleach can be used to sanitize surfaces under certain conditions. It is important to check the label to see how long to leave the sanitizer or disinfectant in contact with the surface that is being treated, whether it should be rinsed off before contact by children, and for any precautions when handling.

In response to these recommendations, the authors of the ERS have recently implemented a change in scoring of the following items:

- Item 7 – Meals/snacks (1.3, 3.3, 5.3)
- Item 9 – Diapering/toileting (1.3, 3.3 - handwashing; 1.1, 3.1, 5.1, 7.1 - sanitation)
- Item 10 – Health practices (1.1, 3.2, 5.2)
- Item 11 – Safety practices (1.1, 3.1, 5.1)
- Item 25 – Supervision of play and learning (1.1, 3.1, 5.1, 7.1)

The Additional Notes for Clarification, which were disseminated by the authors of the scale in July 2011, state the following:

*Handwashing: "The 2011 edition of Caring for Our Children (page 113) states that hand sanitizers can be used in place of handwashing unless hands are visibly soiled. Use can be by adults and children 2 years of age and older. (For children under 24 months, the original hand washing is still required.) Therefore, the use of hand sanitizers is acceptable when scoring these indicators as long as the product contains 60-95% alcohol, manufacturer's instructions are followed, and very close supervision of children is provided to ensure proper use and to avoid ingestion or contact with eyes and mucous membranes. Be sure to check to be sure that the manufacturer's directions for use are followed exactly, because if not, do not give credit for any time when not followed. You should ask to see the original container with directions for use, if it is not observable. If children are not closely supervised when using the sanitizer, consider in supervision-related indicators for the item specifically, and also in Safety and Supervision.*

*If hands are visibly dirty, handwashing, according to the required procedure, is still required, although the time for rubbing soapy hands together before rinsing is changed to 20 seconds rather than the original 10 seconds. Antibacterial soaps should not be used. Children using*

*shared art or sensory materials must wash hands, or use hand sanitizer according to directions, both before and after use.”*

*Sanitizing tables and eating surfaces: “An alternative EPA approved “sanitizer” may be used in place of the usual bleach and water solution as part of the table washing procedure or for high chair trays, and other food related surfaces. Check the label of the original container and look for the designation as an EPA sanitizer. Be sure all instructions for use are followed such as the time required to be on the surface or whether to rinse after use. If not, do not give credit for cleaning the surface. Safety issues regarding the use of the alternative sanitizer, such as not rinsing the residue if required or not keeping out of the reach of children, should be considered in the supervision-related indicators of this item if applicable, and in the Safety item where applicable.”*

*Sanitizing surfaces in toileting areas: “An alternative EPA approved “disinfectant” (not sanitizer) may be used in place of the usual bleach and water solution. Check the label of the original container and look for the designation as an EPA disinfectant. Be sure all instructions for use are followed. If not, do not give credit for disinfecting the surface. Safety issues regarding the use of the alternative disinfectant , such as not rinsing the residue if required or not keeping out of the reach of children, should be considered in the supervision-related indicators of this item if applicable, and in the Safety item where applicable.”*

The ERS assessment team will comply with these directives and will score accordingly effective May 1, 2012.

### **What this means for child care providers:**

Children over the age of 24 months may now use hand sanitizer to clean their hands (as long as they are not visibly soiled) at the following times:

- before and after meals
- after toileting
- upon arrival into the classroom or when reentering following outdoor play
- before and after water play
- before and after use of play doh
- after messy play or sand play
- after dealing with bodily fluids
- after touching contaminated objects

The procedure for handwashing has changed to require that soapy hands must be rubbed together outside the flow of water for at least 20 seconds.

Sanitizing solutions, other than bleach and water, may be used to disinfect tables, high chair trays, diapering surfaces and sinks, under the following conditions:

- The surface must first be cleaned with a soap and water solution to remove gross soil.
- The alternative solution must be EPA approved and designated as a “disinfectant.
- The solution must be in its original container.
- The teacher must follow the manufacturer’s instructions for use.

Scores related to supervision and safety will be impacted if:

- Children under the age of 24 months use hand sanitizer.
- Children 2 years and older are not closely supervised when using hand sanitizer.
- Hand sanitizer and/or disinfectants are not locked away so that they cannot be accessed by children.
- The proper procedure is not used to clean and disinfect eating surfaces and toileting areas.

## **INFANT-TODDLER ENVIRONMENT RATING SCALE (ITERS-R) POLICY REGARDING LIMITING TIME IN RESTRICTIVE DEVICES**

The American Academy of Pediatrics and the Centers for Disease Control have recommended that infants and toddlers should not sit in a high chair or other equipment that restricts their movement, either indoors or outdoors, for more than 15 minutes. The exception to this is if the child is actively engaged in eating or is being fed. Restrictive devices include cribs, high chairs, swings, car seats, infant seats, bumbo chairs, and the like. Children are continually developing their physical skills, especially infants and toddlers who are learning to explore the world around them. Spending long amounts of time in cribs, seats, swings and other confined spaces limits both their physical growth and their ability to interact with others around them. In response to these recommendations, the authors of the ITERS-R have recently implemented a change in scoring of item 16, *Active physical play*. The Additional Notes for Clarification, disseminated by the authors of the scale in July 2011, state the following:

*“Based on recommendations for the 2011 version of Caring for Our Children (page 66), change the time limit in the note for this indicator from 30 minutes to 15 minutes. No child should be kept restrained in a seat or other restrictive device for more than 15 minutes except for a reasonable time while actively eating, or being fed.”*

The ERS assessment team will comply with this directive and will score accordingly effective May 1, 2012:

- 3.3 This indicator will be scored “no” if the time infants and toddlers spend in equipment that limits their movement exceeds 15 minutes, unless the child is actively eating or is being fed.

### **What this means for child care providers:**

Infant and toddler classrooms that are assessed using the ITERS-R will earn a score of 2 or below for item 16 if:

- children remain in cribs, seats, swings or other restrictive equipment for more than 15 minutes, except for a reasonable time spent eating or being fed.

## **EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS-R) POLICY REGARDING SPACE FOR GROSS MOTOR PLAY**

The authors of the ERS have recently implemented a change in scoring of Item 7, *Space for gross motor play*. The Additional Notes for Clarification, which were disseminated by the authors of the scale in January 2012, state the following:

*In the note for this indicator, replace "In programs operating for less than 4 hours per day, at least ½ hour is required" with the following, "In programs operating less than 8 hours a day, see Explanation of Terms Used Throughout the Scale, on page 7 to determine amount of time required for part day programs of less than 8 hours."*

The ERS assessment team will comply with these directives and will score accordingly effective May 1, 2012.

3.1 – This indicator will be scored "yes" when indoor and/or outdoor space is used for gross motor play by the children in the group for at least:

- One (1) hour in programs operating 8 hours or more
- 45 minutes in programs operating 6 hours
- 30 minutes in programs operating 4 hours

The time gross motor space should be accessible to children will be prorated accordingly based on the operating hours of the child care center.

### **What this means for child care providers:**

Preschool classrooms that are assessed using the ECERS-R will earn a score of 2 or below for item 7 if:

- Children use spaces for gross motor play for less than one (1) hour in programs operating 8 hours or more
- Children use spaces for gross motor play for less than 45 minutes in programs operating 6 hours
- Children use spaces for gross motor play for less than 30 minutes in programs operating 4 hours

## EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS-R) POLICY REGARDING MAINTAINING SANITARY CONDITIONS

The American Academy of Pediatrics and the Centers for Disease Control have found that using an alcohol-based hand sanitizer after washing hands with soap and water is effective in reducing the spread of illness in child care centers. Hand sanitizer products may be dangerous or toxic if swallowed in amounts greater than the residue left on hands after cleaning. It is important for teachers to monitor children's use of hand sanitizers to ensure the product is being used appropriately. As with any hand hygiene product, supervision of children is required to monitor effective use and to avoid swallowing or accidental contact with eyes and nasal passages. Studies have also found that an alternative sanitizing solution that is not chlorine bleach can be used to sanitize surfaces under certain conditions. It is important to check the label to see how long to leave the sanitizer or disinfectant in contact with the surface that is being treated, whether it should be rinsed off before contact by children, and for any precautions when handling.

In response to these recommendations, the authors of the ERS have recently implemented a change in scoring of the following items:

- Item 10 – Meals/snacks (1.3, 3.3)
- Item 12 – Toileting/diapering (1.1, 1.3, 3.1, 3.3)
- Item 13 – Health practices (1.1, 3.1)
- Item 14 – Safety hazards (1.1, 3.1)
- Item 30 – General supervision of children (1.1, 3.1, 5.1)

The Additional Notes for Clarification, which were disseminated by the authors of the scale in July 2011, state the following:

*Handwashing and hand sanitizer use: "The 2011 edition of Caring for Our Children (page 113) states that hand sanitizers can be used in place of handwashing unless hands are visibly soiled. Use can be by adults and children 2 years of age and older. Therefore, the use of hand sanitizers is acceptable when scoring these indicators as long as the product contains 60-95% alcohol, manufacturer's instructions are followed, and very close supervision of children is provided to ensure proper use and to avoid ingestion or contact with eyes and mucous membranes. Be sure to check to be sure that the manufacturer's directions for use are followed exactly, because if not, do not give credit for any time when not followed. You should ask to see the original container with directions for use, if it is not observable. If children are not closely supervised when using the sanitizer, consider in supervision-related indicators for the item specifically, and also in Safety and Supervision.*

*If hands are visibly dirty, handwashing, according to the required procedure is still required, although the time for rubbing soapy hands together before rinsing is changed to 20 seconds rather than the original 10 seconds. Antibacterial soaps should not be used. Children using*

*shared art or sensory materials must wash hands, or use hand sanitizer according to directions, both before and after use.”*

*Sanitizing tables and eating surfaces: “An alternative EPA approved “sanitizer” may be used in place of the usual bleach and water solution as part of the table washing procedure or for high chair trays, and other food related surfaces. Check the label of the original container and look for the designation as an EPA sanitizer. Be sure all instructions for use are followed such as the time required to be on the surface or whether to rinse after use. If not, do not give credit for cleaning the surface. Safety issues regarding the use of the alternative sanitizer, such as not rinsing the residue, if required, or not keeping out of the reach of children, should be considered in the supervision-related indicators of this item if applicable, and in the Safety and General supervision items where applicable.”*

*Sanitizing surfaces in toileting areas: “An alternative EPA approved “disinfectant” (not sanitizer) may be used in place of the usual bleach and water solution. Check the label of the original container and look for the designation as an EPA disinfectant. Be sure all instructions for use are followed. If not, do not give credit for sanitizing the surface. Safety issues regarding the use of the alternative disinfectant , such as not rinsing the residue if required or not keeping out of the reach of children, should be considered in the supervision-related indicators of this item if applicable, and in the Safety and General supervision items where applicable.”*

The ERS assessment team will comply with these directives and will score accordingly effective May 1, 2012.

### **What this means for child care providers:**

Children in preschool aged classrooms may now use hand sanitizer to clean their hands (as long as they are not visibly soiled) at the following times:

- before and after meals
- after toileting
- upon arrival into the classroom or when reentering following outdoor play
- before and after water play
- before and after use of play doh
- after messy play or sand play
- after dealing with bodily fluids
- after touching contaminated objects

The procedure for handwashing has changed to require that soapy hands must be rubbed together outside the flow of water for at least 20 seconds.

Sanitizing solutions, other than bleach and water, may be used to disinfect tables and sinks, under the following conditions:

- The table must first be cleaned with a soap and water solution to remove gross soil
- The alternative solution must be EPA approved and designated as a “disinfectant”
- The solution must be in its original container
- The teacher must follow the manufacturer’s instructions for use

Scores related to supervision and safety will be impacted if:

- Children are not closely supervised when using hand sanitizer
- Hand sanitizer and/or disinfectants are not locked away so that they cannot be accessed by children
- The proper procedure is not used to clean and disinfect eating surfaces and toileting areas.

## EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS-R) POLICY REGARDING BLOCK ACCESSORIES

The authors of the ERS have recently implemented a change in scoring of the following item:

- Item 22 – Blocks (3.1, 3.3, 5.1, 5.2, 7.1)

The Additional Notes for Clarification, disseminated by the authors of the scale in January 2012, state the following:

*“There are 3 types of accessories (transportation, people, animals) required for this item, although there can be other types made available to children as well. Within each type, there are subtypes. For example, animals may include subtypes of zoo and farm animals. For 3.1 and 3.3, only one type is required. For 5.1, two of the types are required. For 5.2, the two types must be stored separately, although subtypes can be stored together (ex., all animals in one container; all people in another). For 7.1, at a minimum, all three types must be represented.”*

The ERS assessment team will comply with these directives and will score accordingly effective May 1, 2012.

3.1 – This indicator will be scored “yes” when at least one type of block accessories (transportation or people or animals) is accessible to the children for use in block play.

3.3 – This indicator will be scored “yes” when at least one type of block accessories (transportation or people or animals) is accessible to the children for at least one hour in programs operating at least 8 hours. This time is prorated for programs operating fewer hours.

5.1 – This indicator will be scored “yes” when at least two of the three types of block accessories are accessible for the children to use in block play.

5.2 – This indicator will be scored “yes” when the different types of block accessories are stored in separate containers (for example, vehicles in one container and animals in another).

7.1 – This indicator will be scored “yes” when all three types of block accessories (transportation and people and animals) is accessible to the children to use in block play.

**What this means for child care providers:**

Preschool classrooms that are assessed using the ECERS-R will earn a score of:

- 2 or below for item 22 if no block accessories are accessible or if block accessories are not accessible to children for at least one hour in programs operating at least 8 hours. The amount of time block accessories should be accessible to children is prorated for programs operating fewer hours.
- 3 or below if at least two types of block accessories are not accessible.
- 3 or below if the block accessories are stored together.
- 6 or below if all three types of block accessories are not accessible to the children.

## **EARLY CHILDHOOD ENVIRONMENT RATING SCALE (ECERS-R) POLICY REGARDING THE USE OF TELEVISION, VIDEO AND/OR COMPUTERS**

The American Academy of Pediatrics and the Centers for Disease Control have recommended that media time should be limited for children 2 years of age and older. Research has demonstrated that children who watch more TV are at increased risk of obesity, have poorer diets, and are less physically active. TV, video and computer use also reduces the time children spend engaging in interactions with caregivers and friends. In response to these recommendations, the authors of the ECERS-R have recently implemented a change in scoring of item 27, *Use of TV, video and/or computers*. The Additional Notes for Clarification, which were disseminated by the authors of the scale in July 2011, state the following:

*“Due to recommendations in the 2011 version of Caring for Our Children, pages 66-67, time allowed for children to view television, video, DVD and use the computer (media screen time) has been changed. Time is limited for children in ECERS groups to not more than 30 minutes total, once a week. Computer use time should be limited to no more than 15 minutes per day for children in a program of any length with the exception of children with disabilities who require assistive computer technology. No media screen time should be allowed during meals/snacks.”*

The ERS assessment team will comply with this directive and will score accordingly effective May 1, 2012:

- 3.3 This indicator will be scored “no” if the time allowed for children over 2 years of age to use TV/video is not limited to less than 30 minutes total a week or time children are allowed to spend on the computer is not limited to 15 minutes per day.

### **What this means for child care providers:**

Preschool aged classrooms that are assessed using the ECERS-R will earn a score of 2 or below for item 27 if:

- children over the age of 30 months are allowed to view TV/video for more than 30 minutes a week
- children over the age of 30 months are allowed to use the computer for more than 15 minutes each day in a full day program