

Use of the Environment Rating Scales during Pandemic Conditions

Lots of people have been asking whether they can use or adapt the scales for use under pandemic conditions. The scales were created to measure how well our programs are meeting the comprehensive child development needs of young children in early childhood programs. Those needs remain unchanged under pandemic conditions. However, during this unprecedented pandemic, programs are required to meet exceptional health care requirements if they are to adequately protect children. These requirements will likely require staff to deemphasize some practices required in the ERS in favor of protecting the health of the children, themselves, and all the people in the children's families and communities who will be interacting with the children when not in early childhood settings.

The authors do not plan to change the scale with new requirements for the unusual health needs that must be met. We will maintain the point of view that the scales are comprehensive instruments that equally represent children's needs for protection, appropriate learning opportunities and chances for establishing positive relationships. It must be remembered that the ERS were developed to be used under normal conditions. *They should NOT be used under pandemic conditions to assess the quality of a program in an official assessment in which the average overall quality of the program is determined.* Such use would not ensure fairness across programs because evaluations that take place under these highly unusual pandemic conditions will score lower on the ERS than those completed during normal operations. Programs receiving lower scores during this situation should not be expected to be rated lower than programs scored during more normal times. **High stakes uses of the ERS instruments in this way is not appropriate.**

Use of the scales during this time is appropriate for guiding program improvement and for general guidance for states in how the special pandemic requirements are affecting the full needs of children. We expect that meeting the health requirements required to protect children in early childhood programs operating under pandemic conditions will often work against meeting children's other developmental needs. Use of the scales will help us view how children's developmental needs are being affected. Therefore, during pandemic conditions, *the ERS should be used in attempts to minimize negative effects of increased health requirements on other aspects of child development.* ERS use can help early childhood professionals consider the issues by examining where and how quality can be maintained or even improved.

It is difficult for us to see how even the more strict health requirements can be met since health issues are a major concern in early childhood programs even under normal conditions. Improving health practices in the ERS will be a good start to meeting the unusual pandemic requirements, since much of what is required for the pandemic conditions is already required in the scales. ERS health-related scores, especially those related to sanitation and handwashing, are already low across the nation. It is the exceptional program where health-related practices score at the "good" level of quality and now extra requirements are added. Examples of questions we should ask to consider where to begin our work include:

- With the work loads of most early childhood staff, and the turnover that requires so much training of new staff, how can we ensure that correct handwashing and sanitizing/disinfecting procedures are carried out adequately?
- Many of the new requirements for health, such as immediate changing of clothing that is contaminated by saliva or other body fluids, is required to be changed. How will we provide the time for staff and children to change or be changed as often as might be necessary? How will we ensure that there are supplies of extra clean clothing?
- There are many barriers within the facility in which the health care needs of the children and staff must be met. Licensing regulations often require much less square footage within classrooms than is likely to be needed to provide social distancing even for preschoolers, much less for infants and toddlers. How can staff provide space to ensure that sleeping children are placed further apart than the current ERS requirement of 3 feet, when there is rarely enough space in the room to meet the 3 foot, or even 18 inch, requirement? Many programs do not have handwashing facilities within a classroom. How do we ensure that there are separate sinks for toileting and other purposes conveniently located?

States are working to adjust their regulations to facilitate the new health requirements, including lower child-staff ratios and increased funding for added staff. This will put a new economic burden on the families and the early childhood programs, as well as on the government, and these costs are already difficult for many to handle. A larger proportion of families will require subsidy and the level of subsidies will need to be increased. Some states are already using stimulus funds to help in the short run. It is still too early to tell if these needed adjustments will come to fruition or whether only minimal new resources are made available to programs.

In terms of children's learning needs, we must consider, for example:

- Children tend to learn best when allowed to move freely in a classroom, stopping to play with materials according to interest, and with well-placed adult input. In doing this, children naturally have significant contact with others, sharing space and materials. How can we maintain a social distance of 6 feet between each child when children, especially the youngest, have no concept of measurement or number? Will we need to resort to keeping children in playpens? How do we allow free use of materials all children touch? Will we need to take up materials after each individual use to be removed?
- For language development, the closer the adult is to the young child, the clearer the message can be. It is more difficult for an infant or toddler to know what is being referenced when adults speak from a distance. Is it possible to communicate with very young children from a distance, particularly when a staff member is wearing a mask?

For children's opportunities to form positive relationships, we ask:

- Young children profit from close social interaction with their peers, as well as their caring adults. Infants and toddlers require frequent close physical contact that supports a bonding relationship with the staff. Are we to limit holding and cuddling of these very

young children, which has been found to be an indication of poor quality adult-child interactions?

- Young children look to the faces of others as they develop the ability to “read” other people’s responses, feelings and intentions. Will masks be required, which hide most of the face so children miss out on this aspect of social development during the formative years?
- It will be very difficult for staff to maintain 6 feet between people.

Through continuing to use reliable ERS scores that represent an accurate picture of how children’s programs attempt to meet the needs of our young children, and with many thoughtful discussions and lots of brainstorming by those with the power to create change, we will be able to keep the “whole child” in mind. Comprehensive high quality in early childhood programs is, even under normal conditions, very difficult to maintain. Figuring out solutions to difficult problems will always be “the name of the game” in this field. The ERS will continue to be a useful tool that is meant to guide our discussions and create change. This crisis should not be an excuse for failing to meet the full needs of children, even if we have to make major adjustments for exceptional health concerns in the immediate future. Lower scores should be expected over the next few months, but programs should not be penalized for making the short-term adjustments to deal with the crisis. *We encourage state regulatory agencies to temporarily refrain from using ERS scores during the next few months to rate programs in the normal way in QRIS initiatives and instead use the scores to help direct resources and supports for programs.*