



PA Position Statements for the ECERS-R

These position statements consider the impact of Pennsylvania Department of Human Services (DHS) Certification Regulations and other Pennsylvania program specific expectations on the scoring of the items in the ECERS-R scale. Input from multiple sources including the ECERS-R scale authors, DHS Certification, OCDEL and other experts were considered in the creation of the position statements.

General PA Position Statement:

The ECERS-R is used in classrooms/groups where the majority of the children are preschool age (37 months through the date the child enters kindergarten). All classrooms operated by the facility, including those not certified under DHS or dually certified (such as, but not limited to, Department of Education, Federal Head Start and Nursery school classrooms) are considered for an ERS assessment. In classrooms of mixed ages, the assessment tool will be determined by the age level that represents the majority of enrolled children in the group: infant/toddler; preschool; or school-age.

ECERS-R may also be used in:

- *Group day care homes which are not located in a residence and only serve children 37 months through entrance into kindergarten.*
- *Group day care homes which are not located in a residence, physically separate children into age-based groupings (i.e., separate classrooms) and children 37 months through entrance into kindergarten represent the highest number of enrolled children in the program.*
- *Programs that contain classrooms that have kindergarten only enrollment.*
- *Programs that contain mixed preschool and kindergarten classrooms.*

1/7/2021

Pennsylvania Early Learning Keys to Quality

Item	Indicator	Indicator Description	Position Statement	Supporting Guidance
<p>General PA Statement regarding Hand washing and use of hand sanitizers</p>			<p><u>General Statement regarding hand washing and use of hand sanitizers</u></p> <p>Child and adult hand washing is required by regulation before meals and snacks, after toileting and diapering, and when visibly soiled. The use of a hand sanitizer is not a substitute for hand washing in these instances.</p> <p>Hand sanitizers may be used with children ages 24 months and older for hand washing unrelated to meals/snacks, toileting/diapering and when not visibly soiled (such as after blowing noses, before sensory play, and other times hand washing is expected in the environment rating scales). The program must follow the guidelines below:</p> <ul style="list-style-type: none"> • Read the label before using a hand sanitizer. If the instructions on the hand sanitizer prohibit its use for children, the hand sanitizer should not be in the facility. Also, note any age restrictions on the label and follow those restrictions. At all times, follow the directions on the product label. • The provider must obtain written parental permission for a child to use a hand sanitizer prior to permitting a child to use a hand sanitizer. The signed parental permission must be kept on file in the child’s record at the facility. • Hand sanitizers must be inaccessible to children when not in immediate use. • A staff person must be physically present with and supervising a child who is using a hand sanitizer. The staff person must remain with the child until the hand sanitizer has dried on the child’s hands. • The steps for using a hand sanitizer are as follows: 	<p>ELS/KS-09 #39, issued 9/2009 Caring for Our Children (CFOC)</p>

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			<ol style="list-style-type: none"> 1. Apply an appropriate amount of the product to the palm of one hand (refer to the directions on the label of the hand sanitizer). 2. Rub hands together. 3. Rub the product over all surfaces of hands and fingers until hands are dry. 	
#7 Space for Gross Motor Play	1.2 and 3.2	Assesses the safety of the indoor and outdoor gross motor spaces.	<p>Spaces for gross motor play are expected to be safe. Scoring is based on the ERS authors' Playground Guidelines.</p> <p>For poured or installed foam or rubber surfaces, the materials must meet the ASTM F1292 requirements, which can be verified through a written statement from the manufacturer.</p>	www.ersi.info (Playground Guidelines in the Supplementary Materials list for the ECERS-R tool)
#10 Meals and Snacks	1.2 1.3,3.3	<p>Addresses food that is served being of unacceptable nutritional value.</p> <p>Assesses sanitary procedures.</p>	<p>Food served by the program at meals/snacks must include 50% of the components required in the CACFP or USDA guidelines.</p> <p>Tables and high chair trays should be cleaned and sanitized before and after food service.</p> <p>All containers/spray bottles used for sanitizing must be inaccessible to children when not in use and labeled with the following:</p> <ul style="list-style-type: none"> • Name of the product • The product's intended use (sanitizer or disinfectant) • Product EPA registration number • Dilution recipe • Contact time required to effectively sanitize • Other directions relevant to proper usage 	<p>CACFP/USDA Guidelines</p> <p>CFOC STANDARD 4.9.0.9: Cleaning Food Areas and Equipment CFOC Appendix J "Selecting an Appropriate Sanitizer or Disinfectant" Definitions:</p> <p>Sanitizer is a product that reduces germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting</p>

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	3.2 3.5	States that well-balanced meals and snacks are served. Expects that children's allergies are posted.	<p>Bleach/Water: It is no longer possible to provide a generic bleach recipe for sanitizing in early care and education programs. Use Environmental Protection Agency (EPA) registered bleach. Follow label instructions for use. When label instructions are not provided, use the following link to enter the EPA number of the product. http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1. These instructions may also be found in the online (updated version) of <i>Caring for Our Children</i>, 4th edition in Appendix J at https://nrckids.org/Files/Appendix/AppendixJ2020.pdf</p> <p>Food served by the program at meals/snacks must include all required components of CACFP/USDA Guidelines.</p> <p>In order to post medical/allergy information about children, staff must obtain written permission from the parent. If parents do not provide consent, staff is required to maintain this information in a more confidential manner: keeping a notebook with known allergy/medical information which all staff is required to check, posting in a manner that protects child confidentiality, etc.</p>	<p>boards, high chair trays), toys that children may place in their mouths, and pacifiers.</p> <p>Commercial Products: Use an Environmental Protection Agency (EPA) registered product for sanitizing and disinfecting. Follow label instructions for use.</p> <p>CACFP/USDA Guidelines</p>
#11 Nap/Rest	1.2 and 3.2	Expects rest equipment to have a minimum separation of 18 inches at 3.2.	At least 24 inches of open space from other napping children or furniture/equipment is required on three sides of nap equipment. The expectation is for all children to be separated in this manner to prevent the spread of germs during sleep, to maintain visual supervision, and to insure adequate space for access in case of an emergency.	PA DHS Certification Regulations DHS Code # 3270.106

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	3.2	Expects healthful, sanitary provisions for nap/rest linens, but does not provide a cleaning schedule.	All nap bedding must be cleaned weekly. Soiled bedding shall be cleaned before it is reused.	PA DHS Certification Regulations DHS Code # 3270.106
	5.3	Expects cots to be separated by 36 inches or a solid barrier.	At least 36 inches of open space from other napping children or furniture/equipment is required on three sides of nap equipment. The expectation is for all children to be separated in this manner to prevent the spread of germs during sleep, to maintain visual supervision, and to insure adequate space for access in case of an emergency.	PA DHS Certification Regulations DHS Code # 3270.106
#12 Toileting/ diapering	1.1,3.1,5.1	Assesses sanitary procedures.	<p>Diaper changing tables/ pads should be <u>disinfected</u> after each diaper change.</p> <p>All containers/spray bottles used for disinfecting must be inaccessible to children when not in use and labeled with the following:</p> <ul style="list-style-type: none"> • Name of the product • The product’s intended use (sanitizer or disinfectant) • Product EPA registration number • Dilution recipe • Contact time required to effectively disinfect • Other directions relevant to proper usage <p>Bleach/Water: It is no longer possible to provide a generic bleach recipe for disinfecting in early care and education programs. Use Environmental Protection Agency (EPA)</p>	<p>CFOC STANDARD 3.2.1.4: Diaper Changing Procedure</p> <p>CFOC Appendix J “Selecting an Appropriate Sanitizer or Disinfectant” Definitions: Disinfectant is a product that destroys or inactivates germs on an inanimate object. A disinfectant may be appropriate to use on non-porous surfaces such as diaper change tables, counter tops, door and cabinet handles, and toilets and other bathroom surfaces. Commercial Products: Use an Environmental Protection Agency (EPA)</p>

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			<p>registered bleach. Follow label instructions for use. When label instructions are not provided, use the following link to enter the EPA number of the product.</p> <p>https://iaspub.epa.gov/apex/pesticides/f?p=PPLS:1</p> <p>These instructions may also be found in the online (updated version) of <i>Caring for Our Children</i>, 4th edition in Appendix J at https://nrckids.org/Files/Appendix/AppendixJ2020.pdf</p>	<p>registered product for sanitizing and disinfecting. Follow label instructions for use.</p>
#13 Health Practices	3.4	Examples listed in indicator includes TB testing for staff every two years.	<p>Regulations Updated for Tuberculosis Testing (2012): Based on recommendations from the Department of Health and the American Academy of Pediatrics, the Pennsylvania Department of Human Services (DHS) will accept an interferon-gamma release assay (IGRA) blood test to meet the requirement for tuberculosis (TB) testing of staff in Child Day Care Centers, Group Child Day Care Homes, and Family Child Day Care Homes. The IGRA blood test may be administered instead of the traditional Mantoux skin test specified by regulation. The record of a person with a positive tuberculin skin test or blood test must include the results of a chest X-ray and evaluation for chemoprophylaxis as required by regulation.</p>	<p>DHS PA Code §§ 3270.151(c) PA Certification regulations require tuberculosis screening at initial employment. Subsequent tuberculosis screening is not required unless directed by a physician, physician’s assistant, CRNP, the Department of Health or a local health department.</p>
#14 Safety Practices	1.1 and 1.2	Considers exposure to safety hazards.	<p>1.1 and/or 1.2 will be scored “yes” if any of the following is observed:</p> <ul style="list-style-type: none"> • A minimum of 4 indoor or 4 outdoor safety hazards • A safety hazard exists that is also a licensing violation • Any product or material labeled, “Keep out of reach of children,” is not stored in locked areas or containers, including medicines and cleaning materials. <p>Spaces for gross motor play are expected to be safe. Scoring is based on the ERS authors’ Playground Guidelines.</p>	<p>www.ersi.info (Playground Guidelines in the Supplementary Materials list for the ECERS-R tool)</p>

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			<p>For poured or installed foam or rubber surfaces, the materials must meet the ASTM F1292 requirements, which can be verified through a written statement from the manufacturer.</p>	
<p>#24 Dramatic Play</p>	<p>5.1</p>	<p>This item references the need for gender specific clothes. The clarifying note for 5.1 associates hard hats as an example for male oriented dress up options.</p>	<p>All job specific clothing (such as hard hats, uniforms, and sportswear) is included as clothing worn by both men and women and cannot be considered gender specific options.</p>	
<p># 27 Use of TV, Video and/or Computer</p>	<p>Item Note</p>	<p>Refers to appropriate use of technology and time limits on usage</p>	<p>All use of technology by children is: developmentally appropriate; interactive; standards-based (Connected to PA Early Learning Standards); coupled with real-world activities; culturally and linguistically appropriate; part of a balance of activities in any given day; not to exceed 15 minutes for any individual child during a three-hour observation period; used to extend and support the learning goals for the children. Children are not engaged in use of passive technology, with exception of children with disabilities who require assistive computer technology. No media time should be allowed during meals and snacks.</p>	<p>The joint position statement from NAEYC and the Fred Rogers Center for Early Learning and Children’s Media¹, defines interactive media as “<i>designed to facilitate active and creative use by young children and to encourage social engagement with other children and adults</i>”</p> <p>In addition, the definition of technology tools encompasses a broad range of digital devices, such as: computers, tablets, multi-touch screens, interactive whiteboards, mobile devices, DVD, VCR, VHS tapes. ¹NAEYC. 2011.” Technology and Interactive Media as Tools in Early Childhood Programs Serving Children from Birth through Age 8.” Position Statement. Washington DC: Author.</p>

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				http://issuu.com/naeyc/docs/ps_technology_issuu_may2012?e=2112065/2087657
#29 Supervision of Gross Motor Activities	Item Scoring 1.1 and 3.1	The expectations of this item are based on the supervision provided by staff during the gross motor activity times of the day, indoors or outdoors. References inadequate supervision of children to protect children's well-being.	If gross motor activities are not observed indoors or outdoors for the assessed group of children on the day of the observation, this item will be scored NA, not applicable. Classrooms not regulated by DHS or dually certified (such as, but not limited to, Department of Education, Federal Head Start, and Nursery school classrooms) are expected to maintain the staff:child ratio required by their regulatory/certifying body. All classrooms regulated by DHS are expected to meet DHS ratios and be in compliance with DHS requirements for child supervision, even when outdoors and in gross motor spaces.	
#30 General Supervision of Children	1.1 and 3.1	References inadequate supervision of children to protect children's well-being.	Classrooms not regulated by DHS or dually certified (such as, but not limited to, Department of Education, Federal Head Start, and Nursery school classrooms) are expected to maintain the staff:child ratio required by their regulatory/certifying body. All classrooms regulated by DHS are expected to meet DHS ratios and be in compliance with DHS requirements for child supervision.	
#34 Schedule	3.3	Expects one indoor and one outdoor play period daily, but does not give guidance for	Children are expected to go outside when the forecast temperature/wind chill is above 25 degrees, the forecast temperature/heat index is less than 90 degrees, there is no precipitation falling, and there is no current air quality alert. It is understood that given these parameters there may be	This term is also referenced in PA Certification regulations for centers and group day care homes. It relates to children's opportunities to engage in outside play and activities. However,

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		appropriate weather permitting conditions for outdoor play.	portions of some days that do not meet the conditions of weather permitting since forecasts are generally targeted to a point in time in the day.	there is no definition in PA DHS Certification regulations of what constitutes weather permitting. Caring for Our Children Standards state that children should play outdoors unless weather poses a significant risk and includes wind chill at or below 15 degrees, heat index above 90 degrees and/or an air quality alerts exist.
#35 Free Play	3.1 and 5.1	Expects free play to occur indoors and outdoors daily but does not give guidance for appropriate weather permitting conditions for outdoor play.	Children are expected to go outside when the forecast temperature/wind chill is above 25 degrees, the forecast temperature/heat index is less than 90 degrees, there is no precipitation falling, and there is no current air quality alert. It is understood that given these parameters there may be portions of some days that do not meet the conditions of weather permitting since forecasts are generally targeted to a point in time in the day.	This term is also referenced in PA DHS Certification regulations for centers and group day care homes. It relates to children's opportunities to engage in outside play and activities. However, there is no definition in PA Certification regulations of what constitutes weather permitting. Caring for Our Children Standards state that children should play outdoors unless weather poses a significant risk and includes wind chill at or below 15 degrees, heat index above 90 degrees and/or an air quality alerts exist.



Changing Diapers, Pull-ups and Soiled Underwear

The following guidelines are for use in child care centers, group homes and family day care homes where diapering and toilet training occurs. The ERS Authors, *Caring for Our Children 3rd Edition Standards*, DHS Certification Regulations and ECELS guidance were used in the creation of this document.

Soiled/Wet Diapers*	Soiled/Wet Pull-ups and Underwear*
1. Adult washes their hands. (Only if prior to changing the diaper, pull up or underwear it is "checked" by reaching into it to see if a change is needed)	1. Adult washes their hands. (Only if prior to changing the diaper, pull up or underwear it is "checked" by reaching into it to see if a change is needed)
2. Gather all supplies for the diaper change and place on or near the changing surface above the child's head. (Enough wipes for the process removed from container, clean diaper, a plastic for soiled clothing, and clean clothes if needed) If used: disposable gloves, dab of diaper cream on disposable towel, changing table paper (enough to reach from child's shoulders to their feet)	2. Gather supplies for the change process and place on or near the changing surface outside the contaminated area. (Enough wipes for the process removed from container, clean pull up or underwear, clean clothes and a plastic bag for soiled clothing if needed) If used: Paper liner (large enough to stand on and fold over if needed), disposable gloves
3. Place the child on the changing table and remove clothing to access diaper keeping the clothing out of the contaminated area. Never leave the child unattended on a changing table or countertop. If clothing is soiled place in a plastic bag to send home.	3. Consider whether to change the child lying down or standing up. (If child will be changed lying down follow the procedure for diapers)
4. Unfasten diaper leaving it under the child.	4. If using paper liner, have child stand on paper.
5. Use wipes to clean child's bottom from front to back and place inside the soiled diaper or directly into a lined, hands-free covered trash can. Use each wipe for only one swipe.	5. To avoid contamination of clean shoes, socks and clothing, remove unsoiled clothing and set aside. (If the child's shirt is clean it is helpful to have them hold their shirt up above their waist during the change.)
6. Fold the soiled surface of the diaper inward over the used wipes and place the bundle in the trash can. If gloves were used discard them at this time into the same trash can.	6. Remove soiled clothing and place in a plastic bag to send home. If a pull-up was used, remove by pulling the sides apart and discard it in a lined, hands-free covered trash can. If underwear was used remove from the child doing your best to avoid contamination of surfaces and place with clothes in the bag.
7. Use a wipe to remove soil from your hands and throw it in the trash can. Use another wipe to remove soil from the child's hands and throw it in the trash can.	7. If paper liner was used check for soil around the child and fold paper over if needed so there is a clean surface to stand on.
8. If paper liner was used, check for soil under the child and fold paper up from the child's feet to cover the area and create a clean surface under child's bottom.	8. Clean the child's skin around their pull-up/underwear area, wiping from front to back using each wipe for only one swipe. Place each used wipes in the trash can. Discard gloves (if used) in the trash can.
9. Put on the clean diaper and diaper cream if needed and redress the child.	9. Use a wipe to remove soil from your hands and throw it in the trash can. Use another wipe to remove soil from the child's hands and throw it in the trash can.
10. Wash the child's hands and return them to the group without touching other surfaces. Store bagged, soiled clothing for parents in an area inaccessible to children.	10. Assist the child, as needed, in putting on a clean pull-up or underwear and getting redressed, including socks and shoes. Supervise the washing of the child's hands and their return to the group without touching other surfaces.
11. Dispose of paper liner in trash can if used. Clean visible soil from changing table and disinfect the surface with bleach/water solution or an EPA approved product according to directions.	11. Store bagged, soiled clothing for parents in an area inaccessible to children. Dispose of paper liner in trash can if used. Clean visible soil from changing area and disinfect the surface with bleach/water or an EPA approved product according to directions.
12. Adult washes hands. Record the change in the child's log.	12. Adult washes hands. Record the change in the child's log.
Hand Washing Procedure: 1. Moisten hands with water and use liquid soap 2. Rub hands together away from water for 20 seconds 3. Rinse hands free of soap under running water	4. Leaving water running, dry hands with a clean paper towel or an air blower 5. Turn off faucet using paper towel 6. Throw the used paper towel into a hands-free trash can

*Note: All changes must be completed on a surface that can be disinfected after use. Because changing a child from the floor level or on a chair puts the adult in an awkward position and increases the risk of contamination it is recommended that a changing table be used when possible. (CFOC, 4th Edition).