



NC ADDITIONAL NOTES FOR THE ITERS-R

The NC Additional Notes provide supplementary information for the Environment Rating Scales so that participants in the assessment portion of the North Carolina star rated license may correctly interpret and score items found within the scale. A primary aim for the notes is to further define or explain requirements of certain items to improve interrater reliability or consistency among assessors working with the North Carolina Rated License Assessment Project (NCRLAP).

Participants in the NC star rated license system should be aware of the following:

- The NC Additional Notes are updated (approximately) every 6 months, as needed. NCRLAP assessors conduct assessments using the most current notes. Child care professionals are encouraged to download and use the most current version of the notes from ncrlap.org.
- NCRLAP assessors use only the NC Additional Notes for the ITERS-R and, due to modifications and additions that occur over time specific to the assessment process in this state, the NC Additional Notes may differ from notes created by the scale authors found on the Environment Rating Scales Institute website. Participants in the NC star rated license should replace older notes with the current NC Additional Notes.
- For NC ITERS-R assessments, items 33-39 are not included in the overall score.
- NCRLAP began using the Updated Edition of the ITERS-R that has a spiral binding on August 1, 2006, for all assessments completed in North Carolina. For assessment purposes, this version replaced the earlier version of the ITERS-R.

The NC Additional Notes were compiled and further developed by members of the NCRLAP's management team, especially by our state anchors and anchor advisors. On September 1, 2003, with permission from Debby Cryer and Thelma Harms, the Additional Notes for Clarification for the ECERS-R, ITERS, ITERS-R, FDCRS, and SACERS were retrieved from the Frank Porter Graham website (<http://ers.fpg.unc.edu/>) and used for the basis for the NC Additional notes. Since then, NCRLAP has made modifications and additions to the notes as described below.

Recent changes (Note: The most recent changes are italicized in this document):

<i>11/2024: Item 9</i>	04/2016: Item 8	03/2009: Items 2, 7, 20
10/2023: General notes, Item 18	10/2015: General notes	09/2008: Items 11, 16, 35
02/2023: Final Covid exemption removed	03/2015: Item 32	03/2008: Item 7
02/2022: Item 6	11/2013: Item 8	04/2007: General notes, Items 1, 2, 7, 9, 18, 22
10/2020: Item 24	05/2013: Item 23	10/2006: Items 2, 17, 21, 3
03/2017: Item 23	10/2012: Items 7, 8	
10/2016: Item 7	05/2012: General notes, Items 7, 9, 16	

GENERAL NOTES FOR THE ITERS-R

General references: Materials that are frequently used by NCRLAP to assist in decision making are Caring For Our Children (used for health, sanitation, and safety issues) and the Handbook for Public Playground Safety, CPSC Publication No. 325 (for gross motor play issues), and ASTM 2373 Standard Consumer Safety Specification for Public Use Play Equipment for Children 6 Months through 23 Months. Links to these resources are found on our website ncrlap.org and providers are encouraged to access these; however, all information contained in these resources may not be applied during an assessment.

Gross motor equipment and safety issues: NC assessors use the gross motor safety information sheet titled: "NCRLAP's Requirements for Gross Motor Space and Equipment." This document is available at ncrlap.org.

Handwashing: Since children develop head and body control at individual rates, observers cannot use a chronological age to determine whether handwashing is required for young infants and older children with disabilities. If children are able to hold their own heads steadily upright while sitting or being held by a caregiver, then handwashing is required.

In certain situations, when a sink with running water is not accessible for the group to use, hand sanitizing products may be used in lieu of handwashing. For example, hand sanitizer may be used while staff is supervising children outdoors if hands are washed upon returning indoors. The following requirements must be met; the waterless wash or wipe must be used according to manufacturer guidelines (i.e., labeled as safe for use by children, used only with adult supervision, allowed to dry properly), and the waterless wash must be stored out of reach of children. Please note that this substitution is only acceptable in certain circumstances and that the requirements for adequate handwashing still apply for routine care activities and general classroom use.

Much of the day: *When one-third or more of the day is spent outdoors, there must be at least half of the materials required indoors at the minimal level to earn credit for indicators with requirements related to access for "much of the day." At the good level of quality various materials that are typically provided indoors are also required in the outdoor environment to earn credit for indicators requiring access for "much of the day."*

Sanitation: Child care providers and other professionals should be aware that compliance with NC's Sanitation of Child Care Center Requirements contained in 15A NCAC 18A Section .2800 must be maintained by licensed child care centers; therefore, if differences in wording regarding the use of various products, such as a sanitizing solution, as compared to a disinfecting solution appear in some of the rating scale items, the Sanitation Requirements must be followed. Consider the following:

- For chlorine bleach and water sanitizing solution to be effective, it must be mixed to the strength specified in 15A NCAC 18A .2801 Definitions (22) and be allowed to dry for a minimum of 2 minutes. Complete air drying is ideal. Other sanitizing solutions, as required and approved in 15A NCAC 18A .2812, Cleaning and Sanitizing Equipment and Utensils (5E) may also be used.
- For chlorine bleach and water disinfecting solution to be effective, it must be mixed to the strength specified in 15A NCAC 18A .2801 Definitions (7) and be allowed to dry for a minimum of 2 minutes. Complete air drying is ideal. Other EPA registered disinfectants or germicides may be used, based on the specifications found in the same definition (e.g., approved for equivalent setting and instructions for use are followed).

Poor repair of materials and books: Materials and books that are in poor repair, meaning that they are not usable as intended, are excluded when determining whether the required numbers or examples for various categories have been provided. However, if there is an inappropriate image accessible to children this is always considered regardless of whether or not a material, picture, or book is in poor repair.

ITEM 1:

Indicator 3.2: The noise level must be comfortable for children and staff. This means that conversation should be easy to hear when normal voice tones are used, and high noise levels should not be persistent. Noise from other indoor spaces can impact another classroom and this should be considered when scoring.

ITEM 2:

Indicator 5.2: A seating arrangement with at least two appropriately sized chairs and a table are required for this indicator when two or more toddlers are enrolled. When one toddler is enrolled, one appropriately sized chair and table is sufficient. The seating arrangement may be provided in a play area or routine care area.

Indicator 5.5: The adult-sized furnishing(s) must be appropriate for each routine care activity. If children are bottle fed or rocked to sleep, then a rocking chair is sufficient; however, if two or more of the children eat at tables, then appropriate seating for that purpose is needed. Credit is earned if adult-sized furniture is used during routine care activities, as needed, or if the furniture is easy to move and conveniently located in the classroom for easy access by staff.

ITEM 5:

Indicator 5.2: This indicator does not require that hanging display be suspended from the ceiling. Wall attachments, such as plant hangers, offer a safe means for providing this type of display. Hanging display may also be attached to windows, doorframes, or furnishings (such as backs of chairs, shelves, outside of cribs) so that the items extend over a play or routine care area. Safety for children who are pulling up must always be considered in these circumstances and should be noted in Item 11.

ITEM 6:

Indicator 3.1: If fewer than four children are observed upon arrival, do not apply the 75% requirement mentioned in the Notes for Clarification on page 19 for this indicator, and instead consider whether most of the children were greeted to score this indicator. For example, if two of three children were greeted, credit would be earned for indicator 3.1, but not 5.1.

Indicator 3.4, 7.2 Requirements can be met with in-person communication or alternative forms of communication (e.g., an app, texting, email, etc.).

ITEM 7:

Indicator 1.2, 3.2:

- Portions of each required food component must be placed on each child's plate unless meals or parts of meals are served family style, in which case a sufficient quantity of the food served family-style must be available for all children to serve themselves required amounts. Verbally offering a food or beverage that is not within reach of a child is not sufficient.
- NCRLAP no longer evaluates the nutritional adequacy of foods or beverages brought from home; however, for meals and snacks provided by the child care program, nutrition guidelines still apply.

Indicator 1.3, 3.3, 5.3: Consider the following components. Each component should be calculated separately and must be met as described in the indicator with only occasional lapses in practice.

- Proper hand washing for adults and children includes use of soap and running water for approximately 15-20 seconds, followed by drying with an individual paper towel or air dryer. In addition to the first 2 bullets on page 21, this component requires handwashing for children who handle or hold their own bottles. Consider adult and child handwashing separately.
- Sanitary eating surfaces must be cleaned with a soapy water solution, wiped dry, and then sprayed with the sanitizing solution before and after eating. For bleach/water sanitizing solution to be effective it must be allowed to dry for a minimum of 2 minutes and complete air drying is ideal. Manufacturer instructions for other sanitizers should be followed. Paper towels or a clean cloth, rather than sponges, should be used. The same cloth cannot be used to wipe the soapy water and the sanitizing solution. The use of a clean cloth to wipe sanitizing solution from more than one table is acceptable, as long as the sanitizing procedure was carried out correctly.
- Uncontaminated foods and beverages are served using sanitary utensils and containers. Other requirements are described in the bullets on page 21.

Indicator 3.1: Solid foods are any food that is not fed from a bottle or cup. To require that water is offered to younger children between meals, it must be evident during the observation or teacher interview that a bottle is no longer a child's primary source of nutrition. Infants should be fed on demand and group schedules for toddlers must be flexible to meet individual needs. Additionally, based on program operating hours the following requirements apply:

- 4 hours or less, must serve 1 meal or snack
- 4-6 hours, must serve 1 meal
- 6-12 hours, must serve 2 meals and 1 snack or 2 snacks and 1 meal
- 12 hours or more, must serve at least 2 meals and 2 snacks.

Indicator 3.5: Written instructions from a child's health care professional for food or beverage substitutions are acceptable. For snacks, two of four nutritional components from the USDA Meal Guidelines must be served. A child with food or beverage allergies may be served any food that counts for a second USDA component as a substitute. For example, if the snack is milk and crackers, a child who is allergic to milk may be served juice and crackers because the child's allergies are considered, and the alternative snack still meets USDA guidelines.

This indicator also addresses the nutritional adequacy of substitutions that are provided for children with other dietary restrictions. A food or beverage substitution must be made in cases when there is a family dietary preference or restriction, and the substitution must meet USDA guidelines.

Indicator 5.5: Check to be sure the menu represents the current time period. If substitutions are made, the posted menu should be corrected.

ITEM 8:

NCRLAP relies on the updated information found in the on-line version of Caring For Our Children standard 3.1.4.1 to define safe sleep practices. Therefore, no items other than the child and his/her pacifier should be in a crib that is in use. This applies to bedding such as flat sheets, blankets, etc. Refer to <http://cfoc.nrckids.org/StandardView/3.1.4.1> for more information.

Indicator 1.1: All programs operating for longer than 4 hours must have provisions for nap time and plans for children to rest daily. The schedule may vary based on individual needs, but rest time should be part of the classroom schedule.

Indicator 1.1, 3.2: Adequate spacing between cots/mats/cribs or a solid barrier between nap provisions is acceptable for NC assessments. The solid barrier must extend the entire length of the sleep surfaces.

ITEM 9:

Indicator 1.1, 3.1, 5.1, 7.1: *According to Caring for Our Children (CFOC), to avoid the spread of disease, separate sinks should be used for food preparation/service, another should be used for toileting/diapering and one more should be used for all other purposes. However, it is unusual for early childhood program classrooms to be equipped with multiple sinks reserved for different uses.*

New information from CFOC shows that touching sink faucets after handwashing does not add to a substantial amount of contamination. Therefore, it is no longer required that faucets be turned off with a paper towel. In addition, if sinks are observed to be used for multiple purposes, and only the faucets are touched during handwashing (e.g., no food washed in sink, no touching sink surfaces occurs), it is no longer necessary to disinfect the sinks between different uses, except when soiled or during regular cleaning. Therefore, if a shared sink is used without disinfecting, consider the relative contamination that is observed, and if minimal, consider this a minor problem when scoring the handwashing/sanitation indicators (ERSI, 2024).

Related to diapering/toileting, replace any requirements related to use of a sanitizer with disinfectant as defined in the General Notes section.

For proper sanitary diaper change procedure, see the NC Health and Safety Resource Center Diapering Procedure Poster available at <https://healthychildcare.unc.edu/files/2019/03/CC-DIAPER4-DiaperChange-2019-English-and-Spanish.pdf>

Indicator 1.1, 3.1, 5.1: The use of wipes during the diaper changing process is considered in these indicators as wipes contribute to reducing the spread of germs to surrounding surfaces. Therefore, the original note for clarification on page 25 for indicators 1.3 and 3.3

should be applied to indicators 1.1, 3.1, 5.1. To adequately disinfect the diaper changing surface after cleaning with soapy water, the disinfecting solution must be allowed to dry for 2 minutes, and complete air drying is ideal.

ITEM 10:

Indicator 1.3: Provisions must be made for sick children to be separated from the well children and community activity areas; however, the sick child may be in the same classroom for this indicator to be met.

Indicator 3.4: This indicator refers to the use of both over the counter (OTC) and prescription medications. However, the note for clarification for this indicator on page 25 refers to prescription medication only. Though it would be ideal for a physician to be involved in the decision to administer any types of medication, OTC medications may be given with signed permission from parents as is consistent with licensing rules. Therefore, OTC medication must be in original container and administered according to label instructions, including dosage recommendations based on age or weight of child. Parents requesting deviations from printed instructions must provide written confirmation that they are based on physician's recommendation, including name of physician and date of consultation. Blanket authorization is permissible for certain medications such as diaper cream or sunscreen. Score this indicator N/A only if there are no children in the program currently being given any type of medication.

ITEM 11

Indicator 3.1: There can be no more than five minor safety hazards to earn credit.

ITEM 15:

Indicator 3.2: This indicator refers to the materials required in indicator 3.1.

ITEM 16:

Indicator 5.5: To earn credit, there can be no major safety hazards and not more than two minor hazards found in any space used for active play. A fall zone with protective surfacing is not required for items designed/ intended for purposes other than gross motor play (e.g., picnic table, bench, retaining wall). If such items are used for gross motor activities such as jumping or climbing, this will generally be considered in item 25 as a supervision concern if these behaviors are encouraged or prevalent during the observation. Additionally, if there are obvious safety issues, such as a fall onto another item or hard surface is likely, and use of the non-gross motor item is encouraged or prevalent this may be considered in item 11 Safety practices, but not in this item.

ITEM 17:

If art materials are used with infants very infrequently (e.g., reported only for isolated special activities but not on a monthly basis) then this item should be marked N/A, as long as the activities described are appropriate for the children and the materials are safe. If art materials are used during the observation with infants this item must be scored, regardless of how often art activities occur.

Indicator 5.2: If teacher-directed projects that use art materials occur very infrequently on special occasions (e.g., holiday-related), credit can be earned for this indicator.

ITEM 18

Materials/activities must be developmentally appropriate to be considered. Beyond the examples included, other devices that play recorded music can be considered such as Alexa or Siri. To be considered accessible children must know how to operate the device independently. If devices with screens are used and videos are visible to children, this is considered screen time.

ITEM 19:

Indicator 3.3: This indicator refers to the materials required in indicators 3.1 and 3.2.

ITEM 20:

Indicator 3.2: This indicator refers to materials required in indicator 3.1.

Indicator 5.1 Access for much of the day is required.

ITEM 21:

Indicator 3.2: If staff supervision of sand/water play is proactive (staff are nearby and aware of children's behaviors) and staff quickly redirect age-appropriate behaviors such as tasting water or sand, then credit can be earned for this indicator.

ITEM 22:

Indicator 3.2: This indicator refers to the materials required in indicator 3.1.

Indicator 5.2: The materials required by this indicator must be placed so that they are obvious to children or staff must draw children's attention to the plants or animals on a daily basis. Credit can be given for outdoor plants or animals if children can easily see the plants or animals from the classroom and staff facilitates children's awareness of the plants or animals daily.

ITEM 23:

Various items that have electronic screens, in addition to TV and desktop computers, are considered when scoring this item. This includes, but is not limited to:

- Computers of any type (e.g., laptops, notebooks, tablets such as iPad)
- Gaming systems of any type, including handheld (e.g., Nintendo DS, Play Station, X Box, Wii, Game Boy)
- Smart Boards
- Handheld DVD player
- iPods or other MP3 players
- E-Readers such as Nook, Kindle, etc.
- Cell phones

Therefore, when such devices are used by children the requirements of the various indicators are considered. Exceptions include situations when an electronic device is used only to play music without video/images or as a communication device for a child with a disability.

Indicator 1.3, 3.3 Due to research on screen time usage with very young children and in keeping with the recommendations from Caring for our Children, NC assessors should change the age in these indicators from 12 months to 24 months.

ITEM 24:

Indicator 3.3 A prejudicial statement or action made by staff, other adults, or children should be addressed with appropriate intervention, whether or not the statement or action was intentional or done with malice. Prejudicial statements or actions considered in this indicator are those that:

- Demean, mock, devalue, or threaten others based on preconceived opinions or feelings
- Disregard family preferences
- Perpetuate myths or misinformation about a group of people
- Demonstrate an attitude of negativity or fear, either verbally or nonverbally

ITEM 32:

Score this item when there is a child in the group with an identified disability or special need. If the identification process is not complete, this item is N/A. If intervention or therapy services occur, this indicates that a child has special needs. It is not necessary for a child to have an IFSP to score this item, nor is it necessary to know the identity of a child with a disability. Assume that parents want their privacy protected and simply ask the questions needed to score.

Requirements in this item apply to each child with an identified disability/special need or medical condition requiring special consideration

Indicator 3.1: Upon enrollment or upon learning about a recent diagnosis, staff should seek basic information about the child's identified disability, medical condition or other special need. Staff should have that information within 30 days. In circumstances where staff report that a parent is reluctant to share this information, staff should be able to explain what continued follow up attempts are occurring including providing explanations about the importance of having this information. This indicator does not require that staff have actual copies of any assessments or developmental plans. The information may be provided by parents/guardians, other staff or specialists who have specific knowledge regarding the child's needs.

Indicator 3.3: Both parents and staff must *work together* to develop goals for the child. This may occur informally or during specific meetings. The phrase "goals" in this indicator does not refer exclusively to those outlined in an IFSP, but also includes more generalized developmental outcomes.

Indicator 5.1: If not observed, staff must provide examples of ways that they communicate with specialists and then implement the ideas.

Indicator 5.2: If a child spends much of his/her time away from the group, requirements of this indicator are not met.

References:

ITERS-R Additional Notes for Clarification found on the Environment Rating Scales Institute website (www.ersi.info/)

Infant/Toddler Childhood Environment Rating Scale Revised Edition by Thelma Harms, Debby Cryer, and Richard M. Clifford. (New York: Teachers College Press, 2006).