

# Examining Quality in Georgia's Child Care Centers Before and After the COVID-19 Pandemic

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## Summary Findings

- Before and after the COVID-19 pandemic, observations by Quality Rated—Georgia's Quality Rating and Improvement System—indicated that child care centers in Georgia provided “minimal” to “good” quality care to children from birth to age 5.
- Average overall scores on both the Early Childhood Environment Rating Scale, Third Edition (ECERS-3) and the Infant/Toddler Environment Rating Scale, Third Edition (ITERS-3) decreased slightly following the COVID-19 shutdown when comparing 2018-2019 to 2022 data.
- Average ECERS-3 scores showed significant decreases across these two periods on all six subscales and over half of the individual items. These declines may be, in part, due to increased stress placed on the child care workforce as a result of the pandemic disruptions. Many child care centers were temporarily or permanently closed during the pandemic and staff shortages continue to be a significant challenge.
- Average ITERS-3 scores showed significant declines on only one subscale (Space and Furnishings) and a few individual items over that same time period. This stability may be due to smaller group sizes and more stringent safety and health requirements resulting in fewer changes required by pandemic safety protocols in infant and toddler classrooms.
- Both before and after the pandemic shutdown, the Interaction subscale consistently had the highest average score in classrooms serving infants/toddlers and children ages 3 to 5, while the lowest average subscale score was observed in Personal Care Routines. This suggests that staff are engaging in frequent, positive interactions with children both before and after the pandemic. However, there may be room for improvement in Personal Care Routines.

## Introduction

Quality Rated, Georgia's Quality Rating and Improvement System, is Georgia's systematic approach to assessing, improving, and communicating the level of quality in early childhood and school-age care and education programs. Programs that wish to be part of Quality Rated submit an online portfolio and receive

an unannounced observation of one third of the classrooms in each age group within the program.<sup>1</sup> The scores from the portfolio and the observation are used to determine a rating. The Infant/Toddler Environment Rating Scale, Third Edition (ITERS-3) is used for the unannounced observations in infant and toddler classrooms, and the Early Childhood Environment Rating Scale, Third Edition (ECERS-3) is used in classrooms serving children ages 3 to 5.

As a result of the COVID-19 pandemic, Georgia's Department of Early Care and Learning (DECAL) paused in-person classroom Quality Rated observations in March 2020. They resumed observations in July 2022.<sup>2</sup> The COVID-19 pandemic had large impacts in early care and education (ECE). Child care programs faced both temporary and permanent closures and changes to their operating procedures to adjust to the increased need for safety protocols.<sup>i</sup> Increased demands on and limited supports for ECE caregivers contributed to high turnover and increased stress.<sup>ii</sup> Nationwide, employment in ECE dropped by 35 percent in 2020 and has not yet returned to pre-pandemic levels. It is unclear how child care quality may have fluctuated over this period of increased stress and instability.<sup>iii</sup>

This brief summarizes comparisons of ECERS-3 and ITERS-3 observations conducted as part of the rating process before and after the COVID-19 pause. It includes only classrooms serving infants/toddlers and children ages 3 to 5 in center-based programs taking part in Quality Rated. Understanding the changing strengths and opportunities for improvement in ECE classrooms may be useful in designing supports for Georgia's ECE workforce.

## Methodology and Data

This brief summarizes and compares the findings of the ECERS-3 and ITERS-3 observations conducted by Quality Rated in two different time frames: 2018-2019 and 2022. The Environment Rating Scale (ERS) is a widely used observational tool designed to assess the global quality of early care and education settings. A typical observation generally takes three hours, and all scores are based on observation. The ECERS-3 is specifically designed to measure the quality of center-based classrooms serving children ages 3 to 5. Each of the 35 items on the ECERS-3 is scored on a seven-point scale ranging from 1 (referred to as inadequate by the authors) to 3 (minimal) to 5 (good) to 7 (excellent).<sup>3</sup> Each item is scored independently by a trained observer, and the overall score for the environment is the average of the 35 item scores. Six subscale scores can also be calculated: Space and Furnishings, Personal Care Routines, Language and Literacy, Learning Activities, Interaction, and Program Structure (see Table 1 for a description of each subscale).

The ITERS-3 is specifically designed to measure the quality of center-based classrooms serving infants and toddlers up to 36 months of age. Like the ECERS-3, it uses a seven-point scale and includes six subscales. However, the names of two of the subscales are slightly different from those in the ECERS-3, reflecting the unique needs of young children: Language and Books (rather than Language and Literacy), and Activities (rather than Learning Activities). The ITERS-3 consists of 33 items, and the overall score is the average of the 33 item scores (see Table 1 for a description of each subscale).

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<sup>1</sup> Quality Rated resumed live observations in July 2022 with a temporary rule that requires one observation per age group for centers. Centers serving infants/toddlers and preschoolers receive one ITERS-3 and one ECERS-3 observation. Quality Rated plans to resume the one third of classrooms observation rule in 2024.

<sup>2</sup> During the COVID-19 pause in observations, DECAL created an alternative for programs to join Quality Rated called Temporary Alternate Rating Option that did not require an in-person visit.

<sup>3</sup> According to the authors, the item scores are 1 (Inadequate) through 7 (Excellent), and NA (Not Applicable, permitted only as noted for selected Items).

**Table 1.** Description of ECERS-3 and ITERS-3 subscale

Subscale	Description	ECERS-3 Items	ITERS-3 Items
<b>Space and Furnishings</b>	This subscale assesses the physical space and layout of the care environment, as well as the availability and appropriateness of furnishings and room arrangements.	<ol style="list-style-type: none"> <li>Indoor space</li> <li>Furnishings for care, play, and learning</li> <li>Room arrangement</li> <li>Space for privacy</li> <li>Child-related display</li> <li>Space for gross motor play</li> <li>Gross motor equipment</li> </ol>	<ol style="list-style-type: none"> <li>Indoor space</li> <li>Furnishings for care, play, and learning</li> <li>Room arrangement</li> <li>Display for children</li> </ol>
<b>Personal Care Routines</b>	This subscale assesses how well personal care routines, such as diapering and health practices, are carried out in the care setting.	<ol style="list-style-type: none"> <li>Meals/snacks</li> <li>Toileting/diapering</li> <li>Health practices</li> <li>Safety practices</li> </ol>	<ol style="list-style-type: none"> <li>Meals/snacks</li> <li>Diapering/toileting</li> <li>Health practices</li> <li>Safety practices</li> </ol>
<b>Language and Literacy/ Language and Books</b>	This subscale assesses the opportunities provided for children to develop language and reasoning skills through interactions with adults and materials in the environment.	<ol style="list-style-type: none"> <li>Helping children expand vocabulary</li> <li>Encouraging children to use language</li> <li>Staff use of books with children</li> <li>Encouraging children's use of books</li> <li>Becoming familiar with print</li> </ol>	<ol style="list-style-type: none"> <li>Talking with children</li> <li>Encouraging vocabulary development</li> <li>Responding to children's communication</li> <li>Encouraging children to communicate</li> <li>Staff use of books with children</li> <li>Encouraging children's use of books</li> </ol>
<b>Learning Activities/ Activities</b>	This subscale assesses the range and quality of activities provided to children in the care setting, including play, learning, and exploration opportunities.	<ol style="list-style-type: none"> <li>Fine motor</li> <li>Art</li> <li>Music and movement</li> <li>Blocks</li> <li>Dramatic play</li> <li>Nature/science</li> <li>Math materials and activities</li> <li>Math in daily events</li> <li>Understanding written numbers</li> <li>Promoting acceptance of diversity</li> <li>Appropriate use of technology</li> </ol>	<ol style="list-style-type: none"> <li>Fine motor</li> <li>Art</li> <li>Music and movement</li> <li>Blocks</li> <li>Dramatic play</li> <li>Nature/science</li> <li>Math/number</li> <li>Appropriate use of technology</li> <li>Promoting acceptance of diversity</li> <li>Gross motor</li> </ol>
<b>Interaction</b>	This subscale assesses the quality of interactions in the care setting, including supervision of play, peer	<ol style="list-style-type: none"> <li>Supervision of gross motor play</li> <li>Individualized teaching and learning</li> <li>Staff-child interaction</li> </ol>	<ol style="list-style-type: none"> <li>Supervision of gross motor play</li> <li>Supervision of play and learning (non-gross motor)</li> </ol>

Subscale	Description	ECERS-3 Items	ITERS-3 Items
	interactions, and staff-child interactions.	31. Peer interaction 32. Discipline	27. Peer interaction 28. Staff-child interaction 29. Providing physical warmth/touch 30. Guiding children's behavior
<b>Program Structure</b>	This subscale assesses the overall organization and structure of the care program, including schedule, transitions, and play arrangements.	33. Transitions and waiting times 34. Free play 35. Whole-group activities for play and learning	31. Schedule and transitions 32. Free play 33. Group play activities

**Note:** The underlined text in the table shows two subscales in the ITERS-3 that differ slightly from those in the ECERS-3, reflecting the unique needs of infants and toddlers: Language and Books (rather than Language and Literacy), and Activities (rather than Learning Activities).

For this brief, we received 1,245 ECERS-3 observation scores in 2018 and 2019 and 285 scores in 2022. We also received 613 ITERS-3 scores in 2018 and 2019 and 282 scores in 2022. All the scores were collected as part of the Quality Rated initial rating or renewal from trained assessors.<sup>4</sup> While some centers received multiple observations, for analysis purposes, we averaged the scores taken at the same center in the same time frame to ensure that we had only one score in each center. Additionally, one hundred eighty-three centers received ECERS-3 observations and eight centers received ITERS-3 observations in both time frames. For comparison purposes, we excluded those centers in the 2018-2019 time frame to ensure that observations are independent in the two time frames. This resulted in a final sample of 1,189 ECERS-3 scores and 789 ITERS-3 scores.

Among the 1,189 centers serving children ages 3 to 5, 906 ECERS-3 scores were collected in 2018-2019, and 283 scores were collected in 2022. Of those 789 classrooms serving infants and toddlers up to 36 months of age, 528 ITERS-3 scores were collected in 2018-2019, and 261 scores were collected in 2022.

We excluded the items that were scored “Not Applicable” more than 30 percent of the time. The Appropriate Use of Technology item was removed from both the ECERS-3 and ITERS-3 analyses, while two additional items, Art and Group Play Activities, were removed only from the ITERS-3 analysis.

## Findings

### ECERS-3 scores before and after the COVID-19 shutdown

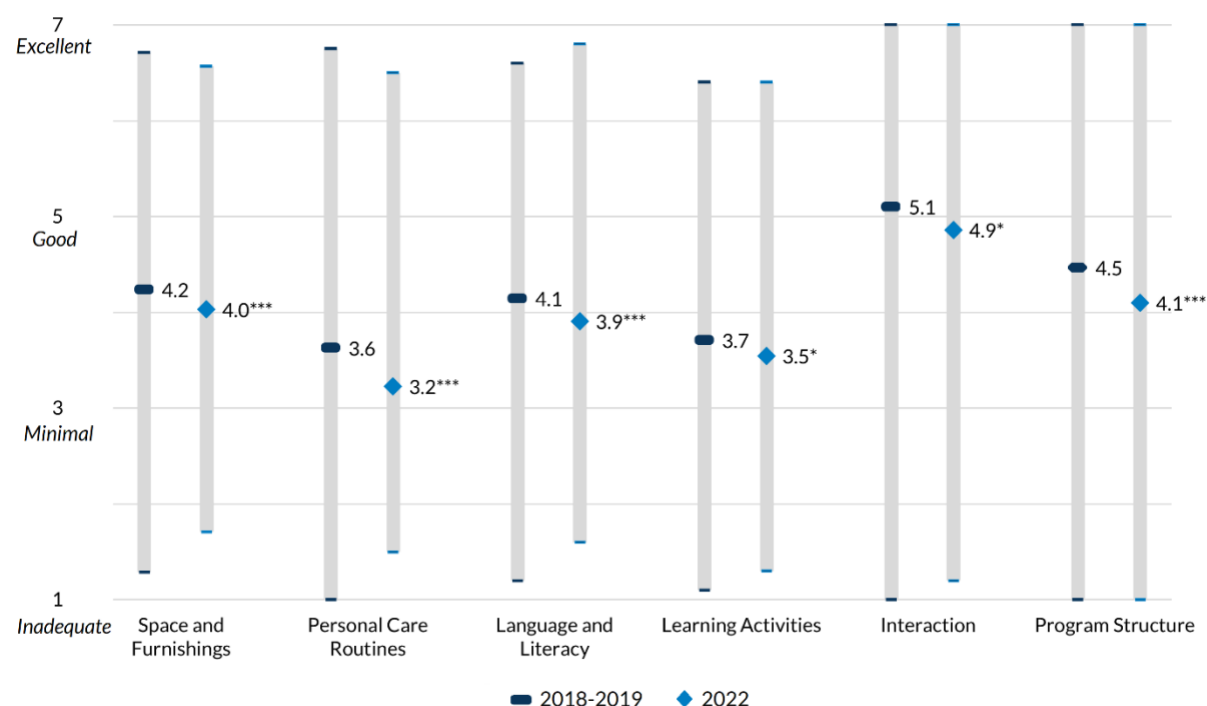
The average ECERS-3 overall score declined slightly from 2018-2019 to 2022, from 4.1 (range=1.7 - 6.2) to 3.9 (range=1.8-6.0). Although this drop of 0.2 points was significant ( $p<.05$ ),<sup>5</sup> at both time points the average overall score was in the “minimal” to “good” quality range according to the ECERS-3 authors.

<sup>4</sup> The assessors were DECAL employees whose main role was to conduct classroom assessments for Quality Rated. According to the Quality Rated manual, all assessors take part in rigorous training to verify that they are reliably scoring the tool. After initial reliability has been achieved, assessors take part in frequent and ongoing interrater reliability checks with expert assessors to ensure the integrity of the system.

<sup>5</sup> We performed the Kruskal-Wallis test, which can be used to determine if there are statistically significant differences between two or more groups with a continuous or ordinal outcome.

As shown in Figure 1, average scores across all six subscales showed significant decreases in 2022 compared to 2018-2019 ( $p < 0.05$ ). Among the six subscales, Interaction had the highest average score in both time frames, although the score fell by 0.2 points. In both 2018-2019 and 2022, the lowest average subscale score was Personal Care Routines, which had an average of 3.6 in 2018-2019 and dropped 0.4 points in 2022 to 3.2.

**Figure 1.** ECERS-3 subscale average scores and ranges: 2018-2019 ( $n = 906$ ) vs. 2022 ( $n = 283$ )



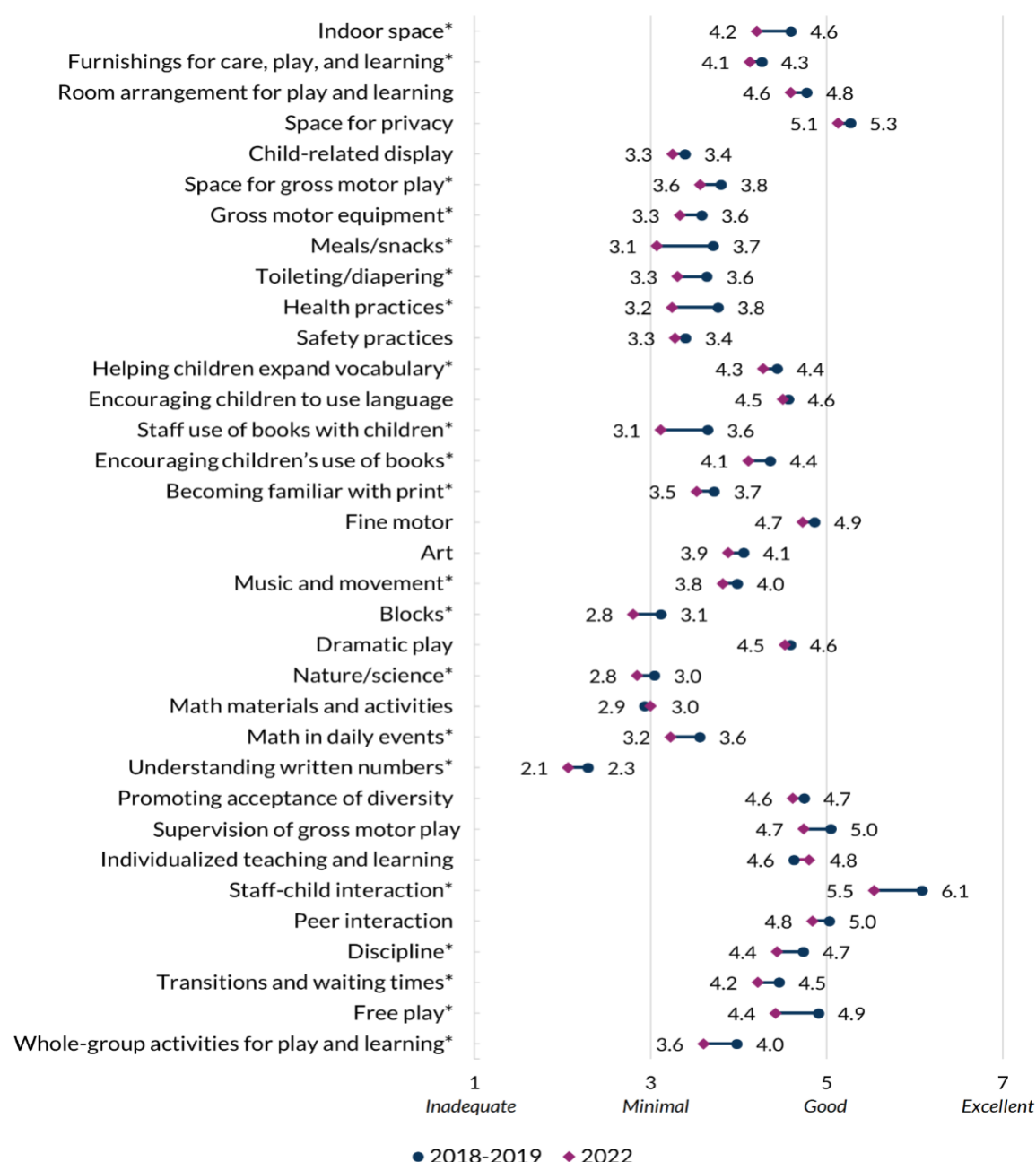
**Source:** ECERS-3 data collected by Quality Rated in 2018, 2019, and 2022.

**Note:** Significance testing was conducted to compare scores in the two time frames, \*\*\*  $< 0.001$ , \*\*  $< 0.01$ , \*  $< 0.05$ .

The grey bars indicate the lowest and highest score any classroom received. The blue bars indicate the average scores in 2018-2019, and the orange bars indicate the average scores in 2022.

Figure 2 shows the ECERS-3 item average scores in 2018-2019 and 2022. There was a significant decline from 2018-19 to 2022 on over half of the items ( $n = 21$ ;  $p < 0.05$ ), with five items declining 0.5 points or more: Staff-Child Interaction (6.1 to 5.5), Health Practices (3.8 to 3.2), Meals/Snacks (3.7 to 3.1), Free Play (4.9 to 4.4), and Staff Use of Books with Children (3.6 to 3.1).

**Figure 2.** ECERS-3 average item scores: 2018-2019 (n = 906) vs. 2022 (n = 283)



**Source:** ECERS-3 data collected by Quality Rated in 2018, 2019, and 2022.

**Note:** \* There was a significant difference in scores from the two time frames,  $p < 0.05$ .

Despite the significant decrease, the Staff-Child Interaction item received the highest average scores of 6.1 in 2018-2019 and 5.5 in 2022. In 2018-2019, three other items, Space for Privacy (5.3), Supervision of Gross Motor, and Peer Interaction (5.0), received an average score above 5, indicating "good" quality in these areas. In 2022, only one other item, Space for Privacy (5.1), received an average score above 5.

The Understanding Written Numbers item received the lowest average scores of 2.3 in 2018-2019 and 2.1 in 2022. In 2018-2019, one other item, Math Materials and Activities (2.9), received an average score

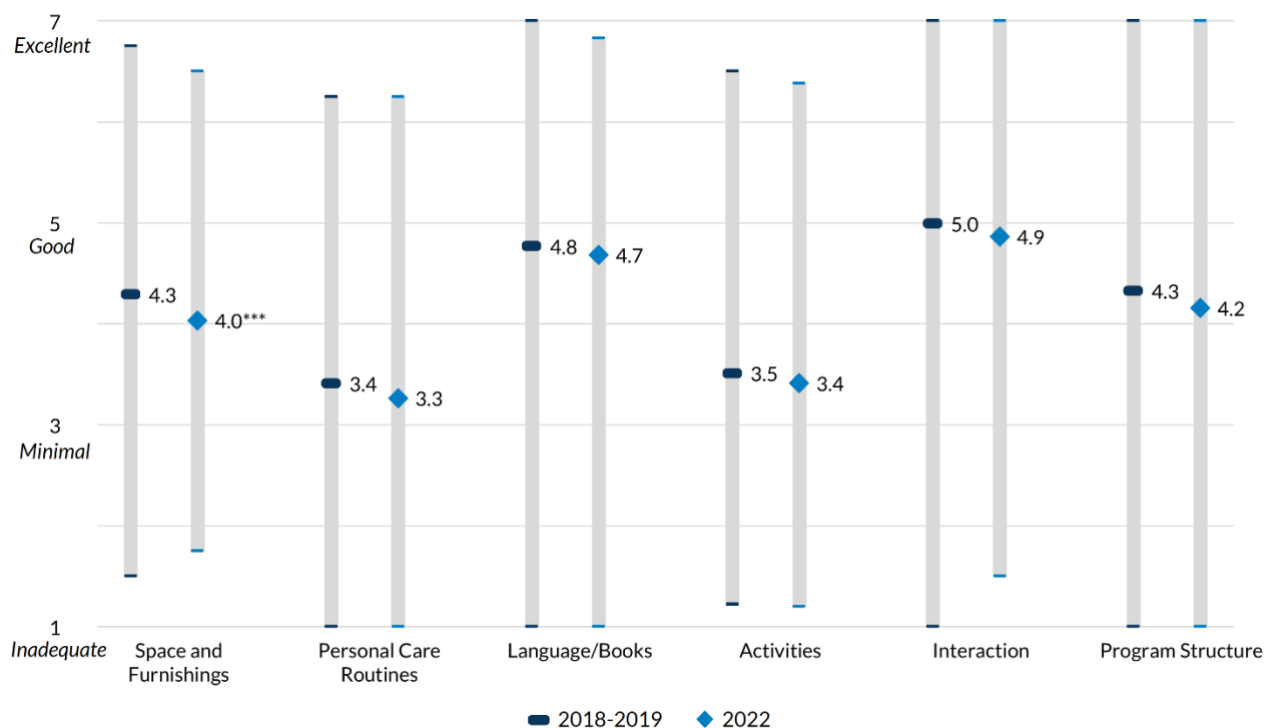
below 3, whereas in 2022, two other items, Blocks (2.8) and Nature/Science (2.8), received an average score below 3.

## ITERS-3 scores before and after the COVID-19 shutdown

Unlike the changes in the ECERS-3 overall scores, there was no significant difference in the ITERS-3 average overall scores over time. In 2018-2019, the average ITERS-3 overall score was 4.2 (range=1.3-6.2), falling in the “minimal” to “good” quality range. In 2022, the average ITERS-3 overall score was 4.1 (range=1.6-6.2). Scores in both time periods were within the “minimal” to “good” quality range.

As shown in Figure 3, although all the ITERS-3 subscale scores decreased slightly between 2018-2019 and 2022, the only significant decline was for the Space and Furnishings subscale, where the average score significantly decreased by 0.3 points. As on the ECERS-3, the Interaction subscale consistently had the highest average score. In 2018-2019, this subscale had an average score of 5.0, indicating “good” quality interactions. The Personal Care Routines subscale had the lowest average score, with 3.4 in 2018-2019 and 3.3 in 2022, indicating slightly above “minimal” quality in this area.

**Figure 3.** ITERS-3 subscale average scores and ranges: 2018-2019 (n = 528) vs. 2022 (n = 261)



**Source:** ITERS-3 data collected by Quality Rated in 2018, 2019, and 2022.

**Note:** Significance testing was conducted to compare scores in the two time frames, \*\*\* < 0.001, \*\* < 0.01, \* < 0.05.

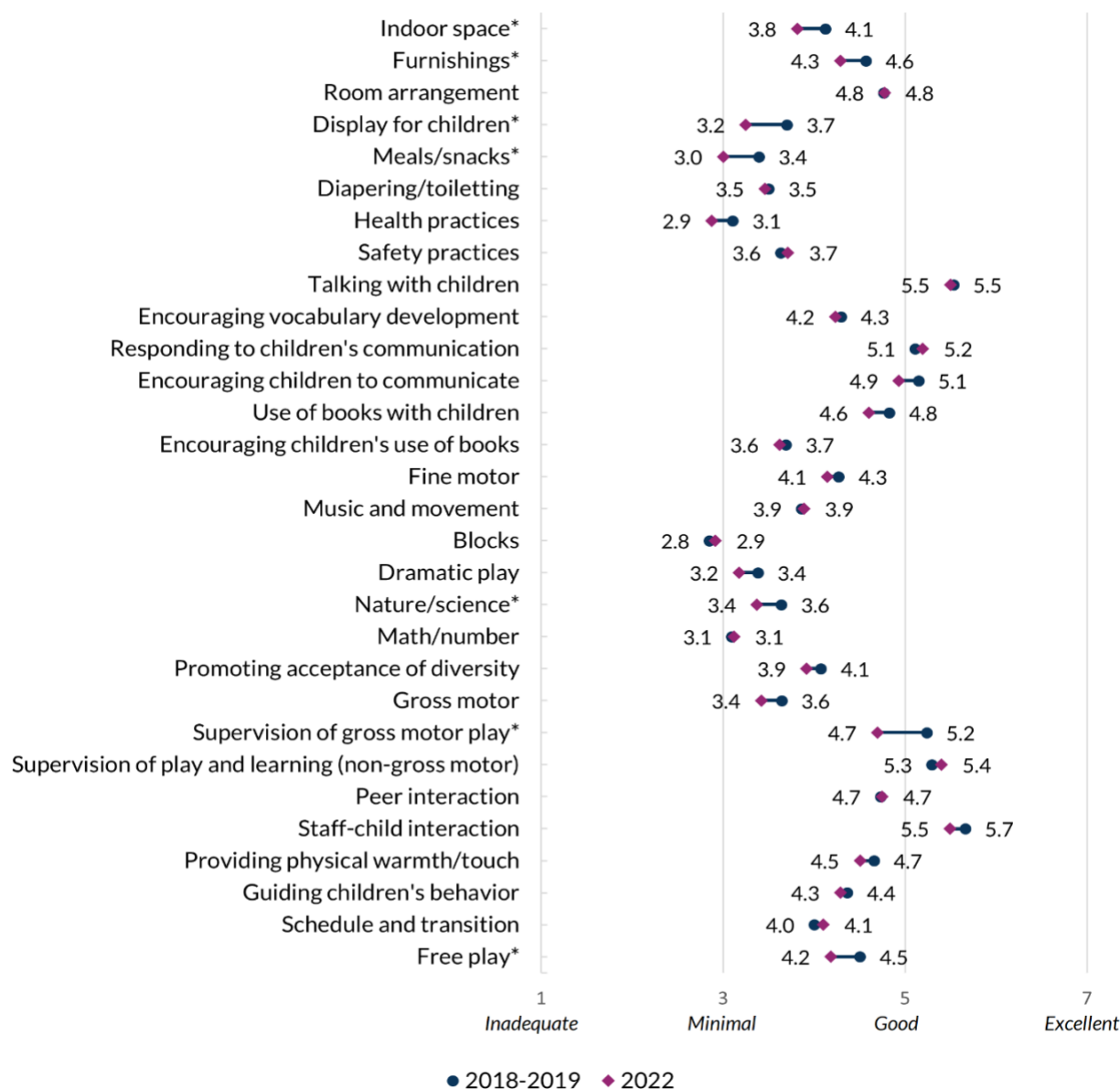
The grey bars indicate the lowest and highest score any classroom received. The blue bars indicate the average scores in 2018-2019, and the orange bars indicate the average scores in 2022.

Figure 4 shows the ITERS-3 item average scores in 2018-2019 and 2022. There were no significant changes in most of the items between 2018-2019 and 2022. However, seven items had a significantly lower score in 2022 ( $p < 0.05$ ). These items include Supervision of Gross Motor Play (5.2 to 4.7), Furnishings (4.6 to 4.3), Free Play (4.5 to 4.2), Indoor Space (4.1 to 3.8), Display for Children (3.7 to 3.2), Nature/Science (3.6 to 3.4), and Meals/Snacks (3.4 to 3.0).

The Staff-Child Interaction item consistently received the highest average scores of 5.7 in 2018-2019 and 5.5 in 2022. In both time frames, three other items, Talking with Children, Supervision of Play and Learning (Non-Gross Motor), and Responding to Children's Communication, received average scores above 5, indicating "good" quality in these areas. In 2018-2019, two additional items, Supervision of Gross Motor Play and Encouraging Children to Communicate, also received average scores above 5.

The Blocks item received the lowest average scores of 2.8 in 2018-2019 and 2.9 in 2022. In 2018-2019, the Blocks item was the only one with an average score below 3, while in 2022, the Health Practices item received an average score of 2.9.

**Figure 4.** ITERS-3 average item scores: 2018-2019 (n = 528) vs. 2022 (n = 261)



Source: ITERS-3 data collected by Quality Rated in 2018, 2019, and 2022.

Note: \* There was a significant difference in scores from the two time frames,  $p < 0.05$ .

# Limitations

Although ERS is a standardized tool used to evaluate the global quality of center-based programs, it has limitations. ITERS-3 and ECERS-3 are based on a specific set of criteria and standards. They have in-depth coverage of some topics, like sanitation, safety, language promotion, and activities, but other important topics receive less attention. For instance, there are a limited number of items addressing diversity and culturally responsive materials or practices on each tool, which is an important aspect of providing care to children from diverse backgrounds.

In addition, these observations may not represent all center-based child care in Georgia. Our data only included centers that received an observation for Quality Rated in 2018-2019 or in 2022. Centers that did not participate in Quality Rated or were not up for renewal during those time periods are not in these analyses, and it is possible that their quality is different. For example, centers with higher quality may be more likely to participate in Quality Rated, so these findings may overestimate quality.

Finally, we did not have access to Quality Rated rating information for the same centers at the two different time points, so these analyses are not comparing the same programs. Instead, each timepoint is a glimpse at the overall quality at that time, but it is possible that differences in the samples, rather than actual differences in quality, explain the results. Due to the lack of rating information for all the centers, we advise caution in interpreting the findings related to the 2022 observations.

# Discussion of Findings and Future Implications

Overall, centers participating in Quality Rated provided “minimal” to “good” quality care to children from birth to age 5, both before and after the COVID-19 pandemic shutdown, as measured by ERS. However, these observations indicate a significant decline in the quality of the classrooms serving children ages 3 to 5 since the onset of the pandemic, while the quality remained relatively unchanged in most areas in the classrooms serving infants and toddlers.

In the classrooms serving children ages 3 to 5, the quality of five areas decreased the most after the COVID-19 pandemic shutdown. These areas include Staff-Child Interaction, Health Practices, Meals/Snacks, Free Play, and Staff Use of Books with Children. The decrease in the Staff-Child Interaction item score indicates that staff may not always respond appropriately to children's nonverbal cues or provide supportive guidance, although the overall staff-child interactions were positive. The decrease in the Health Practices item score suggests that staff may need to pay more attention to sanitary procedures and provide positive reinforcement for good hygiene habits. Lower scores in Meals/Snacks may reflect issues with meal schedules, food quality, or meeting sanitary requirements. Free Play scores indicate that the materials and schedules provided may not be appropriate, or that center staff may need to engage more positively with children during free play time. Finally, the Staff Use of Books with Children item scores suggest that staff may need to make more accommodations for all children and show more interest and enjoyment during reading activities.

In the classrooms serving infants and toddlers, the five areas that decreased the most in quality are Supervision of Gross Motor Play, Furnishings, Free Play, Display for Children, and Meals/Snacks. Specifically, the decline in Supervision of Gross Motor Play suggests that vigorous gross motor activities may not be appropriate or properly supervised. Furnishings could also be improved to better suit the age and ability of the children, and soft furnishings could be added to classrooms. Free Play materials and schedules might not be appropriate for young children, and staff could work to respect children's play preferences. Display for Children could be enhanced by displaying more colorful, simple pictures and posters, and clear signs throughout the classroom. Finally, the Meals/Snacks area scores may reflect issues

with meal schedules, food quality, supervision, feeding practices, or sanitary requirements. DECAL can prioritize these areas to improve the overall quality of the classrooms.

After the COVID-19 shutdown, classrooms serving children ages 3 to 5 had significantly lower scores across all six ECERS-3 subscales. This decline may be, in part, due to increased stress placed on the child care workforce. Many child care centers were temporarily or permanently closed during the pandemic, and staff shortages continue to be a significant challenge.<sup>iv</sup> Stressful working conditions, as well as low compensation and lack of employment benefits, have increased the anxiety of center staff and led to high turnover rates among them. National data suggest that over half of center staff experienced at least two weeks of not working from March 2020 through early 2021.<sup>v</sup> These changes and challenges might have put an extra burden on center staff and further affected the stability of centers.<sup>vi</sup> As a result, it might be difficult for center staff to provide the same level of quality care that they did prior to the pandemic.

Despite the many challenges faced by center staff, the quality of classrooms serving infants and toddlers remained relatively stable during the pandemic. This may be due to smaller group sizes and higher safety and health requirements prior to the pandemic resulting in fewer changes required by pandemic safety protocols in infant and toddler classrooms. The smaller class sizes can allow for more individualized attention and support for each child, as well as more opportunities for interactions between providers and children. Moreover, lower child-staff ratios could help reduce staff stress and improve overall staff well-being.<sup>vii</sup> These factors may have contributed to the relative stability of care quality in infant and toddler classrooms during the pandemic.

### Suggested citation

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