

Thinking More about Personal Care Routines



FCCERS-R

Purpose: This document addresses many of the requirements found in the Personal Care Routines subscale. The focus is primarily on indicators at the 3, 5, and 7 level. It is important to review each item entirely to ensure that no indicators at the 1 or “inadequate” level apply. Answering the questions and referring to the FCCERS-R will build familiarity with requirements, while offering a chance to reflect on current practices and situations.

Preparation: Refer to the FCCERS-R (spiral bound edition published in 2007) when completing the questions. To better understand the scale format, and structure, review the instructions for scoring on pages 7-8 in the FCCERS-R and the definitions of common terms on pages 9-11. It will also be helpful to refer to a copy of the most current NC Additional Notes (available at ncrlap.org). There are many questions, so completing them all will likely take several reflection/review sessions.

The items included here consider family child care routines for arrival and departure, resting, eating, toileting/diapering, health practices, and the environment's safety. These considerations and practices help maintain sanitary conditions to prevent illness for children and providers, and provide a safe environment for children to learn. Additionally, they consider opportunities during routine care to promote independence, support learning, and build relationships for each age group enrolled.

Tips:

- If you are confused about a question, look at the item in the FCCERS-R and check any Notes for Clarification or NC Additional Notes to identify the specific indicator and requirement to which it refers.
- Describe the current practices that occur when answering the questions. Remember, this is not about a “right answer,” but rather a way to build understanding about what occurs every day.
- Using the worksheet on an ongoing basis can help verify that routines continue to maintain sanitary practices and safety concerns are addressed. Also, it helps ensure that children have opportunities to learn and have positive interactions during routines, as well as in play. When considering routines like handwashing, meal preparation, toileting/diapering, and nap, it is most helpful for all adults in the program to have a common understanding of requirements.
- Answering the questions with someone else (other FCCH providers, technical assistance specialists, etc.) promotes sharing of perspectives and may draw attention to different details.
- **Reminder:** Infants are children birth-11 months, toddlers are children 12-30 months, preschoolers are 31 months – Kindergarten, and school-age are children in 1st grade and older.

Date(s) completed: _____ Ages enrolled: _____

Worksheet completed by: _____

Item 7 Greeting/departing (p.22)

Do greetings occur for each parent and child? **Y / N**

Do all parents enter the caregiving area during arrivals and pick up? **Y / N**

What is discussed with parents during arrival?

What is discussed with parents during departure?

Are a variety of topics included, such as information about children routines, health or safety, activities they enjoyed, or new skills, upcoming plans, etc.? **Y / N**

If a child has trouble separating from their parent at arrival or has trouble leaving the program, how is this handled? _____

If infants are enrolled, are parents given information about their routine care? **Y / N / NA** If **yes**, how does this occur? _____

Do parents ever spend time at the program? **Y / N**

Are there other ways parents are helped to feel part of the program? Describe: _____

Item 8 Nap/rest (p.23)

Does the nap schedule seem to meet children's needs (e.g., they rarely cry or are tired much earlier than nap time, most rest easily)? **Y / N**

What happens if a child is tired before nap starts? _____

What happens if a child is not sleepy at naptime? _____

For programs with mats/cots: Are nap provisions stored so that sleep surfaces and different children's items are not touching each other or the floor? **Y / N**

When children are resting, cribs, pack and plays, mats, and/or cots are placed at least _____ feet apart or are separated by a solid barrier that extends the full length of the sleep surfaces. **Y / N**

If infants are enrolled, are safe sleep policies being followed (e.g., back to sleep, no blankets or other items in the crib)? **Y / N / NA**

Describe supervision practices during nap and any interactions that occur to help children relax:

If infants are enrolled, consider how they are supervised during their naptimes. Do they sleep in close proximity to the playroom, or any locations used by the other children while they rest, like the kitchen? Can they be easily heard? Can they be seen or checked on easily? _____

Is the room made conducive to nap/rest (dim lights, quiet music, etc.) **Y / N**

ITEM 9 Meals/snacks (p. 24–25)

There are _____ meals and _____ snacks each day.

Are all children served a meal or snack at least every 3 hours unless they are sleeping? **Y / N**

Does the meal/snack schedule seem to meet the children's needs (e.g., they don't cry/ask for food earlier and are ready to eat at meal/snack times)? **Y / N**

Are children who eat mostly solid foods offered water to drink between meals/snacks? **Y / N**

If **yes**, when does this occur? _____

Now look at the menu for this week and the USDA meal guidelines. Are the required food components present for each meal or snack? **Y / N**

For children with special food considerations, such as allergies or family preferences, consider the following:

Is this information posted in spaces where children eat, so that all adults who work with children are aware? **Y / N** If **yes**, where is it located? _____

What food substitutions are made? _____

Do substitutions meet USDA guidelines OR is a doctor's note provided that specifies what should be served? **Y / N**

Are tables and high chairs (if used) cleaned with soapy water and wiped dry with a single use paper towel or clean cloth? **Y / N** Then are they sprayed with sanitizer? **Y / N** The sanitizer is left to air dry or stay on the surface for at least _____ minutes before it is wiped off.

Proper handwashing includes the use of running water and soap.

Do children wash hands before and after meals/snacks and/or holding their own bottles? **Y / N**

Do adults wash hands before and after meals and snacks or any food/bottle preparation? **Y / N**

Are meals/snacks prepared ahead to reduce wait times for children? **Y / N** If **no**, do children have interesting activities to keep them busy during meal/snack preparation? **Y / N** Describe: _____

Regarding supervision while children are eating/drinking:

Are infants who can't independently hold their own bottle held for bottle feedings? **Y / N**

Are there ever times when children are not visually supervised while eating/drinking? **Y / N**

Does someone stay close to/sit with the children while they eat? **Y / N**

Are young children consistently seated or held while eating/drinking? **Y / N**

What types of interactions occur during meals/snacks? Describe some recent examples: _____

Is the menu provided for parents? **Y / N** Does the provider work with parents to support children's eating habits? **Y / N** If **yes**, how is this done? _____

ITEM 10 Diapering/toileting (p. 26–27)

Diaper procedures (skip the following questions if not applicable):

Are all supplies prepared before the child is brought to the diapering area? **Y / N**

Is the soiled diaper/pull-up properly removed and disposed of in a hands-free, covered trash can?
Y / N

Are the provider's and child's hands cleaned with a disposable wipe before the child is redressed in their clean diaper/pull-up and clothing? **Y / N**

Consider the sanitary steps taken if any child's diaper/pull-up is changed in a standing position, rather than on a diapering table. Are there procedures in place to reduce the spread of germs during these types of changes? **Hint:** Think about preparation of supplies, placement and disposal of soiled diapers/pull-ups, and how involved the provider is in cleaning the child. **Y / N**

Does diapering occur on a non-porous surface that can be cleaned and disinfected (e.g., not cloth, no straps)? **Y / N**

After a change, is the changing table/mat cleaned with soapy water and wiped dry with a single use paper towel or clean cloth? **Y / N** Is it then sprayed with disinfectant? **Y / N** The disinfectant is left to air dry or stay on the surface for at least _____ minutes before it is wiped off.

If potty chairs are used, are they cleaned and disinfected after each use? **Y / N / NA**

Regarding handwashing:

Do children wash hands after diapering or toileting routines? **Y / N**

Does the provider wash hands after assisting with toileting/dressing or as the last step of the diapering process? **Y / N**

Is there a sink used only for diapering/toileting handwashing and no other purposes? **Y / N** If **No**, is there a process to disinfect any sink(s) used for handwashing after diapering/toileting before other types of handwashing occur? **Y / N**

Does the schedule for diapering/toileting seem to meet children's needs (e.g., no extended periods between diaper changes, no accidents related to the schedule)? **Y / N**

For children wearing diapers or pull-ups, how are diaper changes or bathroom visits ensured every two hours: _____

Describe how children are supervised during toileting/diapering, including the types of interactions that occur: _____

Are provisions for diapering/toileting convenient for adults and children (e.g., close to play room, diapering surface is at a comfortable height, steps to sink and changing table)? **Y / N**

Describe how children's self-help skills are promoted during toileting or diapering: _____

ITEM 11 Health practices (p. 28–29)

Is smoking prohibited in all areas used for child care? **Y / N**

Consider what happens if a child becomes sick while in care. Are they separated from the group? If so, is this an area that is not used by other children during the day but can be easily supervised? Describe what occurs: _____

Does handwashing occur for both children and adults at the following times?

- Upon arrival
- After being outdoors
- After messy play with materials that are moist, sticky, or leave residue
- Before and after water play
- After contact with bodily fluids and removing mouthed toys
- After touching potentially contaminated surfaces, like trashcan lids or pets

If hand sanitizer is used, does this ONLY occur when soap and running water are not available, such as when outdoors? **Y / N / NA** Is it kept out of reach of children and used with close supervision? **Y / N / NA**

In addition to handwashing, what other actions are taken to reduce the spread of germs? **Hint:** see examples in the text on page 28, also consider the design of the trashcan and lid, and how often mouthed toys are removed and cleaned/sanitized: _____

Do all children have a change of clothes available? **Y / N**

Do any children receive medication or use diapering cream? **Y / N** If **yes**, describe procedures for having and administering medications while children are in care: _____

Describe actions for modeling and teaching children good health practices: _____

Are there ways children manage their health practices independently? **Y / N**

Do toddlers and older children brush their teeth while at the program? **Y / N / NA** If **yes**, are toothbrushes stored so they do not touch and can air dry? **Y / N**

Do you have access to a health consultant for health-related questions? **Y / N**

ITEM 12 Safety Practices (p. 30–31)

List provisions for emergencies (**Hint:** see page 30 for examples): _____

Check for safety hazards in all indoor and outdoor spaces used by children. Are any of the following common hazards present? Please note this is not a complete list of possible hazards.

Indoors

- Uncovered electrical outlets or loose electrical cords
- Items labeled “keep out of reach of children” accessible
- Disinfectant or sanitizer sprayed when children are nearby
- Choking hazards (e.g., toy sets with small pieces, broken crayon pieces for children under 3; food choking hazards for children under 4)

Outdoors

- Not enough cushioning under gross motor equipment
- Fall zones are not large enough around gross motor equipment
- Equipment spacing is too close
- Outdoor space is not completely fenced, or fence height is less than 4 feet

Hint: Refer to the document NCRLAP’s Requirements for Gross Motor Space and Equipment for specific measurements for gross motor equipment.

Were any additional safety concerns noted that may require action/modification? **Y / N** If **yes**, describe:

Describe ways the provider monitors and takes action to reduce or remove possible hazards: _____

If required by the county, is there a record of an official fire inspection? **Y / N / NA** If **NA**, do you have a working smoke detector? **Y / N** Working fire extinguisher? **Y / N**

Do the children practice evacuation procedures, like fire drills? **Y / N**

If **Yes**, how often? _____

Are children helped to follow safety rules? **Y / N**

Are children reminded about the reasons for safety rules and expectations each day? **Y / N** If **yes**, describe two recent examples: _____

Reflection for future planning: After completing this worksheet, it can be helpful to go back and think more about the answers. Were there any questions that were answered “no” instead of “yes?” If so, this could help identify areas to work on. It can also be helpful to break bigger topics into smaller steps so that changes and progress can be easily recognized. Hopefully this worksheet was a helpful beginning to an ongoing self-study practice and suggest continuing with an action plan after completing the reflection questions below.

List areas where strengths were noted in personal care routines: _____

List areas where improvements could be made or there are new ideas to think about: _____

Are there any issues you will work to change right away? Describe how so: _____

Are there issues that will take more time to change? What are these and what resources may be needed?

Want to find out more?

Not all FCCERS-R indicators are covered in this worksheet, so review the FCCERS-R carefully and seek out other resources, as needed, since relying on these questions alone to prepare for an assessment will not be sufficient. We encourage you to review other resources found on the ncrlap.org website to stay informed about any updates and continue to build your understanding of the FCCERS-R and the assessment process.

- Look for general information about the assessment process and also specific FCCERS-R resources. These resources may offer ideas about what to focus on or supplement ideas you were already considering.
- Check out the answers to Frequently Asked Questions or send a new question to ncrlap@uncg.edu.
- Register for free online training webinars. Some are live webinars; others are pre-recorded and offer training credits (contact hours). Call 1-866-362-7527 or register online at ncrlap.org.

When planning for program enhancement, always consider the unique features of the classroom and facility such as ages and abilities of the children enrolled, the number of teachers in the classroom, and overall goals and/or philosophy. Programs may also seek advice from their DCDEE Child Care Consultant, local CCR&R and/or Smart Start Partnership, or other child care agencies.

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References:

Harms, T., Cryer, D., & Clifford, R. (2007). Family child care environment rating scale. (Revised edition). New York, NY. Teachers College Press.

NC Additional Notes (n.d.). Retrieved from <http://www.ncrlap.org>.