

Thinking More about Personal Care Routines



ITERS-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 ITERS-R will build familiarity with requirements, while offering a chance to reflect on current practices and situations.

Preparation: Refer to the ITERS-R (spiral bound edition published in 2006) when completing the questions. To better understand the scale format and structure, review the instructions for scoring on pages 5-6 in the ITERS-R and the definitions of common terms on pages 7-8. 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 infant and toddler classroom routines for arrival and departure, eating, resting, diapering/toileting, health practices, and the environment’s safety. These considerations and practices help maintain sanitary conditions to prevent illness for children and teachers, and provide a safe environment for children to learn. Additionally, they consider opportunities during routine care to promote independence, support learning, and build relationships.

Tips:

- If you are confused about a question, look at the item in the ITERS-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. In the reflection section at the end, it can be helpful to add ideas about future plans or changes.
- 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 such as handwashing, surface sanitation, and provisions for eating, diapering/toileting, and sleeping, it is most helpful for all adults in the classroom to have a common understanding of the requirements.
- Answering the questions with someone else (co-teachers, administrators, technical assistance specialists, etc.) promotes sharing of perspectives and may draw attention to different details.
- **Reminder:** Infants are children birth-11 months and toddlers are children 12-30 months.

Date(s) completed: _____ Classroom name/age group: _____

Worksheet completed by: _____

Item 6 Greeting/departing (p.18-19)

When other staff enter the classroom to offer assistance, do they greet the children? **Y / N**

Describe the procedures for arrivals and departures: _____

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

Do all parents enter the room during arrivals and departures? **Y / N**

Is any information exchanged at these times? **Y / N** Upon arrival, are details shared about children's health and/or safety? **Y / N**

What types of information is shared with parents at the end of the day? _____

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, is there a system in place to accurately record their daily routines (feeding, diapering, sleeping)? Is this information shared with parents? **Y / N / NA** How does this occur? _____

Do parents ever spend time in the classroom? **Y / N**

During the pandemic 2021: If parents don't enter the building due to pandemic restrictions, are there ways to communicate with parents and encourage them to feel part of the program? _____

ITEM 7 Meals/snacks (p. 20-21)

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

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

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

What happens if a child is hungry earlier than the scheduled meal or snack time? _____

Does the meal/snack schedule meet the requirements based on your program's operating hours (Hint: See the NC Additional Note for this item)? **Y / N**

How is supervision handled while children are eating/drinking? Are children within arm's reach and visually supervised at all times while eating/drinking? **Y / N** If **no**, how can these times be minimized or eliminated? _____

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

Does anyone sit with the children while they eat and have conversations with them? **Y / N** What sorts of things are discussed? _____

If the program provides meals/snacks, is the correct menu posted for parents? **Y / N / NA**

If **yes**, where is it posted? _____

If **yes**, 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 classrooms with special food considerations, such as allergies or family preferences, consider the following:

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

What food substitutions are made? _____

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

For table and high chair sanitation before and after meals/snacks:

Are they cleaned with soapy water and wiped dry with a single use paper towel or clean cloth? **Y / N**

Are they sprayed with sanitizer? **Y / N** The sanitizer is allowed 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 teachers and staff wash hands before and after meals and snacks or any food/bottle preparation? **Y / N**

Think about the transition process before and after meals/snacks. How long do children wait to wash hands or before/after eating? _____

What strategies are used to help the transitions go more smoothly? _____

Do teachers work with parents to coordinate children’s eating habits? **Y / N**

ITEM 8 Nap/rest (p. 22-23)

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**

If a child is tired before the scheduled nap time or is not sleepy then, what options are offered? _____

When children are resting cribs, 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**

For rooms 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**

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 the teachers’ role in supervision and interactions with children during nap: _____

Describe the transition to nap, including ways children are helped to relax: _____

ITEM 9 Diapering/toileting (p. 24-25)

Diaper procedures, if applicable:

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

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

Are the teacher’s and child’s hands cleaned with a disposable wipe before the child is redressed in their clean diaper and clothing? **Y / N**

After a diaper 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 allowed to air dry or stay on the surface for at least _____ minutes before it is wiped off.

Regarding handwashing, do children wash hands after diapering or toileting routines? **Y / N** Do staff wash hands after assisting with toileting/dressing or as the last step of the diapering process? **Y / N**

For classrooms with a separate sink used only for toileting/diapering handwashing, is it consistently used in this manner throughout the day? **Y / N**

When a sink is used for all types of handwashing, is there a process to disinfect the sink after toileting/diapering handwashing before other types of handwashing occur? **Y / N**

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

Describe the system used to make sure that each child is changed every 2 hours: _____

Describe the teachers’ role in supervision and interactions with children during diapering/toileting: _____

Are provisions for diapering/toileting convenient for adults? **Y / N** Are there steps to the changing table for toddlers, if enrolled? **Y / N / NA**

Are the sink(s) and toilet (if used) low enough to be used by most of the children? **Y / N**

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

ITEM 10 Health practices (p. 26-27)

Is smoking prohibited in all areas used for childcare? **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: _____

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** Is it kept out of reach of children and only used with close supervision? **Y / N**

In addition to handwashing, what other actions are taken to reduce the spread of germs (Hint: see examples in the text on page 26, also consider the design of the trashcan and lid, how often mouthed toys are removed and cleaned): _____

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? Describe what occurs: _____

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

Year round, are children dressed appropriately for conditions indoors and outdoors? **Y / N**

What considerations are made for different seasons, weather conditions, and everyday activities (e.g., sunscreen, smocks, clothing, etc.)?

What is done if children's faces or hands get messy or their clothing becomes wet or soiled at school?

Describe how teachers model and teach children good health practices: _____

If outdoor sand play occurs, is the sand kept clean and covered when not in use? **Y / N**

Are children encouraged and helped to manage their health practices independently? **Y / N** How is this done? _____

Do toddlers brush their teeth? **Y / N** Are toothbrushes stored so they do not touch and can air dry? **Y / N**

Is there health related information for parents? **Y / N**

What types of information are available? _____

ITEM 11 Safety practices (p. 28-29)

Are there provisions for emergencies and what are they (Hint: see page 28 for examples)?

Describe the teachers' role in supervision, both indoors and outdoors: _____

How do teachers monitor and take action to reduce or remove possible hazards from indoor and outdoor environments? _____

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

- Electrical outlets uncovered or loose electrical cords.
- Items labeled “keep out of reach of children” accessible.
- Sanitizer or disinfectant applied with children nearby.
- Choking hazards (e.g., toy sets with small pieces, broken crayon pieces) or food choking hazards.

Outdoors - Hint: *Refer to the document NCRLAP’s Requirements for Gross Motor Space and Equipment for specific measurements.*

- 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 fully fenced, or fence height is less than 4 ft.

Were any additional safety concerns noted that may require action/modification? **Y / N** Describe: _____

Are children helped to follow safety rules? **Y / N** If **yes**, how does this occur? _____

Are children given explanations for safety rules and expectations each day? **Y / N** Describe recent examples: _____

Reflection for future planning: After completing this worksheet, it can be helpful to go back and think about the answers. Were there any questions that were answered “no” instead of “yes?” Are there any specific aspects of personal care routines where improvements could be made? Use the space below to reflect on your answers and list any plans or ideas related to making positive changes.

Want to find out more?

Not all ITERS-R indicators are covered in this worksheet, so review the ITERS-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 ITERS-R and the assessment process.

- Look for general information about the assessment process and also specific ITERS-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.

<p>North Carolina Rated License Assessment Project 915 Northridge St. Greensboro, NC 27402 Website: ncrlap.org Email: ncrlap@uncg.edu Toll-free: 1-866-362-7527</p>	
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References:

Harms, T., Clifford, R., & Cryer, D. (2006) *Infant/Toddler Childhood Environment Rating Scale (Revised Edition)* New York, NY. Teachers College Press

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