

Thinking More about Personal Care Routines



FCCERS-3

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 to the space(s) for childcare. Answering the questions and referring to the FCCERS-3 will build familiarity with requirements, while reflecting on current practices and situations.

Preparation: Refer to the FCCERS-3 (spiral binding on the top, published in 2019) when completing the questions. To better understand the scale format and structure, review the Scoring System on page 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.

This subscale considers family child care routines for eating and drinking, toileting/diapering, health practices, including rest, and the environment’s safety. These characteristics and practices help maintain sanitary conditions to prevent illness for children and providers and provide a safe environment for children to learn and have fun. Additionally, considerations include opportunities during routine care to promote independence, support learning, build positive relationships, and set the foundation for lifelong healthy habits for each age group enrolled.

Tips:

- If you are confused about a question, look at the item in the FCCERS-3 and check any Notes for Clarification and/or NC Additional Notes to identify the specific indicator and requirement to which it refers.
- Describe current practices when answering 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 address safety concerns. 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, and nap, it is most helpful for all adults in the classroom to have a common understanding of the requirements.
- Answering the questions with someone else (other FCCH providers, technical assistance specialists, health consultants, etc.) promotes sharing of perspectives and may draw attention to different details.

Date(s) completed: _____ Ages enrolled: _____
Worksheet completed by: _____

Item 5 Meals/snacks (p.24-25)

If the program provides meals/snacks, look at the menu for this week and the USDA meal pattern guidelines (ncrlap.org). Are all the required food components present for each meal or snack? **Y / N / NA**

Are all foods served appropriate and safe (e.g., no choking hazards like whole grapes, hot dog rounds, or uncooked baby carrots for children under four)? **Y / N**

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

What happens if a child is hungry earlier than the scheduled meal/snack/bottle? _____

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

If yes, when and how does this occur? _____

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

Are eating surfaces 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 adults wash hands before and after meal/snacks and any food/bottle preparation? **Y / N**

How is supervision handled while children are eating/drinking? Are infants who cannot independently hold their bottles held for feedings? **Y / N** Are older children visually supervised by an adult at the table while eating and drinking? **Y / N**

Does anyone sit with the children while they eat and have conversations with them? **Y / N**

Are all interactions during bottles/meals/snacks pleasant and is the time used for teaching? **Y / N**

Is there math talk during meals/snacks? **Y / N** If **yes**, give two recent examples:

Item 6 Diapering/toileting (p. 26-27)

Diaper/pull-up procedures (skip to the next questions if not applicable):

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

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

Are the adult’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. Are there procedures in place to reduce the spread of germs during these changes? **Hint:** Think about preparation of supplies, placement and disposal of soiled items, and how involved the provider is in cleaning the child. **Y / N**

If a diapering surface (e.g., mat or changing table) is used:

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

Is it also sprayed with disinfectant? **Y / N** The disinfectant is allowed to stay on the surface for at least ___minutes before being wiped off.

If a potty seat is used, is it cleaned and disinfected after each use? **Y / N / NA**

Proper handwashing includes the use of running water and soap.

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

Do adults wash hands after assisting with toileting/redressing or as the last step after disinfecting the diapering surface and before touching surfaces/other children? **Y / N**

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

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

Does the diapering/toileting schedule seem to meet the children’s needs (e.g., individualized, all children use the toilet or have a diaper change during the morning, no accidents related to the schedule, etc.)? **Y / N** If **yes**, and children wear diapers or pull-ups, describe the system in place that ensures changes or bathroom visits at least every 2 hours: _____

Are interactions during diapering/toileting (check all that apply):

- Positive/pleasant
- Responsive to each child’s needs and personality
- Educational **Hint:** See the Notes for Clarification for indicator 5.4 for more information.

Describe how children are supervised during toileting/diapering, including two positive interactions that typically occur: _____

Item 7 Health practices (p. 28-29)

Are there provisions to reduce the spread of germs? **Hint:** See the indicators for examples. **Y / N** If **yes**, list them: _____

Does handwashing with soap and running water occur for both children and adults at the following times:

- Upon arrival
- After being outdoors
- After play with materials that are messy (sand, paint, glue, etc.)
- Before and after water play or use of shared, wet materials like playdough
- After contact with bodily fluids
- After touching potentially contaminated surfaces, like trashcan lids, mouthed toys, 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 only used with supervision? **Y / N / NA**

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

Are other actions taken to reduce environmental risks (e.g., mold, animal contamination, pesticides)? **Y / N**

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, mats, or cots are placed at least ____ feet apart or are separated by a solid barrier that extends the full length of the sleep surfaces.

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 sleeping, what options are offered? _____

Describe how children are supervised during health procedures (other than eating or diapering/toileting-related), including three examples of positive interactions that occur: _____

Are all interactions during health routines (check all that apply):

- Positive/pleasant
- Respectful/responsive to each child’s needs and personality
- Inclusive of teaching about good health and health practices

Item 8 Safety practices (p. 30-31)

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 years of age; food choking hazards for children under 4 years of age)
- Loose bedding or items in infant cribs or infants placed on stomach or side to sleep

Outdoors

- Not enough cushioning under gross motor equipment
- Fall zones 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
- Open hooks at the top/bottom of swings

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 the provider’s role in supervision, both indoors and outdoors: _____

Are interactions positive and supportive, even when children engage in unsafe behavior? **Y / N**

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

Are supervision tasks adjusted to ensure all areas are covered, especially when there are children or activities with greater need for supervision? **Y / N**

Describe the ways the home is set up to minimize safety problems: _____

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”? Were there any questions where you struggled to provide written examples, or where the specific interactions considered do not occur daily, throughout the day? 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 tool in an ongoing self-study practice and will be useful in 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 issue that will take more time to change? What were these and what resources/support may be needed?

Want to find out more?

Not all FCCERS-3 indicators are covered in this worksheet, so review the FCCERS-3 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 on the ncrlap.org website to stay informed about any updates and to continue to build your understanding of the FCCERS-3 and the assessment process.

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.

Look for general information about the assessment process and specific ITERS-3 resources. These resources may offer ideas about what to focus on or to supplement ideas you were already considering. Check out the answers to the Frequently Asked Questions or send a new question to ncrlap@uncg.edu

When planning for program enhancement, always consider the unique features of the program such as ages and abilities of the children enrolled, the provider(s), 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 TA specialists, a Child Care Health Consultant, or other child care agencies.



References:

Harms, T., Cryer, D., Clifford, R., & Yazejian, N. (2019). Family Child Care Environment Rating Scale. (Third Edition). New York, NY. Teachers College Press.

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