# Thinking More about Personal Care Routines



## **ECERS-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 classroom. Answering the questions and referring to the ECERS-3 will build familiarity with requirements, while reflecting on current practices and situations.

**Preparation:** Refer to the ECERS-3 (spiral binding on the top, published in 2015) when completing the questions. To better understand the scale format and structure, review the Scoring System on page 9. 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 preschool classroom routines for eating and drinking, toileting/diapering, health practices, including rest, and safety of the children's environment. These characteristics and practices help maintain sanitary conditions to prevent illness for children and teachers and provide a safe environment for children to learn. Additional considerations include opportunities during routine care to promote independence, support learning, build positive relationships, and set the foundation for lifelong healthy habits.

### Tips:

- If you are confused about a question, look at the item in the ECERS-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 (co-teachers, administrators, technical assistance specialists, health consultants, etc.) promotes sharing of perspectives and may draw attention to different details.

Date(s) completed:	Classroom name/age group:
Worksheet completed by:	
Item 8 Meals/snacks (p. 28-29)	
Does the meal/snack schedule meet the clate arrivals)? <b>Y / N</b>	children's needs (e.g., flexible to accommodate quick eaters and
	ok at the menu for this week and the USDA meal pattern guidelines aponents present for each meal or snack? Y/N/NA
·	rations, such as allergies or family preferences, do substitutions te provided that specifies what should be served? Y/N/NA
For table cleaning and sanitation before a	and after meals/snacks:
Are tables cleaned with soapy wa	ter and wiped dry with single use paper towels/clean cloths? ${f Y}$ / ${f N}$
Are tables sprayed with sanitizer? at leastminutes before it is w	${\bf Y}/{\bf N}$ The sanitizer is allowed to air dry or stay on the surface for iped off.
Proper handwashing includes the use of i	running water and soap.
Do children wash hands before a	nd after meals and snacks? <b>Y / N</b>
Do teachers and staff wash hands	s before and after meals and snacks? Y / N
Do children help with meals and snacks?	Underline all that apply:
	an up / Manage own lunchbox or snack if brought from home
Do teachers sit with children and have co including topics discussed:	nversations? <b>Y / N</b> If <b>yes</b> , describe a few recent examples,
Are there opportunities for children to lea up spills, etc.)? <b>Y / N</b>	arn self-help skills (proper use of utensils and napkins, how to clean
Item 9 Toileting/diapering (p. 30-31)	

Are basic provisions accessible for children for toileting routines (e.g., toilet paper, soap and running water,

individual paper towels)? Y/N

Does the toileting/diapering schedule seem to meet the children's needs (no toileting accidents related to the schedule, no extended periods between pull-up or diaper changes if applicable, etc.)? Y/N

For children wearing diapers or pull-ups, describe the visits occur at least every 2 hours:	system in place that ensures changes or bathroom
·	
Diaper/pull up procedures (skip to the next questions	if not applicable):
Are all supplies prepared before each child is b	•
	and immediately disposed of in a hands-free, covered
Are the teacher's and child's hands cleaned with their clean diaper/pull-up and clothing? <b>Y / N</b>	th a disposable wipe before the child is redressed in
there procedures in place to reduce the spread	diaper/pull-up is changed in a <u>standing</u> position. Are d of germs during these changes? <b>Hint</b> : Think about f soiled items, and how involved the teacher is in
If a diapering surface (e.g., mat or changing table) is us	sed:
Is it cleaned with soapy water and wiped dry w	rith a single use paper towel or clean cloth? Y/N
Is it also sprayed with disinfectant? <b>Y / N</b> The leastminutes before being wiped off.	e disinfectant is allowed to stay on the surface for at
Proper handwashing includes the use of running wate	r and soap.
Do children wash hands after diapering or toil	eting routines? Y / N
Do staff wash hands after assisting with toileting diapering surface and before touching classroom	ng/redressing or as the last step after disinfecting the om surfaces/other children? ${f Y}$ / ${f N}$
For classrooms 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/diapering before other types of handwashing occur? <b>Y / N</b>
Describe how children are supervised during toileting/occur:	
Are interactions responsive to each child's  Are the toileting provisions convenient to the classroo	,

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

## Item 10 Health practices (p. 32-33) Is smoking prohibited in all areas used for childcare? Y/N Do teachers engage in positive interactions with children while they complete personal hygiene? Y/N If yes, describe two recent examples:\_\_ 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 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, 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. Describe how teachers model and teach children good health practices: Are there ways children are taught to manage their health practices independently? Does this include pointing out displayed pictures or word reminders? Y/N List examples: \_\_\_\_\_ Item 11 Safety practices (p. 34-35) Describe the teacher's role in supervision, both indoors and outdoors: \_\_\_\_

Describe ways teachers monitor and take action to prevent safety problems:

descri	be:		
	for safety hazards in all indoor and outdoor spa on hazards present? Please note this is not a co		,
Indoo	rs	Outdo	oors
	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 younger than 3 years of age; food choking hazards for children younger than 4 years of age)	for Gro	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 Refer to the document NCRLAP's Requirements ass Motor Space and Equipment for specific rements for gross motor equipment.
Were a	any additional safety concerns noted that may r	equire action	on/modification? <b>Y / N</b> If <b>yes</b> , describe:

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 ECERS-3 indicators are covered in this worksheet, so review the ECERS-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 ECERS-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 ECERS-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 <a href="mailto:ncrlap@uncg.edu">ncrlap@uncg.edu</a>

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 TA specialists, a Child Care Health Consultant, or other child care agencies.



## **References:**

Harms, T., Clifford, R., & Cryer, D. (2015). Early Childhood Environment Rating Scale. (Third Edition). New York, NY. Teachers College Press.

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