## PERSONAL CARE ROUTINES

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### Greeting/departing*

- **□ 1.1** Greeting of children is often neglected.
- **□ 1.2** Departure not well organized.
- **□ 1.3** Parents not allowed to bring children into the classroom.
- **□ 3.1** Most children greeted warmly (Ex. staff seem pleased to see children, smile, use pleasant tone of voice).
- **□ 3.2** Departure well organized (Ex. children's things ready to go).
- **□ 3.3** Parents allowed to bring children into the classroom.
- **□ 5.1** Each child is greeted individually (Ex. staff say "hello" and use child's name; use child's primary language spoken at home to say "hello").
- **□ 5.2** Pleasant departure (Ex. children not rushed, hugs and good-byes for everyone).
- **□ 5.3** Parents greeted warmly by staff†
- **□ NA permitted.**
- **□ 7.1** When they arrive, children are helped to become involved in activities, if needed.
- **□ 7.2** Children busily involved until departure (Ex. no long waiting without activity; allowed to come to comfortable stopping point in play).
- **□ 7.3** Staff use greeting and departure as information sharing time with parents†
- **□ NA permitted.**

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### Notes for Clarification

* In case only a few children are observed being greeted (or departing), generalize based on that sample.
† If children are not brought to the program by their parents, mark NA for 5.3 and 7.3, and rate communication between parents and staff in Item 38. For 5.3 and 7.3, it is not required that every parent be greeted warmly or receive information from the staff, but that in general, parents are treated this way.

### Question

Could you describe what happens each day when the children and parents arrive and leave?
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**Meals/snacks**

- **□ 1.1** Meal/snack schedule is inappropriate (Ex. child is made to wait even if hungry).
- **□ 1.2** Food served is of unacceptable nutritional value.*
- **□ 1.3** Sanitary conditions not usually maintained (Ex. most children and/or adults do not wash hands before handling food; tables not sanitized; toileting/diapering and food preparation areas not separated).
- **□ 1.4** Negative social atmosphere (Ex. staff enforce manners harshly; force child to eat; chaotic atmosphere).
- **□ 1.5** No accommodations made for children's food allergies.
- **□ NA permitted.**

- **□ 3.1** Schedule appropriate for children.
- **□ 3.2** Well-balanced meals/snacks.*
- **□ 3.3** Sanitary conditions usually maintained†
- **□ 3.4** Nonpunitive atmosphere during meals/snacks.
- **□ 3.5** Allergies posted and food/beverage substitutions made. NA permitted.
- **□ 3.6** Children with disabilities included at table with peers.
- **□ NA permitted.**

- **□ 5.1** Most staff sit with children during meals and group snacks ‡
- **□ 5.2** Pleasant social atmosphere.
- **□ 5.3** Children are encouraged to eat independently (Ex. child sized eating utensils provided; special spoon or cup for child with disabilities).
- **□ 5.4** Dietary restrictions of families followed.
- **□ NA permitted.**

- **□ 7.1** Children help during meals/snacks (Ex. set table, serve themselves, clear table, wipe up spills).
- **□ 7.2** Child-sized serving utensils used by children to make self-help easier (Ex. children use small pitcher, sturdy serving bowls and spoons).
- **□ 7.3** Meals and snacks are times for conversation (Ex. staff encourage children to talk about events of day and talk about things children are interested in; children talk with one another).

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**Notes for Clarification**

* To determine nutritional adequacy, refer to nutrition guidelines for early childhood programs, such as USDA or Canadian guidelines. Check menu for the week in addition to observing food served. An occasional instance of not meeting the guidelines—for example, cupcakes for a birthday party instead of the scheduled snack—should not affect the rating. If no menu is available, ask the teacher to describe meals/snacks served for the past week.

† If sanitary conditions are usually maintained and if hand washing and other sanitary procedures are clearly a part of the program, credit can be given for 3.3 even if there is an occasional lapse in practice.

‡ Although staff may need to leave the table to assist with the meal, most of the time should be spent sitting with the children. It is not required that each table have a staff member. Some staff may help with serving, while others sit with children.

**Question**

(1.5, 3.5, 5.4) What do you do if children have food allergies or families have dietary restrictions?
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### Nap/rest*

- ☐ 1.1 Nap/rest schedule is inappropriate† for most of the children.
- ☐ 1.2 Nap/rest provisions unsanitary (Ex. crowded area, dirty sheets, different children use same bedding).
- ☐ 1.3 Little supervision provided, or supervision is harsh.
- ☐ 2.1 Nap/rest is scheduled appropriately for most of the children (Ex. most children sleep).
- ☐ 2.2 Sanitary provisions for nap/rest (Ex. area not crowded, clean bedding).
- ☐ 2.3 Sufficient supervision ‡ provided in the room throughout nap / rest.
- ☐ 3.1 Children helped to relax (Ex. cuddly toy, soft music, back rubbed).
- ☐ 3.2 Space is conducive to resting (Ex. dim light, quiet, cots placed for privacy).
- ☐ 3.3 All cots or mats are at least 3 feet apart or separated by a solid barrier.
- ☐ 4.1 Nap/rest schedule is flexible to meet individual needs (Ex. tired child given place to rest during play time).
- ☐ 4.2 Provisions made for early risers and non-nappers (Ex. early risers permitted to read books or play quietly; separate space and activities used for non-nappers).

**Notes for Clarification**

* Score NA on this item for programs of 4 hours or less that do not provide a nap or rest. For longer programs, nap/rest should be based on the age and individual needs of the children.
† Inappropriate schedule means that nap/rest is either too late or too early (e.g., children are tired long before nap time or are not ready to sleep), or children are left napping or required to be on their cots too long (more than 2 hours), which might interfere with family bedtime routines.
‡ Sufficient supervision means enough staff are present to protect children's safety in case of emergency and handle children who wake up or need help. At least one alert staff member is always in the room.

**Questions**

Could you describe how nap or rest is handled?

(3.3) How is supervision handled at this time?

(3.4, 7.2) What do you do if children are tired before naptime, have trouble settling down, or wake up early?

(5.3) How far apart are cots or mats placed?
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### Inadequate 1

- 1.1 Sanitary conditions of area are not maintained (Ex. toilet/ sinks dirty; diapering table/ potty chairs not sanitized after each use, toilets rarely flushed).
- 1.2 Lack of basic provisions interferes with care of children* (Ex. no toilet paper or soap; same towel used by many children; no running water in area).
- 1.3 Hand washing† often neglected by staff or children after toileting/ diapering.
- 1.4 Inadequate ‡ or unpleasant supervision of children.

### Minimal 2

- 2.1 Sanitary conditions are maintained.
- 2.2 Basic provisions made for care of children.
- 2.3 Staff and children wash hands† most of the time after toileting.
- 2.4 Toileting schedule meets individual needs of children.
- 2.5 Adequate supervision for age and abilities of children.

### Good 3

- 3.1 Sanitary conditions are maintained.
- 3.2 Basic provisions made for care of children.
- 3.3 Staff and children wash hands† most of the time after toileting.
- 3.4 Toileting schedule meets individual needs of children.
- 3.5 Adequate supervision for age and abilities of children.

### Excellent 4

- 4.1 Sanitary conditions are maintained.
- 4.2 Basic provisions made for care of children.
- 4.3 Staff and children wash hands† most of the time after toileting.
- 4.4 Toileting schedule meets individual needs of children.
- 4.5 Adequate supervision for age and abilities of children.

### Excellent 5

- 5.1 Sanitary conditions easy to maintain (Ex. no potty chairs used**, warm running water near diapering table and toilets; easy to clean surfaces).
- 5.2 Provisions convenient and accessible for children in group (Ex. steps near sink or toilet if needed; handrail for child with physical disability; toileting area adjacent to room).
- 5.3 Pleasant staff-child interaction.

### Excellent 6

- 6.1 Sanitary conditions are maintained.
- 6.2 Basic provisions made for care of children.
- 6.3 Staff and children wash hands† most of the time after toileting.
- 6.4 Toileting schedule meets individual needs of children.
- 6.5 Adequate supervision for age and abilities of children.

### Excellent 7

- 7.1 Child-sized†† toilets and low sinks provided.
- 7.2 Self-help skills promoted as children are ready.

### Notes for Clarification

* In case special procedures are required such as diapering for an older child or catheterization, they must be handled in a sanitary manner that preserves the child's dignity.

† Assume that the hand washing seen during the observation is typical of what happens throughout the day. Base your ratings for 1.3 and 3.3 on what you see. Give credit for 3.3 if adults' and children's hands are washed 75% of times when needed. Adults' hands must be washed even if gloves are used.

‡ Inadequate supervision means that staff do not monitor to protect the safety of the children or to ensure that sanitary procedures (e.g., hand washing) are carried out.

** Since potty chairs are a health hazard, they should be avoided for general use. In the rare case when special need requires the use of a potty, credit toward a score of 5 may be given if the potty is used only for the child with a special need and is disinfected after each use.

†† Child-sized sinks and toilets are fixtures that are considerably smaller or lower than regular-sized fixtures, and can be used comfortably by children without modifications such as toilet seats and steps.
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Health Practices

□ 1.1 Staff usually does not act to cut down on the spread of germs* (Ex. signs of animal contamination in outdoor or indoor play areas; noses not wiped; tissues not disposed of properly).

□ 1.2 Smoking is allowed in childcare areas, either indoors or outdoors.

□ 3.1 Adequate hand washing† by staff and children takes place after wiping noses, after handling animals, or when otherwise soiled.

□ 3.2 Staff usually take action to cut down on the spread of germs.

□ 3.3 Smoking does not take place in childcare areas.

□ 3.4 Procedures used to minimize spread of contagious disease (Ex. ensuring children have immunizations; exclusion of children with contagious illness; TB tests for staff at least every 2 years).

□ 5.1 Children are dressed properly for conditions both indoors and outdoors (Ex. wet clothes changed on chilly day; warm clothes in cold weather).

□ 5.2 Staff are good models of health practices (Ex. eat only healthful foods in front of children; check and flush toilets in children's bathroom).

□ 5.3 Care given to children's appearance (Ex. faces washed, soiled clothes changed, aprons used for messy play).

□ 7.1 Children taught to manage health practices independently (Ex. taught proper hand washing techniques, to put on own coat or apron; reminded to flush toilet; health-related books, pictures, and games used).

□ 7.2 Individual toothbrushes properly labeled and stored; used at least once during the day in full-day ‡ programs (Ex. toothbrushes are stored so they do not touch and brushes can be air dried).

□ NA permitted.

Notes for Clarification

* Areas where blood and other bodily fluid spills have occurred must be cleaned and disinfected. Gloves should be worn when handling blood

† Adequate hand washing means that hands are washed thoroughly with soap and running water, and dried with a towel that is not shared, or hands are air dried with a blower. Since hand washing at mealtimes and after toileting is handled in other items, rate 3.1 based on all other hand washing required.

Give credit for 3.1 only if you observe that hands are washed 75% of times when needed. Antiseptic waterless wash or wipes may be used when necessary, such as when wiping noses on the playground.

‡ Score NA for programs open 6 hours or less per day.

Questions

(3.4) How do you insure that children have the necessary immunizations? Do you have rules for excluding children with contagious illnesses? Please describe. Are staff required to have TB tests? How often?

(7.2) Do children brush their teeth? How is this handled? (Ask to see toothbrushes.)
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### Safety Practices

- **1.1** Several hazards that could result in serious injury indoors. *
- **1.2** Several hazards that could result in serious injury outdoors. †
- **1.3** Inadequate supervision to protect children's safety indoors and outdoors (Ex. too few staff; staff occupied with other tasks; no supervision near areas of potential danger; no check-in or checkout procedures).

- **3.1** No major safety hazards indoors or outdoors.
- **3.2** Adequate supervision to protect children's safety indoors and outdoors.
- **3.3** Essentials needed to handle emergencies available (Ex. telephone, emergency numbers, substitute for staff, first aid kit, transportation, written emergency procedures).

- **5.1** Staff anticipate and take action to prevent safety problems (Ex. remove toys under climbing equipment; lock dangerous areas to keep children out; wipe up spills to prevent falls).
- **5.2** Staff explain reasons for safety rules to children.

- **7.1** Play areas are arranged to avoid safety problems (Ex. younger children play in separate playground or at a separate time; outdoor play equipment proper size and level of challenge).
- **7.2** Children generally follow safety rules (Ex. no crowding on slides, no climbing on bookcases).

### Notes for Clarification

The following list of major hazards is not meant to be complete. Be sure to note all safety problems on score sheet.

* Some indoor safety problems:
  - Medicines, cleaning materials, and other substances labeled "keep out of reach of children" not locked away
  - No safety caps on electrical sockets
  - Loose electrical cords
  - Heavy objects or furniture child can pull down

† Some outdoor safety problems:
  - Tools not meant for children's use are accessible
  - Any substance labeled "keep out of reach of children" not locked away
  - Hazardous trash accessible
  - Sharp or dangerous objects present
  - Unsafe walkways or stairs
  - Easy access to road

### Question

(5.2) Do you talk about safety with children? What kinds of things do you discuss?