Chapter 4: Routines

Opening

Infants and toddlers learn and develop across many contexts. This chapter discusses key considerations and practices to support learning and development in the context of **routines** in **early learning and care settings**.

Routines as a Context for Learning and Development

Routines provide an important foundation for infants and toddlers to grow and learn. Routines refer to a predictable sequence of events that occur at predictable times in the day (Gillespie & Petersen, 2012). Routines include care routines that meet children's basic needs like diapering, sleeping, and feeding. Routines also include important transitions like greetings, departures as **caregivers** change during the day, and transitions into and out of care routines. Routines offer moments for predictable connections that support relationship security. Routines can seem like tasks needed to get through the day. However, routines provide unique opportunities for infants and toddlers to learn and develop, including building relationships, communication skills, body awareness, physical skills, and health and safety concepts. Routines offer valuable moments that can have a meaningful impact on every part of a child's development and learning. Predictable and consistent daily moments provide infants and toddlers with safety and comfort (La Paro & Gloeckler, 2016; Laurin et al., 2021). Routines meet the basic care needs of children and can help them build healthy habits. They also help infants and toddlers anticipate the structure of their days, such as arrivals, drop-offs, and transitions between activities. When infants and toddlers know what to expect in their day, they can focus on learning, and transitions go more smoothly. When **infant–toddler care educators** (care educators) plan routines that are well-planned and purposeful, they can be **responsive** to the interests, strengths, and needs of individual infants and toddlers to create rich learning experiences.

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Care educators have an important role in providing predictable, consistent, and responsive daily routines that provide infants and toddlers with a sense of safety and comfort (La Paro & Gloeckler, 2016; Laurin et al., 2021). When children have **primary care educators** who consistently respond to their cues in an attentive way, children develop secure **attachment relationships** with their care educators. It is highly beneficial when the infant's or

toddler's primary care educator does most of the care routines with the child, like diapering, feeding, and napping. In early learning and care settings, having a primary care educator do most of the care routines helps establish a trusting relationship between the child and the care educator. When children establish a secure attachment with a care educator, it provides a secure base for play, exploration, and learning.

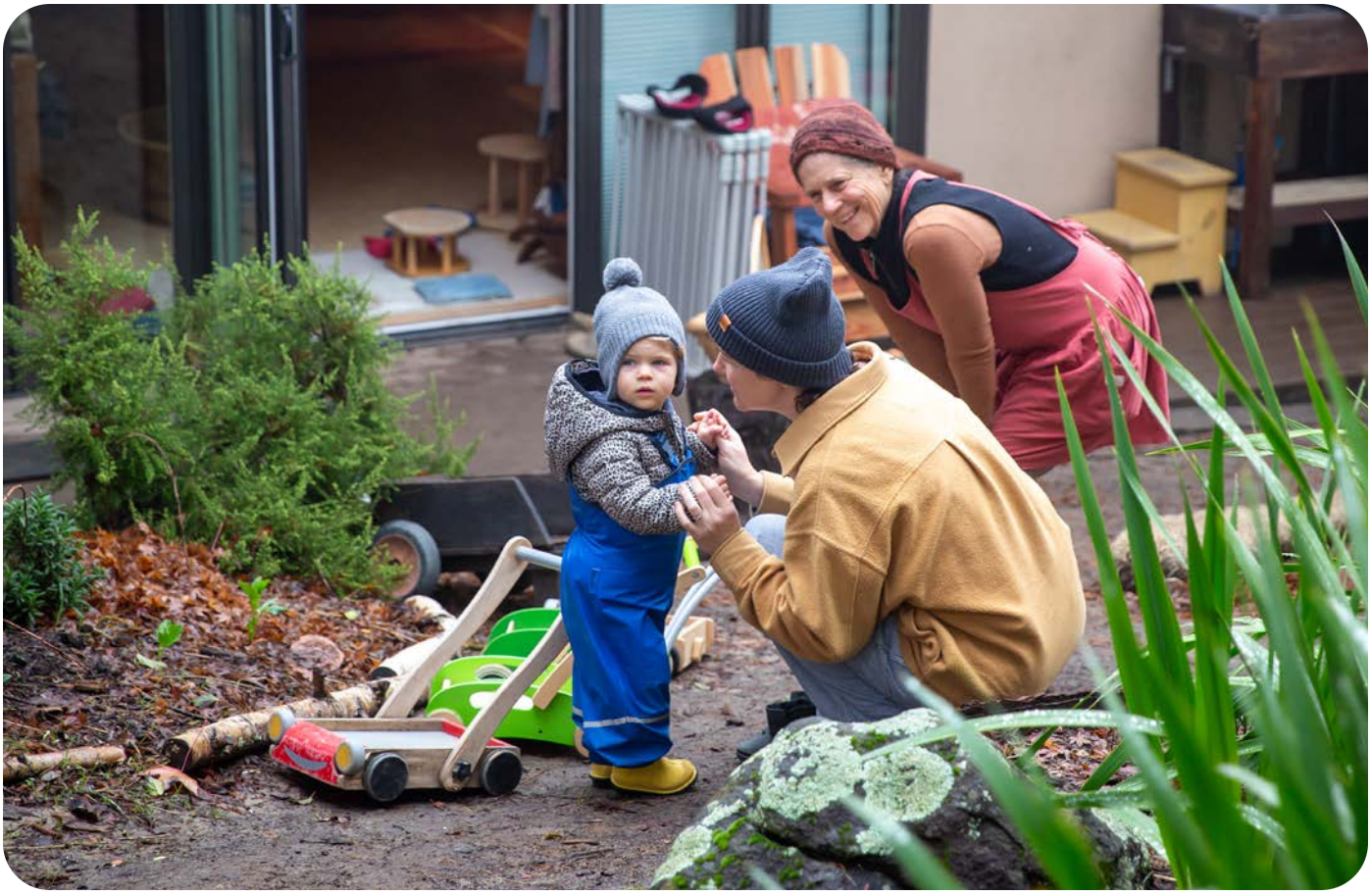
Key Considerations for Routines to Support Learning and Development

Routines provide care educators with opportunities to support early development and children's learning across domains (Degotardi et al., 2016; Konishi et al., 2018, Palmér et al., 2016). Through repeated one-on-one interactions during routines, a care educator learns a lot about a child, such as how they are feeling; what their strengths, interests, wants, and needs are; and how they typically respond to certain situations. Care educators then adapt the interactions based on how infants and toddlers are feeling and responding. They may also begin to include the child in preparing for routines and invite them to help. When the child is included in preparing for routines, the child may more eagerly participate. To support learning and development during routines, care educators consider the following:

- **Aligning routines with family preferences and values.** Collaborating with families supports care educators to establish familiar routines and build connections between the family's approach to routines and the early learning and care setting's approach (Lang et al., 2016). Routines should be built in partnership with families to reflect families' cultural practices and preferences and the individual needs of the children. When routines are familiar, children can develop a secure sense of self and belonging and develop meaningful relationships with care educators.
- **Individualizing routines.** Individualizing routines is key in supporting infants' and toddlers' individual strengths and needs and families' preferences and values (Gillespie & Petersen, 2012). Routines are moments for undivided attention to understand and value each child's uniqueness. Infants and toddlers have their own rhythms for eating, diapering or toileting, and sleeping that need to be met on an individualized schedule. Understanding how these routines happen in families is essential for providing individualized care in the early learning and care setting. For example, care educators might learn the words or phrases families use at home during care routines to signal routines to children in a familiar way.
- **Creating inclusive routines.** Adapting **Universal Design for Learning** (UDL) to routines can make routines more inclusive, accessible, and rich in learning for each child. Care educators use the UDL framework to support every child's full participation in interactions. A way to apply UDL within routines is to keep them predictable and consistent because predictable and consistent routines support all infants and toddlers in learning about their bodies and the care their bodies need. Learning to anticipate that their needs for care will be met provides children with a sense of security. By planning for the needs of individual children and the group, care educators can establish predictable and consistent routines for all children. It is also important to create flexible routines that

offer children clearly defined choices and multiple means of expression to support them in engaging in routines in a way that works best for them (CAST, 2024).

- **Being responsive during routines.** Routines often vary from day to day and over time as infants' and toddlers' needs change as they develop and grow. Changes in routines can sometimes be challenging for children. Being responsive during routines and especially during times of change can help make transitions smooth (Selman & Dilworth-Bart, 2024). Being responsive in the moment involves following an infant's or toddler's cues and tailoring interactions to fit their needs and preferences. Responsiveness in routines also creates opportunities to build communication both to support infants' or toddlers' understanding of their daily lives and to build their capacity to communicate about their own experiences.
- **Making joy and play a priority during routines.** Play supports learning and development (Pellegrini et al., 2007). Routines can be fun moments in the day for infants and toddlers, for instance, playing a game of peek-a-boo to start a diaper change or singing to prepare for a transition outdoors. Routines offer daily opportunities to support infants and toddlers in developing a range of skills in joyful and playful ways. When care educators enthusiastically support children in doing parts of routines themselves, they help children build their self-confidence, have fun, and feel capable of handling challenges.



Planning for Routines

Using the reflective planning cycle (observing and documenting, studying and interpreting, and developing and implementing plans) to structure routines supports care educators to tailor routines to the developing strengths and changing needs of children. The planning cycle allows care educators to modify routines as needed and look for ways to improve routines and tailor them to individual children's development, strengths, and needs. Care educators adjust routines to be responsive to individual children by observing how individual children and the group engage in routines, documenting their observations, and reflecting on their practice. For example, a care educator might observe nap time over a week, documenting the arrangement of cots and when children fall asleep. Through reflecting on the documentation, the care educator might decide to rearrange the cots to separate the light sleepers from the more vocal children during nap time. This change would address the needs of both the light sleepers and the more vocal children. By reflecting on observations and documentation, care educators identify opportunities to sustain, extend, and support each child's experience within routines.

The acts of observing and reflecting help care educators plan routines that work best for individual children and for the whole group. Observations and documentation can also be used to share and reflect with families to support family engagement. A care educator may discuss their observations of a child and ask what a family has observed. For example, a care educator might share with a family that a 20-month-old does not use very many words in the early learning and care setting. Then they might invite the family to share what they have noticed in their interactions with the child. A family member may share that the child mostly talks during one-on-one routines with family members. Reflecting on the family's experience, the care educator might focus on moments for one-on-one interactions during the day, such as during diaper changes or before nap time, to engage the child in conversation.

Reflections may also happen in the moment, as care educators observe children's behaviors. For example, a care educator might observe that children are very eager to engage in active play during the transition to outdoor play. Being responsive in the moment, the care educator decides to have a dance party with the children as they all wait by the door to go outside. Observing how children interact during routines can also inform the care educator about ways to make the routine more responsive. For example, a care educator observes that a 28-month-old child does not want to disengage from play when their family comes for pickup and, to offer more time for transition, responds by telling the child when they see the car park outside the window.

In a group care setting, care educators balance the needs of individual infants and toddlers within the group. Care educators draw on observation, documentation, and reflection to plan routines that are responsive to the individual strengths and needs of each child in the group. Planning routines that meet individual needs can provide the consistency and predictability that will enable children to participate in routines and engage in rich learning experiences.

Areas of Practice

Information on supporting routines is organized into six areas of practice. Each area of practice is further organized into specific practices, with accompanying explanations and examples. Table 2 provides an overview of practices that are addressed in this chapter.

Table 2. Areas of Practice for Routines

Areas of Practice	Practices
Partnering With Families	Promoting partnerships with families Embedding children's **culture** and language used at home into routines
Establishing Predictable and Consistent Routines	Establishing and following a simple sequence of events
Being Responsive and Modifying Routines Based on Observations and Children's Shifting Needs	Responsive moments during routines Shifting routines slowly to support children's learning
Individualizing Routines to Meet Each Child's Needs	Responding to children's developing abilities and shifting interests and needs Supporting children with disabilities or developmental delays through routines
Encouraging Infants and Toddlers to Play an Active Role in Routines	Providing opportunities for children to participate and engage in routines Noticing when children may be ready to practice a new skill and when they may need some more time before trying a new skill

Communicating With Infants and Toddlers During Routines	Describing what you are doing and what the child is experiencing Extending children's thinking and communication during routines Encouraging back-and-forth conversations during routines

Area of Practice

Partnering With Families

Families are essential partners in supporting children's routines because they are experts on their child and know them best. Learning about a child from their family can help care educators make informed decisions about routines. The ways the family engages in routines offer children predictability that in turn supports their development (Spagnola & Fiese, 2007). Thus, it is important to have continuity between the early learning and care setting routines and the family routines. Routines also provide an opportunity to incorporate a family's languages, practices, and preferences into the child's everyday experiences.

Incorporating families' home languages and practices into routines supports infants' and toddlers' **sense of identity**, acceptance, and belonging. A care educator might ask the family to help them learn songs or key words or phrases the family uses in their home to help the child feel more connected to their family while adjusting to the new setting. For example, a family might share that their child asks for a "nana" to request a banana. This is especially important for a child whose home language is not the language of the early learning and care setting so care educators can understand children's early speech.

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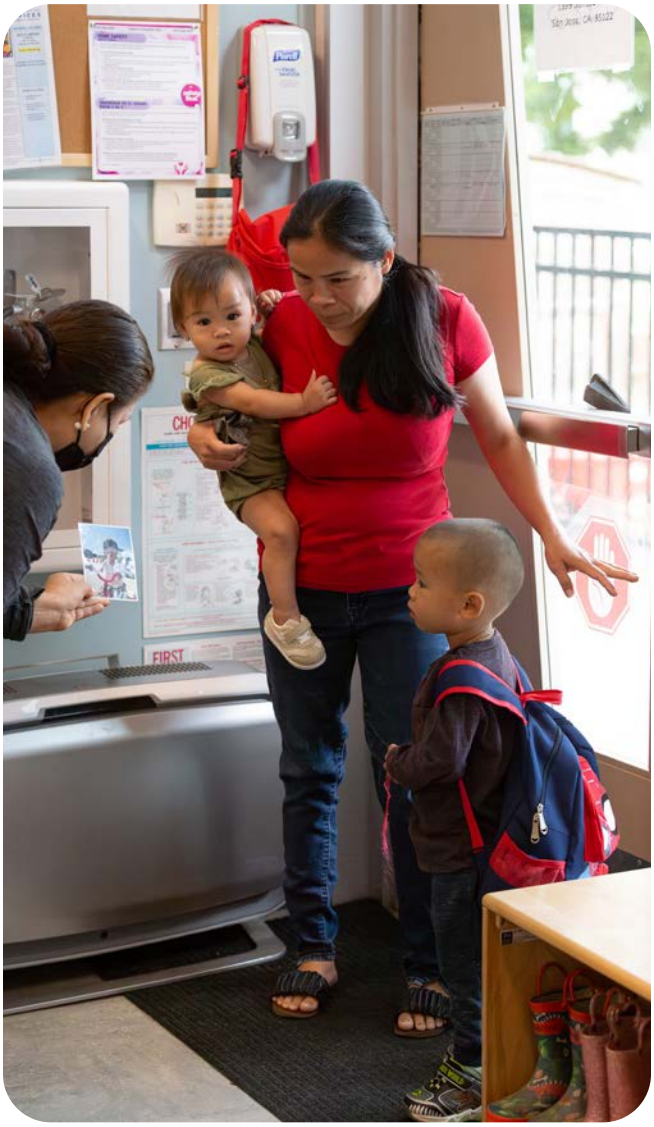
Practice

Promoting partnerships with families

The positive relationship that families and care educators develop with each other supports the development and learning of infants and toddlers (Lang et al., 2016). Establishing and maintaining two-way communication supports care educators and families to discuss changes in routines both in the family setting and in the early learning and care setting. For instance, it is important for care educators to know about events outside of the early learning and care setting, including major life changes or changes in home routines, that might influence a child's behavior. For example, a family might share when a parent loses a job or when a child transitions out of sleeping in a crib. Families should also be encouraged to share their preferences around routines and practices they engage in with their child. Care educators work with families to adjust routines in a way that is responsive to each family. For example, care educators cocreate routines with families by:

- documenting and sharing observations with families when planning changes in routines or schedules based on children's emerging developmental skills and interests. Care educators reflect with families on how children are adjusting to a change and continue to make plans together. For example, a care educator shares their observations with a family of a child's first nap in the early learning and care setting and discusses ways to support continuity between naps at home and in the early learning and care setting.
- working with families to find ways to comfort infants and toddlers as they adjust to a nap routine. For example, in one early learning and care setting, a photo of a family member holding their child is posted above each child's sleep area. In another, a care educator has a recording of the child's grandmother singing the child's favorite lullaby that can be played while the child is settling into sleep.
- having conversations about the child's habits with the family, such as their sleep cues, how they fall asleep, where they sleep, and their natural sleep cycles (e.g., when



they typically are more active or calm and ready for sleep). Understanding a child's **natural sleep and wake cycle** can help a care educator plan and individualize nap time and other activities.

- inviting families to provide care in the early learning and care setting. Observing interactions and nuances of a family member providing care for their child can inform both how the care educator offers care to the child and how to communicate with the child about ways the family provides care. For example, after watching how a grandfather interacts with a child during a diaper change pickup routine, the care educator might interact with the child in a similar way and say, "When your grandpa changes your diaper, he sings that little song about the ducks and walks his fingers up your tummy like this."
- sharing important updates about a child's experiences with the family and the early learning and care setting to support a continued partnership between families and care educators. If a family is thinking about helping their child transition to using the toilet, discussing ways to support this in the early learning and care setting and at home can support consistency for the child in both settings.
- communicating with families about what sort of developmental updates they want from the early learning and care setting to support families to make decisions around whether or not to hear about milestones that happen in the early learning and care setting for the first time. For example, a family may share they do not want to hear about major milestones like first steps or words that happen in the early learning and care setting but want updates on additional words their child learns.
- sharing a child's accomplishments with the family and in the early learning and care setting to increase collaboration between families and educators. A family might share that their child is starting to hold their own spoon, or a care educator might share that a child has taken the **initiative** to bring all the chairs to the table when it is snack time. This communication about children's developing skills can inform families and care educators about how they can both support children's learning and development.
- using a communication system with families. Also important for collaboration between families and educators for providing individualized care is a communication system that works for everyone. For example, something like a Care Chart where both families and educators record the last time a child has slept, been diapered, had a bottle or eaten keeps everyone informed about when the child will need care next.

In-Practice Example
Amara Has a Hard Time Saying Bye to Auntie

Mr. Antwon takes time daily to document his observations of each child and meets weekly with a colleague, Ms. Cynthia, to discuss their observations and plan for the coming week. Mr. Antwon has noticed that one of his newer children, 2-year-old Amara, cries at drop-off with her auntie but not with her dad. Ms. Cynthia asks about Amara's dad's and auntie's drop-off routines.

Mr. Antwon looks at his notes and reflects on how Amara's dad always plays with Amara in the block corner for several minutes before giving her a hug and telling her that he will be back to pick her up after nap time. Amara's auntie is usually in a hurry and drops Amara off without playing.

Ms. Cynthia suggests talking to Amara's auntie about a routine they could have together for drop-off that could be quick but consistent. Mr. Antwon makes a plan to talk to Amara's auntie when she picks Amara up on Tuesdays, since she is not as rushed at pickup on that day of the week.

During their conversation, Amara's auntie confirms that most days she drops Amara off on her way to work and does not have time to play for 5 or 10 minutes like her brother does. Mr. Antwon suggests Amara's auntie borrow the book *Bye-Bye Time* to read to Amara at home. Mr. Antwon tells Amara's auntie that it might help Amara to know what to expect and engage in a good-bye ritual with her.

At the next drop-off, Amara's auntie tells Amara, "Remember the hugs and waving in *Bye-Bye Time*? Let's try to say goodbye just like the little girl in the story." Amara cries and asks for "one more?" Auntie says, "It seems like you're sad. It's hard to say good-bye. A hug and a kiss and then we will wave good-bye."

After a week of their new drop-off routine, Amara runs to get *Bye-Bye Time* as she comes in the door. When her auntie leaves, Amara watches the door and then goes to paint with a peer.

Mr. Antwon wants to acknowledge the family's partnership and Amara's learning through this experience. He sends an email to Amara's dad and auntie at the end of the week:

"Hi, Chris and Adele,
I want to thank you for your partnership in helping Amara with her good-byes. I appreciate the time that you, Dad, spend with Amara at drop-off. I also want to thank you, Auntie, for sharing the *Bye-Bye Time* book with her and acknowledging her feelings when it was time to say good-bye. I observed so many skills that Amara is developing as part of the drop-off transition. She was showing us her social and emotional skills through the trust she has with her dad and Auntie and the trust she is building with her care educator. She is engaging in preliteracy skills through reading and remembering the book and the ideas in it. She is exercising her thinking and memory skills as she learns a new way to

say good-bye, and she is showing her developing self-regulation as she initiates joining activities in the early learning and care setting. Thanks again for your partnership with us in helping Amara with this new skill. We look forward to seeing her continued learning and discovery."

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What are your thoughts about the ways Mr. Antwon and Amara's auntie supported Amara in regulating her emotions during drop-off?
2. Based on your experience, what other ways might Mr. Antwon's actions support Amara's ability to feel secure and manage her emotions during the drop-off routine?
3. Thinking about your own practice, what questions might you ask a family member when planning a drop-off routine?

Practice

Embedding children's culture and language used at home into routines

Care educators can have ongoing discussions with families to find ways to include children's culture, like their family practices and home languages, into routines. Maintaining cultural and linguistic consistency between family and early learning and care settings is especially important in the early years of development as children are forming their sense of self and belonging. Routines provide daily opportunities for intentional connections to a family's cultural practices, such as values, beliefs, and home language. Some ideas for connecting children's culture and language used with their families into routines include:

- communicating with families to put together a list of words and short phrases in the child's home language to use during routines. Using a few key words in the child's home language can help children recognize new vocabulary in the language used in the care setting. For example, a care educator might use the Spanish word for diaper, *pañal*, during a diaper change with a 14-month-old: "Julian, time to change your diaper, your *pañal*." By using a word from his home language, Julian understands what routine is coming and is supported to recognize the word *diaper* in English.
- having conversations with the child's family about practices they do with their child. Getting to know the child's family practices and values builds connections between family and the early learning and care setting. These conversations help identify what is most important to the family. Some families may have strongly held beliefs or practices that they want incorporated into their children's daily routines. For instance,

some families may value a care educator feeding a child to build **interdependence**. Other families may value a care educator supporting a child to feed themself as early as possible. Families may also hold beliefs around what foods they eat. Understanding the family's values around care practices is important for developing a feeding plan for their child that is aligned with the family's practices.

- offering a visit to families and children in the family's own setting.[1] Care educator visits to families in their setting provide families with the option of a more comfortable **environment** for conversation with the educator. Families might share things that are important to them, and care educators are able to observe family interactions and the spaces where the child spends time. For the child, this can be a significant event, seeing their care educator and family together in the family environment. The care educator might ask for permission to take some photos to share with the child in the early learning and care setting.
- drawing on knowledge of the child's family from conversations or home visits to support connections with family and the care setting. For example, a care educator might ask a 34-month-old, "Did you take your puppy, Enzo, out for his walk this morning?" or "We are having sweet potatoes for breakfast this morning. Your g'mama makes you her special pumpkin mash with pumpkins from her garden."

1 In some settings, like Head Start programs, home visits are required. For other settings, like family, friend, and neighbor care, care already occurs in the home environment. Where home visits are not already part of the setting norms, care educators can work with families, and their program if applicable, to make plans for home visits.

In-Practice Example
Pickup Time for Camila and Mateo

Camila, a 10-week-old, and Mateo, a 22-month-old, are siblings at Ms. Elsa's small family child care home. Their family shared with Ms. Elsa that they chose her to care for their children because she speaks Spanish with the children, like they do at home. Mateo has been cared for by Ms. Elsa since he was 8 months old, but Camila has only been in care for a few weeks. Ms. Elsa has observed that since his sister started care, Mateo has shown distress at pickup, crying and sometimes throwing toys.

Ms. Elsa knows that at pickup Carla, Camila and Mateo's mother, is in a hurry to get home to start dinner, so Ms. Elsa asks if there is a good time for them to talk about supporting Mateo during pickup routines. During their phone call later that week, Ms. Elsa shares some observations of the children and the skills they are developing. She shares how Mateo loves to push trucks in the yard during outdoor play and how Camila watches the older children while they play. She asks Carla what she has observed at home about the children and how they interact. Carla shares that at home, Mateo loves to help take care of his baby sister Camila, or "Mimi" as he calls her. He helps get her clothes from the laundry basket when Carla is doing laundry. When his sister cries, Mateo says, "*Mamá,* Mimi *leche*" (Mom, Mimi milk). Carla also observes that Mateo started crying when an older cousin visited recently and wanted to play with the baby and not with him. Carla and Ms. Elsa decide to try a new approach, where Carla will greet Mateo as soon as she arrives at pickup, and she and Ms. Elsa will involve him in the pickup routine so he gets to help.

During the next pickup, Carla first greets Mateo, leaning down to his level saying, "*Mijo, ¿cómo te fue hoy*?" (Darling, how was your day?). After Carla hugs Mateo, Ms. Elsa passes Camila to her. Carla continues talking with Mateo and asks, "*¿Me puedes ayudar con tus cosas?*" (Will you help me with your things?). He nods and responds, "Mateo *ayuda*" (Mateo help). Mateo clings to his mother's leg while gathering their belongings but seems less distressed than recent pickups. Ms. Elsa and Carla decide to have a follow-up call after a few weeks to discuss whether this routine is still working and what further adjustments they might consider.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What are your thoughts about how Ms. Elsa used observations to inform her conversation with Camila and Mateo's mother?
2. In this example, both the family and care educator speak Spanish. How might a care educator involve families in planning if they do not share a language?
3. Thinking about your own practice, what other questions might you ask the family about their routines at home to support Mateo and Camila in the early learning and care setting?

Area of Practice

Establishing Predictable and Consistent Routines

Well-planned routines provide predictability and consistency in the daily experiences of infants and toddlers. Children can anticipate predictable and consistent routines, which allows them to learn about the structure of their day (Selman & Dilworth-Bart, 2024). Having the same responsive primary care educator who usually does the care routines with the child supports the development of a secure attachment with their care educator. A secure predictable attachment provides a safe base to learn and explore.

Connections With Social and Emotional Development

- Routines provide a sense of security that supports infants' and toddlers' social and emotional development. Children are able to manage their emotions and expectations more easily when they can anticipate predictable events in their day, such as that their care educator always sits in the same comfy chair while giving them their bottle or that they hear the same song at the beginning of nap time every day.
- Routines support children's developing sense of **agency** as they learn about how to care for themselves. As they grow and develop, children may try holding their own bottle or bringing their own bowl and cup to the table at mealtime.
- Incorporating family practices into routines supports relationships and a **sense of self** by fostering consistency between the family and the early learning and care setting. For example, in an early learning and care setting where English is primarily spoken, to support a family who speaks a home language other than English, the care educator could share words they know in a child's home language or could ask the family to share a few common food words in their home language when talking about foods the child also eats at home.
- Routines provide consistent opportunities for children to engage in social interactions with their peers and care educators. For example, when passing out the cups at snack time, the care educator gives a child two cups and asks them to pass one to their neighbor. As they go around the table, each child has the opportunity to either hand a cup to or receive a cup from a friend.

Practice

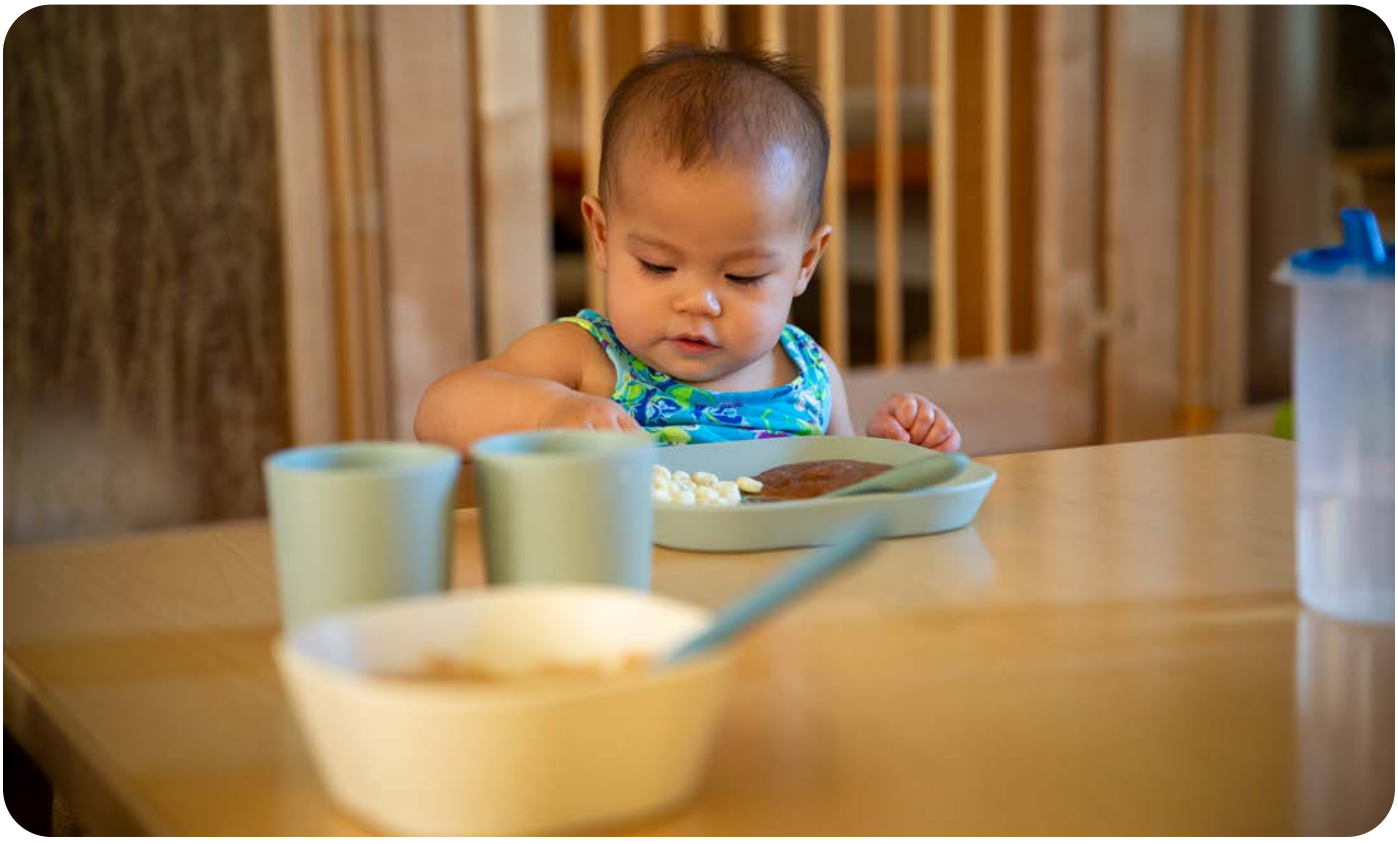
Establishing and following a simple sequence of events

Breaking down routines for infants and toddlers into simple steps can help children learn to predict routines and understand steps in routines. Below are some specific examples and considerations for establishing predictable and consistent routines:

- observing whether there are specific routines that are more challenging or aspects of routines in which some children may need additional support. For example, if a 26-month-old typically seems frustrated during transitions, validating their feelings and using visual aids to show what activity is happening next might help children more easily manage the transition.
- establishing consistent cues for children. Care educators might play soft music or dim the lights at the start of a sleep or nap routine. Care educators might sing a song or chant a rhyme when it is time to wash hands in preparation for mealtime. Care educators reflect on what cues work best for the children in their care and communicate with families about cues that work both at home and in the early learning and care setting. These cues help children know what is coming next. It is helpful to observe how different children respond to the cues. Reflecting on these observations can inform care educators how to help different children adapt to cues and to what will happen next. Some may respond to visual cues while others respond to verbal reminders.
- using visual cues for the sequence of the day or for specific routines to support children's understanding. For example, a care educator working with a group of 18- to 36-month-olds might make a visual schedule that shows key routines that take place, such as drop-off and pickup, meals, handwashing, naps, and play. Using visual cues can help children track what is going to happen next or give cues about variations in routines, like a sign to remind children on days when rain boots are needed for outdoor play. A care educator working with a 6-month-old infant might show the child objects that cue routines, like their bottle to cue feeding or their sleep sack to cue a nap.
- using "First ... then ..." concepts to describe transitions or steps in a routine supports children to predict routines. For example, a care educator says to a 21-month-old, "First we wash our hands, then we eat a snack."
- cueing parts of a routine with words in a child's home language to support understanding. This is especially important if a child transitions to a new learning and care environment where routines and the language may be unfamiliar.
- using reflective planning to decide when to add complexity to a routine for an individual child or small group of children. A child may learn it is time to sleep when the care educator dims the lights. Knowing what the cue means, the 2- and 3-year-olds get their sleeping mats or cots. Finally, the care educator turns on soft music or white noise, a cue to the children that they can relax and go to sleep.

Connections With Cognitive Development

- Predictability and repetition in routines, such as always going outside after snack time, helps children make sense of their world and notice sequences.
- A care educator's use of mathematical language during routines supports children's understanding of concepts like number, size, and location. For example, during a mealtime, a 30-month-old might be asked how many pieces of chicken they want, or a 4-month-old might be asked if they want more milk. Questions such as these support children's developing **number sense**, even when the children do not yet have the language to respond.
- The opportunity to learn and recall steps of a routine supports children's memory development, such as recalling that their jacket is in their cubby when getting ready to play outside.
- Care educators may set up mealtimes to provide 2- and 3-year-olds with the opportunity to build concepts of causality and **spatial thinking**. For instance, during family-style meals, care educators may invite children to pour their own beverages or to categorize different types of utensils, such as "serving spoons" and "eating spoons." With children who still drink from a bottle, a care educator might use words like *full* or *empty* and give the children opportunities to learn to hold their own bottle.



Area of Practice

Being Responsive and Modifying Routines Based on Observations and Children's Shifting Needs

Routines provide structure to the day for both children and the care educator. Having predictable routines and a predictable schedule helps children to make sense of their world and navigate challenges, but educators also adapt and change routines based on children's shifting needs, in-the-moment reactions, or changes in circumstances (Costa et al., 2023). Predictable routines and schedules look different depending on the age of the child and the setting. For example, a 3-month-old's schedule could include diaper changes after each nap or holding off on a feeding if family pickup is within the next half hour, while a care educator of a group of 24- to 36-month-olds may have major routines like snacks, meals, naps, and transitions planned in the same order each day. Adapting routines may mean a routine happens at a different time than usual, new **materials** or activities are introduced, or even lasting changes are made to a routine. By introducing variability within established routines, children have the security of familiarity as they learn and explore something new to them. Giving children information about the change ahead of the routine will help them anticipate and prepare themselves for the change. By observing children's understanding of daily routines and documenting how changes in routines happen, care educators plan for shifts in routines while keeping in mind the individual needs of the children.

Connections With Approaches to Learning

- Routines provide a stable structure for learning across developmental domains. When children begin to participate in routines, they encounter opportunities to persist through challenges, for example, through repeatedly trying to use tongs to serve themselves during mealtime or trying to pull up their own pants while learning to use the toilet.
- By breaking routines down into steps, especially when the steps are reviewed through visual cues or repeated language, children learn to hold information in their **working memory**, for instance, **modeling** how to sort their dishes into tubs after eating or to put on their shoes.
- Routines are filled with moments for children to practice waiting. It is important to support the child's awareness of waiting by acknowledging the child's wants and needs. For example, a care educator might tell a child that they will be waiting for a few seconds as the care educator grabs a wipe during a diaper change or waiting for food to be passed their way during a family-style meal. With support from care educators, infants and toddlers learn to manage their behaviors and impulses as they become aware that their needs and wants will be met as soon as the care educator is able to.

Practice

Responsive moments during routines

Routines should also allow for responsiveness to children's needs in the moment as care educators observe shifts in children's behaviors and emotions. Routines offer the opportunity for one-on-one responsive interactions, which support a sense of security, for instance, being attentive to a child's movements and vocalizations and responding to the child in ways that create synchrony between the child and the care educator. Below are some specific examples and considerations for balancing consistency and responsiveness:

- being attuned to infants' and toddlers' body language, expressions, and vocalizations in the moment during routines to connect and build a relationship. For example, one 14-month-old might show distress at drop-off by crying and then be comforted by a hug or sitting on an educator's lap. Another child might be quiet and still while they are distressed and be comforted by an educator sitting nearby and looking at their family photo book with the care educator. By recognizing and responding to children's needs in the moment, care educators provide the support each child needs to engage in routines.
- communicating with children to assure them the care educator recognizes their interests, strengths, and needs. There are times when a child may have a need that cannot be immediately met, or a child might ask for something that the care educator cannot provide. When the care educator communicates verbally and nonverbally that they recognize what the child wants, the child feels validated in the moment, even when the care educator is not able to help them right away. For example, a 35-month-old might ask to go outside just as lunch is being served. A response to the child might be, "I know you would like to go outside now. We are going to stay inside now and have our lunch, but we can go outside after lunch for a little while before nap time. What do you want to do when you go outside?" As children learn that the care educator is paying attention to their needs, even if they must wait a little bit, they have an opportunity to build their skills to manage their behaviors and impulses (also referred to as **inhibitory control** foundation).

Research to Practice

How Does Play Fit Into Routines?

Infants' and toddlers' play offers rich opportunities for supporting their learning and development (Zosh et al., 2017). Playful moments occur during routines, like a game of peek-a-boo before or after a diaper change or singing when washing hands. However, it is important for care educators to provide blocks of time for children to engage in a variety of self-initiated and self-directed play between routines. Infants and toddlers thrive when provided ample time to play with a variety of materials and across different settings, such as indoors and outdoors. More information about how play supports infants' and toddlers' learning and development can be found in other chapters of this resource.

Practice

Shifting routines slowly to support children's learning

There are times when established routines must be adjusted or changed. Routines shift for many reasons. A child's feeding routine might shift when solid foods are being introduced, or a 2-year-old might transition from diapers to learning how to use the toilet. In center-based care settings, children may have new routines when moving to an older age group. No matter what sort of transition a child is experiencing, slowly introducing variations to the established routines supports an easier transition. With care educator support, children develop greater flexibility in adjusting to changes in familiar patterns. Below are some strategies to consider when shifting routines:

- Recognizing developmental changes across domains informs shifts in routines and development. For example, to transition from diapers to using the toilet, a care educator might support a child to learn about causality as they use their motor skills to pull their clothes down and up before introducing using the toilet. Collaborating with families about how they are helping their child learn about using the toilet at home may suggest ways to make the experience more consistent for the child in the early learning and care setting. For instance, the family of a 30-month-old may set aside times in the day to use the toilet. Likewise, at the learning and care setting, the care educator might also consistently offer opportunities to use the toilet.
- Observing and reflecting on the current routine supports care educators to decide when to shift routines and determine whether there are any skills in the new routine that can be introduced before a transition. For example, a care educator in center-based care might practice handwashing in a group setting with a 23-month-old child who is going to transition to a room where children typically wash their hands on their own. In addition, visiting the new room with their care educator can help them try out the new materials and environment with the comfort of their familiar care educator.
- Maintaining as much predictability as possible when a routine must shift more suddenly supports children to feel safe and secure. For example, if children cannot go outside for a few days because of weather, keeping as many elements of the regular schedule as possible helps children feel safe and maintain predictability.
- Communicating with families about shifts in routines and aligning transitions when possible. It is also important to consider changes in the family environment when supporting children in shifting routines. For example, it may be helpful to delay a transition for a child who has a new sibling in their family or has recently moved to a new home.

Learning Story: "Ashan From His Family Child Care Provider"

A Learning Story is one way that care educators might observe, document, and then share their reflections with a child and their family. A Learning Story includes documentation of an observation, often including photos of what a care educator or family member has seen a child or children doing in an early learning and care setting or at home. In a Learning Story, the adult adds their interpretation of the child's competencies and dispositions toward learning, such as how a child adjusts to a shift in routines. The following Learning Story illustrates how 6-month-old Ashan's care educator supports his transition to eating solid food.

Dear Ashan,

Today we began exploring solid food together for the first time. I have been watching you participate more and more with your bottle, reaching for it, holding it, and handing it to me when you are finished. I've been talking with your mama about when you will be ready to start eating solid foods. She says that you have been intently watching everyone in the family when they are eating and that she has started giving you small bites of soft potatoes and cooked lentils. We decided that those would be good foods for you to start eating here as well, so your mama brought some for you to try here with me. We decided to offer them to you after nap time, when the older kids got back from school, as they were excited to see how you would respond to your first food.

Amani, who likes to help you with your bottle, asked if he could help with your food too. Since we have observed you picking up many things and putting them in your mouth, we decided to put a few small pieces of soft potato on your tray so you could pick them up yourself. We also put a few soft lentils in a small bowl and got two spoons so that you could hold one yourself. After Amani washed his hands, we washed your hands and helped you into your little chair at the table. Amani helped you with your bib and told you that your mama had made some potatoes and lentils for you to eat at Erma's house. As soon as you were sitting, you started reaching out for the potato pieces. You touched them with one finger and then grasped a piece with your whole fist and brought it to your mouth. When you got some in your mouth, you made a little "hmm" sound, smiled, and patted the table. You brought another piece to your mouth and dropped it. You tried again, and more went into your mouth. Amani was eager to feed you your lentils, and so he offered you the little spoon with lentils on it. You were excited and patted the spoon with your hand. The lentils spilled, and Amani laughed and offered you another bite. He showed you the spoon with the lentils on it, and then you opened your mouth, and you ate them! Soon, you started to reach for the spoon Amani was feeding you with, and I offered you a spoon of your own to hold. You dipped it into the lentils and brought it to your mouth between bites from Amani.

All your friends were so excited for you, and Jalliyah ran to get the camera so she could take some photos to show your family.

Ashan, you approached your first time eating at my house just like you engage in most new activities. You are curious, interested, and eager to do things for yourself. Just like you started to hold your own bottle when you were a few months old, you reached for your own spoon right away. Your curiosity to explore the world and to persist even when things are hard to do allows you to develop so many skills, like holding a spoon and your bottle, picking up things to put in your mouth, and communicating your delight with your smiles and your sounds. You are so interested in and engaged with the people around you that you have developed a special relationship with each of the children in our group, and they are all excited about each of your new developments.

We are so glad you are with us,

Your care educator,
Erma

Area of Practice

Individualizing Routines to Meet Each Child's Needs

Individualizing routines in group care for infants and toddlers helps in meeting individual and group preferences, strengths, and needs. Individualizing routines supports infants' and toddlers' learning and development. The goal of individualization is to be responsive to the interests, strengths, and needs of each child while establishing a predictable and consistent routine (Gillespie & Petersen, 2012). Individualization is an ongoing process that depends on care educators' observations of children, communication with families, and understanding of child development.

Individualizing routines in group care for infants and toddlers helps in meeting individual and group preferences, strengths, and needs.

Practice

Responding to children's developing abilities and shifting interests and needs

During the first 3 years, children's needs and abilities change rapidly, and as their needs and abilities change, so do routines to care for them. For example, children may show signs that they are ready to do some routines on their own that they had previously needed help with. Planning an adjustment in a routine might include allowing more time for children to learn steps of a routine. Planning an adjustment may also involve communicating with families about how to change aspects of routines so children are practicing doing more on their own, if that is a shared goal the family has. Below are some considerations for supporting children's developing abilities and shifting interests and needs:

- observing and documenting children's skill development and planning changes that help them build on their skills. For example, a child may show signs they are ready to begin to do some handwashing steps on their own as they demonstrate initiative by approaching a sink when they hear "it's time to wash your hands," or they may reach for soap on their own as they practice motor skills while using a step stool.
- putting supplies safely within reach and helping a child learn to use new tools to support children's initiative. Care educators observe and document what the child can already do and reflect and plan how to help them. When individualizing the routine, a care educator might observe that one child may need more physical support, or another may need some visual cues.
- coordinating with families when a child may be ready for more **autonomy** during routines. For example, a care educator may explore with families what kinds of clothing might make it easier for the child to pull down on their own when they are learning to use the toilet or what kind of foods to offer a child who is moving away from a liquid diet to more solids.
- including movement as part of transitions between routines for children who may benefit from active movements. For instance, some 2- and 3-year-olds may find it useful to dance and get their energy out before going inside or settling down for nap time. A 4-month-old may need extra cuddles as they wind down for a nap. Children can learn to regulate their emotions and behaviors when they are supported in being aware of their feelings and given opportunities to express those feelings.
- adjusting routines based on children's shifting sleep habits. As children transition from more than one nap to only one nap, it is important to observe how they manage during the day. Some children may still need quiet time to relax during the time they previously napped; for example, an 18-month-old may be engaging in a quiet

activity, like listening to an adult read a story, and a 6-month-old may want to be rocked and sung to.

- observing how children are learning new skills. Allowing children to try new skills fosters their engagement and perseverance with a routine. Care educators reflect on observation and documentation to identify the kinds of support different children may need to learn a new skill. For example, when a 36-month-old is learning to get their jacket on before going outdoors, they might continue trying with encouragement. It is important to plan for enough time for each transition when children are learning to dress themselves so they have plenty of time for several tries.

Research to Practice

Routines and Children Who Have Experienced Trauma

Routines can be challenging for children who have experienced **trauma**. Establishing and supporting children using routines can help to build a sense of predictability and security. Traumatic events for infants and toddlers might include abuse and neglect, domestic violence, or separation from a parent (Bartlett & Smith, 2019; Fraser et al., 2019). A trauma-informed perspective in the early learning and care setting can help buffer some of the effects of early trauma (Bartlett & Smith, 2019). Trauma-informed care includes strategies to support the child, the family, and the care educators to build strong, positive, and responsive relationships and a sense of security (Infant Early Childhood Mental Health Consultation Network, 2025; Nicholson et al., 2023). For instance, some strategies include recognizing trauma and responding by adjusting the child's environment and how a care educator interacts with the child to support the child's recovery to trauma.

See the "Planning to Support Infant–Toddler Learning and Development" chapter and "Relationships and Interactions" chapter in this resource for more discussion on trauma-informed practices.

Practice

Supporting children with disabilities or developmental delays through routines

It's important to support engagement and participation in routines with all children. Additional supports may help children with a disability, a developmental delay, or other individualized needs so that they can fully participate and engage in the routines in their own way. Below are some considerations for supporting children of all abilities through routines:

- sharing progress toward goals with families and working in collaboration for their input about strategies that can support children's full participation and engagement in routines. Routines offer many opportunities to set and work on goals in collaboration with families. For example, care educators and families can both follow a similar strategy to support a child in learning to put on their own jacket.
- planning time to meet with families for discussions about developmental concerns or major incidents when needed to avoid hurried conversations that interfere with the arrival or departure routines. Families may also be more comfortable having these conversations in a private setting. It may also be helpful to consult with resources and early intervention specialists and share information with families to find ways to support children through routines. (For more information, see *Inclusion Works!*, 2025.)
- using additional supports or adjustments to support children's full participation and engagement in routines. Adjustments to routines are made to ensure a child's participation and engagement in routines. Additional supports or adjustments might also be aligned to an individualized Family Service Plan if a family has one. A child with a fine motor disability might use adaptive grips for utensils to engage in mealtimes. It is important to encourage the child's **persistence** and initiative in using these tools to engage in routines the child enjoys.

In-Practice Example
Nolan Persists Through Mealtime

Ms. Ana is a care educator in a toddler room in center-based care. She has observed Nolan, a 22-month-old who has a motor disability, as he begins to use his adaptive utensils—utensils with holder straps—to eat during mealtime. The adaptive utensils Nolan uses have thick, looped handles that allow him to grip the utensils more easily to scoop and bring food to his mouth. Ms. Ana, Nolan's family, and Nolan's occupational therapist closely work together as they introduce new adaptive equipment to Nolan.

Ms. Ana noticed that, like other children, Nolan has trouble scooping slippery foods with his adaptive spoon. During a family-style mealtime, Nolan tries and tries to get peaches with his adaptive utensils. He expresses frustration when the plate with his peaches falls to the ground. Ms. Ana talks to her cocare educator about how they can help Nolan cope with his frustrations at mealtime. They talk about ways to acknowledge his feelings in the moment. They come up with a plan to validate his feelings by identifying his frustration and what he is frustrated about before offering him help or choices, for instance, giving him an option of easier foods to pick up.

Ms. Ana also asks Nolan's family whether she can contact his occupational therapist to discuss how they can facilitate mealtimes so that Nolan can continue to practice using his adaptive utensil. The occupational therapist suggests that they consider the texture of the foods offered to Nolan and that they use bowls for certain foods and plates for others.

For the next mealtime of the day, Ms. Ana swaps out a plate for a bowl. Ms. Ana observes as Nolan maneuvers the bowl and, after some attempts, is able to scoop the food with his adaptive spoon. They acknowledged Nolan's accomplishment: "Wow, Nolan! You did it!" Nolan looks up at them, smiles, and says, "Yummy!"

Reflection Questions

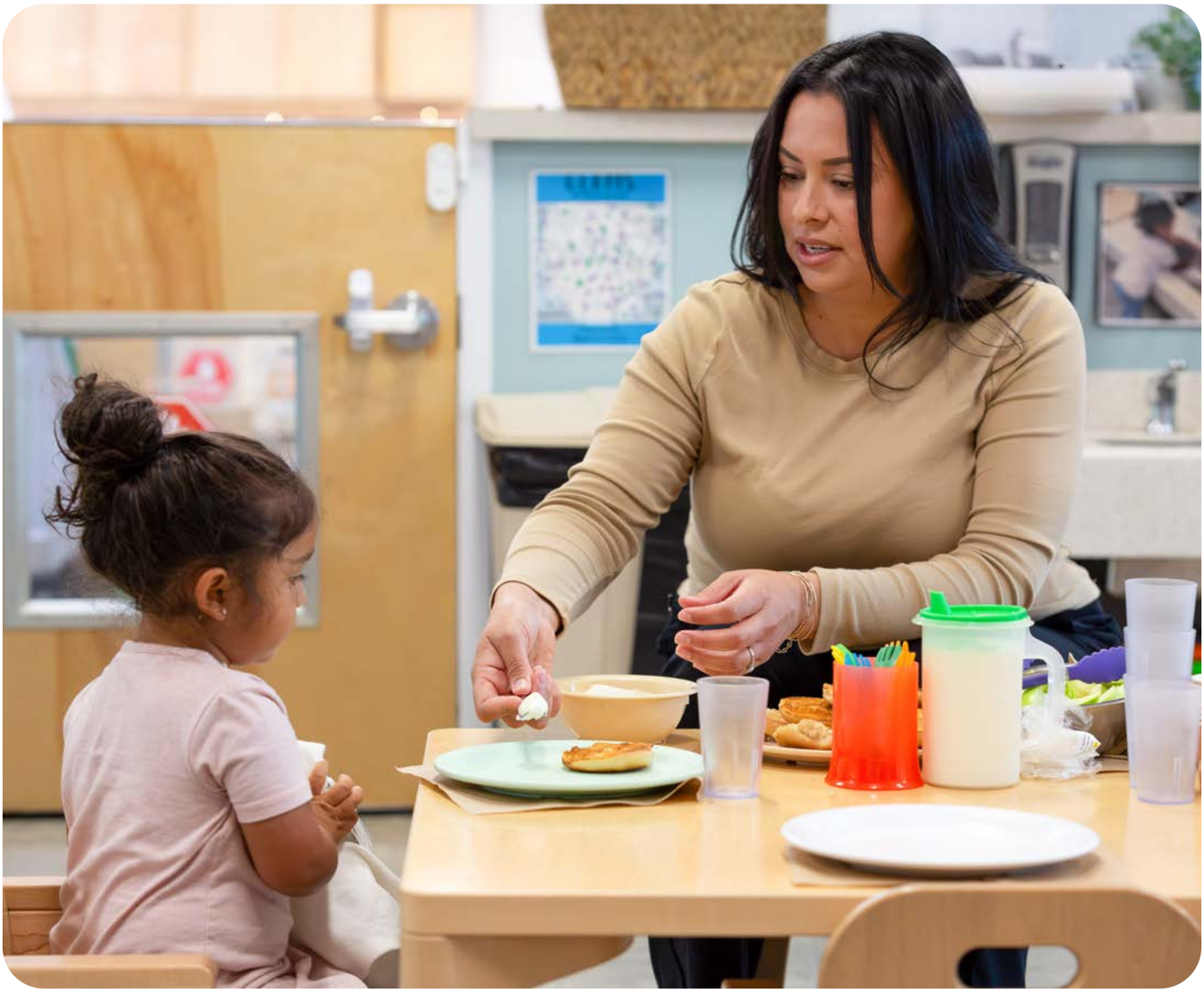
Think about the following questions by yourself or with a colleague:

1. What stood out to you about Nolan's continued efforts to learn to use his adaptive utensil?
2. What are other ways Ms. Ana might support Nolan's ability to cope with his frustrations?
3. Thinking about your own practice, when a child has a disability, how do you connect with the family to learn more about how to support their child?

Area of Practice

Encouraging Infants and Toddlers to Play an Active Role in Routines

Children love to be included! Instead of thinking about routines as something that happens to children, consider how routines can be activities that are done *with* children. Encouraging children to actively participate in routines provides them a sense of confidence in their developing abilities and accomplishments (Laurin et al., 2021). By observing and reflecting on children's skills and interests, care educators plan opportunities for children to participate in routines that are meaningful and at an appropriate developmental level. As children grow in their skills, abilities, and knowledge, care educators plan new ways to continue supporting children's growth.



Practice

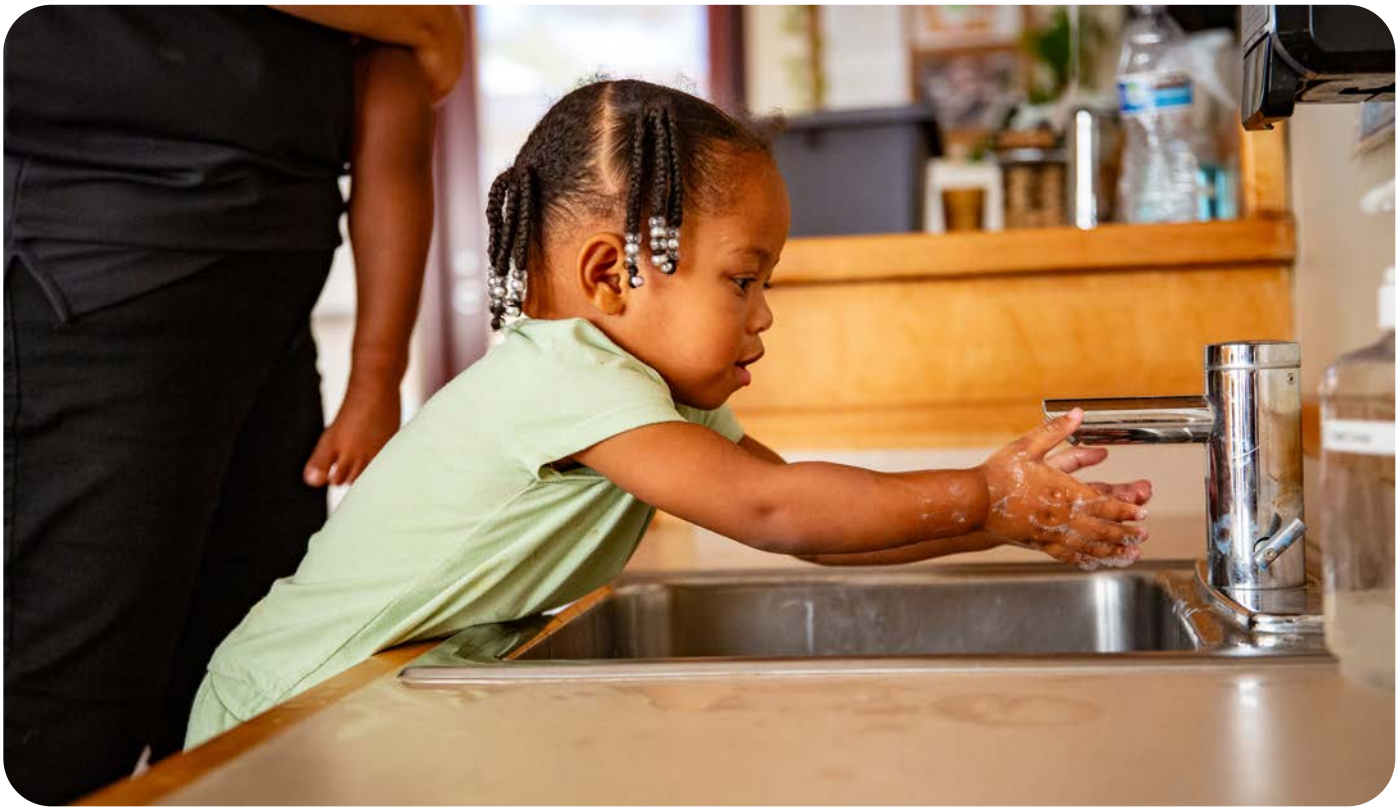
Providing opportunities for children to participate and engage in routines

There are many ways infants and toddlers participate and engage in routines and develop a sense of agency. When infants and toddlers have opportunities to actively participate and engage in routines, they develop various skills. For instance, they build fine and **gross motor skills**, learn to take initiative, experience **cause and effect**, learn through **imitation**, and cooperate more easily. Here are some tips to encourage children to participate and engage in routines:

- observing children's curiosity and interest during routines and reflecting by asking yourself, "How can I engage the child based on what they're interested in and able to do?" You may notice a 5-month-old is trying to swat at their feet during a diaper change and try to engage them by saying out loud, "You are grabbing your feet! Let's try to get them through the diaper" as you guide their legs through the diaper.
- providing **scaffolding** so a child can perform parts of routines on their own. This may look like modeling or showing how a part of a routine is done to encourage children to imitate those actions. A child may imitate a care educator by trying to use a utensil in the same way to eat during mealtime. The child may also grab a toy broom to help sweep after mealtime, since they have observed their care educator sweep food off the floor after mealtimes. An environment where things are easily accessible to children will encourage children to take the initiative in using them when they are ready.
- giving the child opportunities to participate by asking them questions, for instance, asking them if they want their bottle or to put on sunscreen first or asking if they would like to help wash the tables for lunch or serve their own food. When asked what comes next in a diaper change, a 12-month-old may respond by pointing to wipes during a diaper changing routine.
- making simple requests helps children participate. For instance, "Time for sunscreen. Can I see your left arm? This is your left arm! Extend it out, like this," or "Daddy brought more diapers today. Can you put them in the basket that is behind you?" Using spatial language to help children participate in routines supports their understanding about how their bodies move and how things fit in space.

Connections With Perceptual and Motor Development

- Routines offer opportunities for children to explore different textures, sounds, and sights, like feeling soap and water during handwashing or trying different foods during meals.
- Many routines support learning various motor skills, like holding a bottle and taking off and putting on clothes. Care educators may plan to support children's practice of their fine and gross motor skills by scheduling extra time when the children are first learning a skill and waiting to offer help until a child asks or shows signs they are done trying. For instance, a 6-month-old may try to grab their own bottle to drink from it.
- Routines provide children with consistent and safe moments to practice new perceptual and motor skills. For example, having a consistent time for outside play between routines serves as a time when an 8-month-old might explore different textures like grass and listen to sounds like birds chirping or a bouncing ball. Playing outside also may encourage a 2-year-old to practice new motor skills like moving from one location to another, climbing, jumping, or sliding.



Practice

Noticing when children may be ready to practice a new skill and when they may need some more time before trying a new skill

Children develop at their own pace, so practicing new skills in routines on their own timeline is important. Below are some tips for identifying when a child may be ready for a new skill or when they may need more time before trying a new skill:

- documenting children's progress toward new skills and reflecting on ways to extend their skills to help identifying children's readiness. For instance, it takes a lot of coordination for children to lather their hands together under running water. A child may need help doing this until they can do it on their own. Care educators may encourage children to do other parts of the routine they are capable of, like grabbing a paper towel or turning the water off. By documenting and reflecting on children's progress, care educators can think of ways to help children build on their skills. Care educators might also determine how much help a child may need.
- noting and adapting to **individual differences**. A child who is ready for a new skill may assert themself and take initiative by reaching for something or being adamant and persistent about trying something on their own. In contrast, if they need more time, they might express distress during a routine. By observing a child's level of initiative or distress, care educators identify additional steps in the routine to help a child reach their goals.
- encouraging children to work toward new skills. For example, a care educator might invite a 28-month-old to help pass out napkins to each of their friends during a family-style meal and might invite a 1-year-old to hold their own spoon or cup during mealtime.
- having patience, as infants and toddlers need time to practice new skills. Practicing new skills is an opportunity for infants and toddlers to persist through challenges and learn to manage their behaviors and impulses so they can collaborate with others during activities.

In-Practice Example
Jacob Is Ready for the Toilet

Mrs. Hadid is getting children ready for nap time in her family child care home. Before nap time, some children use the toilet, and some children get a diaper change. Mrs. Hadid has observed that Jacob, who is 28 months old, has been interested in the toilet, as he pays attention to what the older children do. He also has started telling her when his diaper is soiled. Mrs. Hadid mentions these new behaviors to Jacob's family and asks if he's also been telling his family when he's ready for a clean diaper. Jacob's family confirms that he also has been doing this at home. Mrs. Hadid also shares with them that Jacob may be ready to start trying to learn to use a toilet. Jacob's family is on board with the idea of offering opportunities for Jacob to learn this new skill. Mrs. Hadid and Jacob's family discuss ways to encourage Jacob's new curiosity about toilets, and they make plans together to continue to encourage Jacob's curiosity by beginning to introduce peeing in the toilet.

The next day, Mrs. Hadid asks Jacob, "Do you want to try sitting on the toilet today?"

Jacob runs over to the toilet. Mrs. Hadid says, "First you need to pull your pants down." Jacob pulls his pants all the way down.

She says, "Now I will take off your diaper." Then she helps him to sit on the toilet. She reminds him, "Make sure your pee is going down inside the toilet."

When Jacob pees, Mrs. Hadid says, "Do you hear that sound? You peed in the toilet!"

"Wow!" Jacob replies. "I did it!"

Mrs. Hadid puts a clean diaper on Jacob. She then asks, "Would you like to pull up your own pants?" Jacob pulls them part way up and then says, "Help." Mrs. Hadid helps Jacob to pull his pants all the way up, and they go to wash their hands together.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. Thinking about your own practice, what signs might you look for that a child is ready to use the toilet?
2. How might you start a conversation with a family about their child learning to use the toilet before communicating with the child about the child's interest in the toilet?
3. What stood out to you about how Mrs. Hadid used toileting as a time for Jacob to practice motor skills?

Area of Practice

Communicating With Infants and Toddlers During Routines

Routines offer everyday opportunities to communicate with children and support their language learning (Tamis-LeMonda & Masek, 2023). Communicating with infants and toddlers during routine care also helps them engage in the routines. Pointing out key things in routines also supports infants' and toddlers' ability to notice consistent actions and pair them with words. Care educators observe and reflect on their language and tone when interacting with children during routines and how children respond to the language and tone being used. A care educator may ask themself, "Is the child calm and attentive as I am speaking to them?" or "Is the child looking at me and trying to babble back to me in response?" This information is helpful in adjusting how a care educator interacts with a child to promote the child's engagement in the routine.

Connections With Language Development

- Using consistent language to name things around you during routines and talking about your actions during routines supports vocabulary development.
- For children whose home language is different from the language used in the early learning and care setting, care educators may learn some words in the children's home languages to support children to understand routines as they learn a new language.
- Incorporating finger plays, songs, and rhymes into routines supports early **literacy** development. Stories, songs, and rhymes are also an opportunity to bring children's home language into the care setting.
- Care routines, like bottle feeding, mealtimes, diapering, and handwashing, can be used as opportunities for one-on-one back-and-forth conversations. To encourage back-and-forth conversations, respond to children's sounds, words, and gestures.
- Engaging in back-and-forth communication during care routines helps children practice taking turns while using their emerging communication skills. For instance, as a care educator is preparing a bottle for a 7-month-old, they may say, "I have your milk!" as they hold the bottle of milk in front of the infant. The infant babbles, "Babababa," and the educator says, "Yes, I have your ba ba ba bottle. Are you ready for some milk?" The infant babbles back. The care educator subsequently responds, "You are ready! Okay! Here you go."

Practice

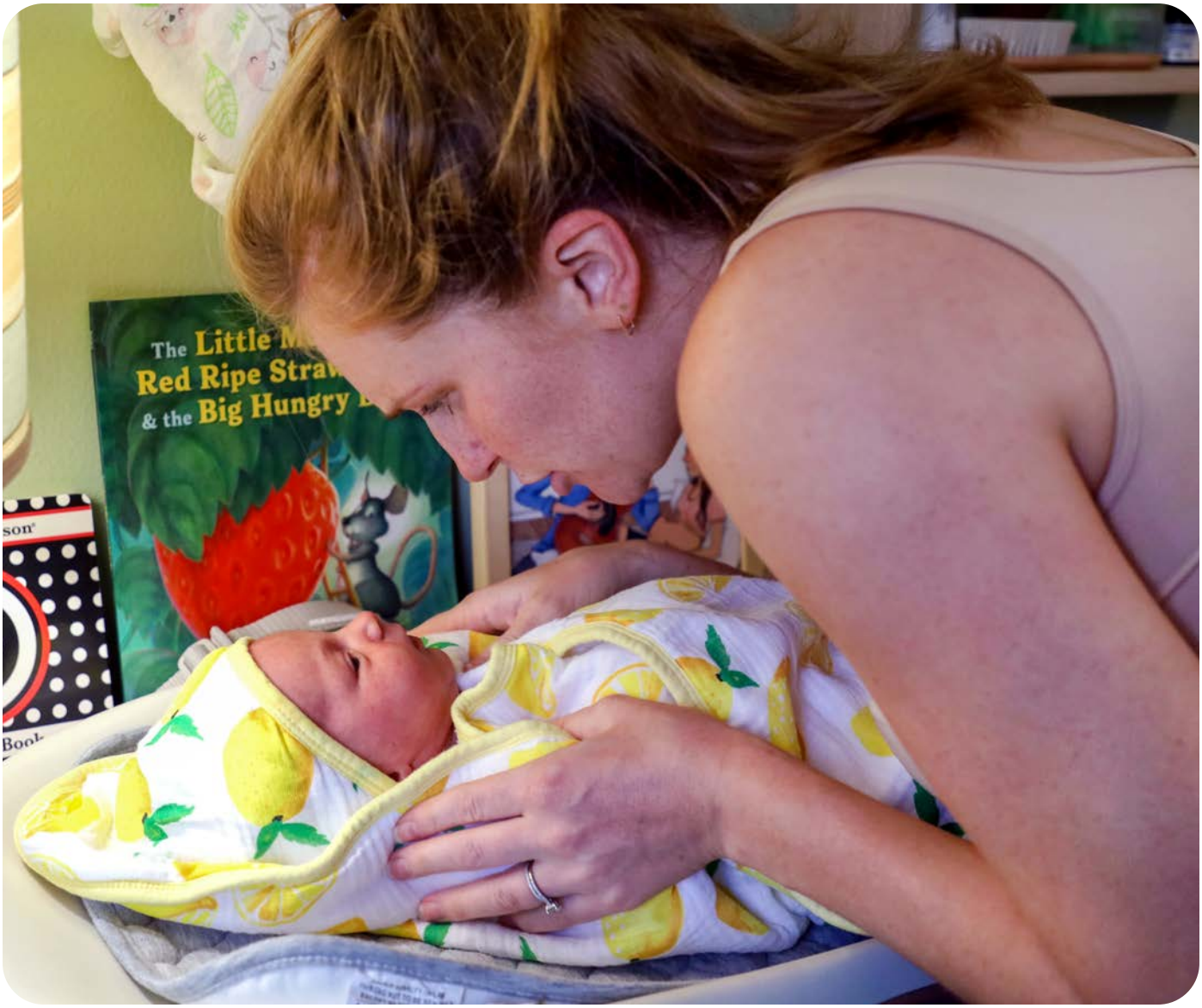
Describing what you are doing and what the child is experiencing

Talking about concrete things and experiences that are happening in the moment supports language learning and engagement. Talking during a care routine might sound a bit like a play-by-play announcer during an athletic event, as the care educator explains step-by-step what is happening. It is important to give steps one at a time, as too much information at once can be overwhelming and difficult to follow. For example, when a care educator describes putting on sunscreen before heading outdoors step-by-step, a child has the opportunity to learn complex language, like "Now I am going to put sunscreen on your arm." Once the sunscreen is on the child's arm, the care educator may begin to describe the next step. Below are some ideas for language to use when describing events in routines:

- explaining what is about to happen or is happening rather than what just happened. This allows children to learn to predict events and increasingly anticipate what will occur. Using predictable language can also support understanding of transitions and provide emotional security during more challenging routines, like nap time.
- using a few key words in a child's home language, if the child's home language is different from the language used in the care setting, while describing an experience in the care educator's language to support understanding and learning. For example, a care educator might say to a 6-month-old, "You seem like you want more milk, *leche* (milk)?" Then the care educator holds up the bottle to show it is empty before saying, "No more milk, no more *leche*. I have to go get more." Integrating children's home language into care routines supports a child's identity development and sense of confidence.
- signaling transitions with songs or describing the activity children are engaged in. Children may engage in the melody even before learning the words. Or they may sing out a key word at the right moment or repeat a phrase in a song. For example, a care educator might sing a handwashing song to help children know how long to wash their hands or a clean-up song when the whole group is cleaning up. As children learn melodies, they are engaging their working memory. Similarly, rhymes help children learn about the ways words are made up of separate sounds.
- using descriptive language in the moment and repeating words often to support vocabulary development. For example, during a meal say, "Do you want your blue cup? Here's your cup. See, your cup is the blue one," or "That is my big fork. You have your little fork."
- sharing in infants' and toddlers' accomplishments as a way to be responsive during routines. A 32-month-old may have pulled their own clothes down before a diaper change, or a 5-month-old may have held up their own bottle for the first time. As the care educator cheers the child on ("You are holding up your bottle!"), the child may feel joy and pride in their accomplishment. In acknowledging and celebrating a new skill, it is important to use descriptive language versus praise. This allows the child to feel seen. For example, say, "I noticed you got

your own clothes out today!" rather than "Good job!"

- providing clear and simple statements to support children as they get ready during a transition. For example, when a child is transitioning from play to a diaper change, and the child does not have a choice, a care educator might use a statement like "It is time to change your diaper." If a choice is needed, a care educator might ask, for example, "Would you like to walk to the bathroom, or would you like me to carry you?" or "Do you want to get your own diaper from the cubby, or shall I?"



In-Practice Example
Zuri's Diaper Change

Ms. Luisa, a care educator in an infant room at a child care center, has observed that 10-month-old Zuri is very attentive during diaper changes. Ms. Luisa uses this routine, which they engage in several times daily, as an opportunity for a meaningful interaction. After placing Zuri on the changing table, Ms. Luisa holds out the dry diaper, asking, "Can you hold the dry diaper for me?" Zuri grabs the diaper and babbles in response. Ms. Luisa tells her, "Thank you. I am going to take off your leggings now, and then I can take off that wet diaper. Will you help me?" Zuri lifts her legs for Ms. Luisa. "Up, up, up!" says Ms. Luisa as she lifts up Zuri's legs to slide out the wet diaper, and Zuri repeats, "uh uh." Ms. Luisa asks, "Do you remember what comes next?" Ms. Luisa pauses and then says, "Dry diaper time!" Zuri looks at the diaper she is holding and then to Ms. Luisa. Ms. Luisa gently takes the diaper and then fastens it on Zuri. "Okay, Zuri, pants on, and then you are all done!" Ms. Luisa pulls Zuri's pants up and then repeats, "All done!" She looks at Zuri, waiting for her response, and Zuri smiles and babbles.

Reflection Questions

Think about the following questions by yourself or with a colleague:

1. What stood out to you about the conversation between Ms. Luisa and Zuri?
2. When you think about how Ms. Luisa started the conversation with Zuri, how might you start similar conversations with children you care for?
3. Thinking about your own practice, how else might you use diaper changes as an opportunity to support Zuri's development?

Practice

Extending children's thinking and communication during routines

Routines make up a lot of the day and are therefore packed with opportunities for rich interactions. Notice what parts of a routine children are interested in and respond by talking about the things the children are drawn to. Below are examples of ways to elaborate on children's interests and extend children's thinking:

- observing what children pay attention to during routines and extending their learning by giving them opportunities to build on their skills and interests. For instance, a 36-month-old may show interest in using a small pitcher to pour themself water. A care educator might give the child opportunities to build this skill during play, for example, by placing small pitchers at a water table. A care educator may also offer a pitcher at snack time with a small amount of water at first and offer small cloths so that the child can wipe up their own spills. With developmentally appropriate support, the child will learn to use a pitcher.
- engaging in warm reciprocal interactions and talking about what you are doing to support the development of infants' and toddlers' language learning. For example, children may learn about words like *more*, *empty*, *soft*, *fast*, *slow*, or *sweet* during a mealtime routine. Using these and other similar words within ongoing conversations with children is effective—for example, "Would you like more?" or "All gone. Your cup is empty."
- modeling and guiding children through routines to support their developing fine and gross motor skills. Children practice **fine motor skills** as they learn to lather and rinse their hands, practice holding a spoon, or drink from a cup.
- learning concepts like *on* and *off* or *hot* and *cold* during handwashing routines to support understanding of cause and effect. For example, care educators might observe what an 18-month-old understands and support their learning by either extending the conversation with questions like "Can you think of anything else that is cold?" or reinforcing learning by asking, "Do you feel how cold the water is? When I turn this knob, it will get warmer."
- considering how to introduce mathematical concepts into daily routines. During a diaper change, a care educator might model counting ("You have two feet. Let's count them: One, two!") or talk about weight ("That was a heavy diaper."). During preparation for mealtime, a care educator says to a 2-year-old, "We will have four children at our table today. Can you help me bring in the chairs? We can count them together," or "You are first to wash your hands!" Get to know individual children's interests and connect with those interests to introduce mathematical concepts during routines.

Practice

Encouraging back-and-forth conversations during routines

Children engage in conversations even before they talk, such as by babbling, gesturing, cooing, or smiling in response to a care educator's words. A conversation with infants and toddlers is a back-and-forth interaction. Care educators promote language, communication, and social engagement by encouraging multiple rounds of conversational turn-taking during routines. This may look like the care educator saying something and waiting for a response, then responding to the child. It could also look like repeating something a child vocalized as you engage in back-and-forth imitation. Language use during care routines supports relationship building. Routine care is a time when a care educator is one-on-one with a child or with a small group of children, which creates an opportunity for conversation. Some examples of conversations during routines include:

- engaging in conversation-like communication with infants. For instance, observing the behavior of a 6-month-old and responding to facial expressions, vocalizations, and gestures or asking children questions about their wants and needs. For instance, a care educator may ask a 4-month-old if they are still hungry after pausing to burp them or ask an 18-month-old if they would like more of their snack or water. Children may use sounds, movements, or gestures to answer your questions. A child may reach for a bottle after burping or a may sign "more" if they have learned that when they sign "more," they get more snacks.
- using questions when there is a choice for the child to make to support their developing initiative and ability to manage their behaviors and impulses. For example, a 20-month-old might choose whether they want another serving of cheese or whether to play in the sandbox or swing during outside play. Offering choices supports children in expressing their preferences. When children have choices, they are also better able to manage their behaviors and impulses because choices help children feel in control.
- asking children **open-ended questions** during mealtimes. Conversations during mealtimes can be about the meal or about topics of interest for 2-year-olds. For example, a group of older 2-year-olds might discuss their favorite animals over lunch.

Language use during care routines supports relationship building.

Closing

This chapter highlights how routines not only are important in meeting the basic needs of infants and toddlers but also offer care educators consistent opportunities each day to support infants and toddlers to interact, learn, play, and grow. Care routines, like diapering, feeding, and sleeping, provide care educators with daily moments to be fully present in their face-to-face interactions with infants and toddlers. Especially during the earliest months of life, care routines offer moments to establish connections that provide a foundation for a loving relationship between a care educator and an infant. With care educator support, infants and toddlers can learn so much during routines. For instance, infants and toddlers can learn new words and understanding of concepts such as cause-and-effect relationships and quantities, practice their motor skills, learn to regulate their emotions and behaviors, and persist through challenges and setbacks. Throughout this chapter, In-Practice Examples have highlighted what can happen in a typical day with infants and toddlers. These In-Practice Examples spotlight a care educator and a child and illustrate the various learning that happens during routines. Key practices showcase how routines can be fun and engaging while creating important learning opportunities.

Routines that are simple, predictable, and consistent make it easier for infants and toddlers to learn what to expect during routines and throughout the day. Thus, it is crucial to create similarities between the **child's home** routines and routines in the early learning and care setting. Routines offer opportunities for care educators to observe and learn more about the infants and toddlers they care for. The practices presented in this chapter emphasize the importance of the planning cycle, including observation, documentation, reflection, and planning and implementation. When care educators take the time to notice what the child is communicating to them, how they feel, or what new skills the child is developing, care educators can plan meaningful changes in the child's routines or changes in how the care educator is interacting during a particular routine. This chapter also underscores the importance of establishing connections with families and learning from families about their routines at home to help individualize routines for children in the early learning and care setting. In turn, this helps to create continuity between the early learning and care setting and the family environment.

Reflection Questions

Here are some questions to help you as a care educator reflect on your interactions with infants and toddlers:

- How do you connect with families in your early learning and care setting about routines?
- How can you include infants and toddlers as active participants during routines?
- In what ways does making routines joyful and playful support learning and development?