



Standards  
for the Operation,  
Management and Administration  
Of  
Early Childhood Institutions



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# INTRODUCTION

## THE IMPORTANCE OF STRENGTHENING EARLY CHILDHOOD DEVELOPMENT

Early childhood describes the period in a child's life between birth and eight years of age. It is the most rapid period of development in human life and a child's experience during this period has an enormous impact on the health, cognitive development, educational attainment, socialisation and productivity of older children and adults.

International research has demonstrated that the *quality* of a child's early childhood experience makes a significant difference to school preparation and participation, completion and achievement and to the reduction in costs to society of remedial and rehabilitative actions in later childhood and adulthood.

A longitudinal research study in Jamaica of a national representative sample of children entering primary school at age six years in 1999 and followed up in 2000 and 2003 (the Profiles Project) identified a number of factors affecting child well being, with a number of these affecting all or almost all child outcomes of learning and behaviour. These include;

- Socio-economic status
- Parental education
- Parental stress
- Reading books
- Early childhood learning environment

The study's findings also demonstrated clearly that efforts to improve child outcomes must be comprehensive. Furthermore, interventions need to occur prior to primary school entry, as the negative impact of the identified factors on child development outcomes worsens with time.

Both the international and Jamaican research has demonstrated what can make the difference for children's positive development in early childhood.

## **THE EARLY CHILDHOOD COMMISSION**

The Early Childhood Commission was established by an Act of Parliament, the Early Childhood Commission Act, in 2003. The Commission has the responsibility to ensure the integrated and coordinated delivery of early childhood programmes and services. The Commission, through its varying activities, will guide the holistic development of children, including physical, cognitive, social and emotional development. These activities will require collaboration among the authorities in health, education and child development services; parents; the public and private sector; NGO's and international development partners.

The Commission will use lessons from research and experience to develop strategies to reach all children, but particularly the youngest and most vulnerable children in the country.

The Early Childhood Commission has eight legislated functions, as described in The Early Childhood Commission Act (2003), one of which indicates direct responsibility for early childhood institutions:

- (a) advise the Minister on policy matters relating to early childhood care, education and development in Jamaica, including initiatives and actions to achieve national early childhood development goals;
- (b) assist in the preparation of plans and programmes concerning early childhood development;
- (c) monitor and evaluate the implementation of the plans and programmes referred to in paragraph (b) and, in respect thereof, make to the Minister such recommendations as it thinks fit;
- (d) act as coordinating agency to ensure effective streamlining of all activities relating to early childhood development;
- (e) convene consultations with relevant stakeholders as appropriate;
- (f) analyse needs and submit recommendations for budgetary allocations for early childhood development;
- (g) identify alternative financing through negotiation with donor agencies and liaise with such agencies to ensure effective and efficient use of donor funds;
- (h) supervise and regulate early childhood institutions;

In order to successfully achieve the above mandate the Commission

- (i) Conduct Research in ECD.

## **LEGAL FRAMEWORK FOR EARLY CHILDHOOD INSTITUTIONS**

The legal framework applies to all early childhood institutions providing services to more than four children up to six years of age for at least six hours per day and at least four days per week; for a fee, whether privately owned or public; whether a day-care institution, a pre-school, basic school, infant school or infant department. The framework is comprised of three documents: the Early Childhood Act (2005),

the Early Childhood Regulations (2005) and the Standards for the Operation, Management and Administration of Early Childhood Institutions.

## **THE EARLY CHILDHOOD ACT 2005**

The Early Childhood Act requires operators of Early Childhood Institutions to apply for registration with the Early Childhood Commission and to facilitate the process of inspection (**the registration and inspection processes are summarised in Appendix 1**). The Act also requires that operators comply with specific personnel, physical, health and safety and other requirements to ensure that institutions offer a safe and stimulating environments in which children can play and learn. Failure to comply with the requirements of the Act carries significant legal consequences.

The Act makes provisions for the Minister to make regulations (Section 23 (2) (b), including the provision of standards for the efficient operation of early childhood institutions.

## **THE EARLY CHILDHOOD REGULATIONS 2005**

The Early Childhood Regulations are subsidiary to the Act and are put in place to give effect to the provisions of the Early Childhood Act. Regulations generally give much more detail than an Act, and often include procedures and requirements which are more likely to change with time, allowing for easier and timelier amendments. Failure to comply with the Regulations also carries legal consequences, but the penalties are generally less severe than those in the Act.

The Regulations make reference to this document in Regulation 20, p. 20, where it states that the operator of an early childhood institution shall ensure that the provisions of the *Standards for the Operation, Management and Administration of Early Childhood Institutions* issued from time to time by the Minister are adhered to as closely as is reasonably attainable by that institution, taking into account the resources of that institution.

## **STANDARDS FOR THE OPERATION, MANAGEMENT AND ADMINISTRATION OF EARLY CHILDHOOD INSTITUTIONS**

In Jamaican law, there are two types of Standards; those promulgated by an Act or Regulations and which therefore carry legal consequences and those that serve to improve practice voluntarily and are not legally binding. For practical purposes, this “Standards” document includes both sets of standards, with clear indications of those standards that are legally binding. The Acceptable Category is highlighted, giving quick reference for self-evaluation.

## **HOW THE ACT, REGULATIONS AND STANDARDS WORK TOGETHER**

The Act and Regulations, which together comprise the legal requirements, specify the minimum levels of practice below which institutions will not be registered or allowed to operate. The standards that are not legally binding define best practices for early childhood institutions and serve to encourage institutions to raise their level of practice above minimum requirements. Institutions should try to achieve the highest possible standards to ensure the best outcomes for children.

## **HOW TO USE THIS DOCUMENT**

This document reflects the result of extensive research both locally and internationally, on what makes a difference to children's outcomes. There are 12 standard statements, presented in Standards 1 to 12 of this document, each statement describing specific desired outcomes to be achieved (See below for Standard Statements). In each section, the standard statement is accompanied by a rationale, based on research evidence or identified best practice.

The ability of an institution to meet the standard of practice is assessed by performance criteria which define the processes through which the standard is achieved. Each performance criterion generally has three categories; Needs Improvement (describing an unacceptable level of practice), Acceptable (describing an acceptable level of practice), and Good (describing a high standard of practice). The category of Good presumes that all criteria in the Acceptable category have been satisfied. Each category has a statement describing the level of practice relevant to that category.

Prior to the Performance Criteria, the relevant sections of the Early Childhood Act and Regulations are stated, to make the reader aware of those performance criteria that are legally binding. Also, the letters A ("Act), R ("Regulations) and V ("Voluntary) are written in a column beside each performance criterion to assist readers in identifying legal and voluntary standards. Additionally, the performance criteria for Voluntary Standards are written in blue.

The Early Childhood Act is supported by other laws and regulations that existed before, e.g. the Public Health Act and Regulation. Laws and Regulations from other Ministries and government agencies are written in red.

Where deemed necessary, Appendices are added to provide clarification and more detailed information, as well as to make reference to other laws and requirements of other Ministries and agencies that are referred to in the performance criteria.

## ***STANDARD STATEMENTS***

### ***Standard 1: STAFFING***

The staff at early childhood institutions has the characteristics, training, knowledge, skills, and attitude, to help children achieve their full potential.

### ***Standard 2: DEVELOPMENTAL/EDUCATIONAL PROGRAMMES***

Early childhood institutions have comprehensive programmes designed to meet the language, physical, cognitive, creative, socio-emotional, spiritual, cultural and school readiness needs of children.

### ***Standard 3: INTERACTIONS AND RELATIONSHIPS WITH CHILDREN***

Early childhood staff has the characteristics, training, knowledge, skills and attitude to promote positive behaviours and reduce difficult and challenging behaviours in children.

### ***Standard 4: PHYSICAL ENVIRONMENT***

Early childhood institutions have physical environments that meet building, health and safety requirements; allow adequate space for children and facilitate the development of children and staff

### ***Standard 5: INDOOR AND OUTDOOR EQUIPMENT, FURNISHING AND SUPPLIES***

Early childhood institutions have indoor and outdoor equipment and furnishings that are safe, child-friendly and promote optimal development of children.

### ***Standard 6: HEALTH***

Early childhood institutions have physical facilities, policies, programmes and procedures that promote healthy lifestyles and protect children and staff from illness.

### ***Standard 7: NUTRITION***

Early childhood institutions provide children in their care with nutritious meals and model good nutritional practices for children and families.

### ***Standard 8: SAFETY***

Early childhood institutions provide safe indoor and outdoor environments for children, staff, stakeholders and visitors to the institution.

### ***Standard 9: CHILD RIGHTS, CHILD PROTECTION AND EQUALITY***

Early childhood institutions uphold the rights of children, protect them from harm and ensure that all children have equal access to services.

### ***Standard 10: INTERACTIONS WITH PARENTS AND COMMUNITY MEMBERS***

The management and staff of early childhood institutions have good relationships with parents, caregivers, family members and the community.

### ***Standard 11: ADMINISTRATION***

Early childhood institutions have a management structure that ensures good administration. There are plans, policies, procedures and programmes that ensure child, family and staff well-being.

### ***Standard 12: FINANCE***

Early childhood institutions have sound financial practices and adhere to standard accounting principles.

## INSPECTION AND REGISTRATION

Inspection of Early Childhood Institutions is the procedure designated under the Early Childhood Act for ensuring that operators comply with the minimum acceptable standards of practice. The Early Childhood Commission is required under the Act to inspect each Early Childhood Institution twice annually. It is a requirement of registration that the registered operator co-operates with the Early Childhood Commission's inspection process. The "registered operator" is defined as the person required to apply for registration of an early childhood institution and may be an individual or a group.

In deciding on the suitability of an Early Childhood Institution for registration under the Early Childhood Act, the Early Childhood Commission will, based on information obtained at inspection visits, determine whether or not an Early Childhood Institution meets and complies with the Act and Regulations. Where existing provision falls short of the legal requirements, **and the shortfall does not present a real and present danger to children**, a permit to operate until full requirements are met will be granted, with time scales for institutions to meet requirements.

It is acknowledged that some institutions may exceed minimum requirements in full or in some sections only. The Early Childhood Commission encourages the promotion of the highest standards of practice by monitoring not only the minimum requirements at inspection visits, but also by monitoring those standards that are not legally binding.

## EQUITY

The Early Childhood Commission has a policy of equity. This means that the Act, Regulations and Standards apply to all institutions. All will be inspected and expected to comply.

# STANDARD ONE

## *Staffing*



## STANDARD AND PERFORMANCE CRITERIA FOR STAFF

**Standard:** The staff at early childhood institutions has the characteristics, training, knowledge, skills and attitude to help children achieve their full potential.

**Rationale:** Children have the best developmental outcomes when teachers have high levels of general education and specialised training in early childhood development. Trained teachers possess the knowledge skills and attitudes to provide caring positive interactions with children and their families and a highly stimulating learning environment. Ongoing professional training and development of staff is necessary for staff members to keep up to date in their field, to maintain interest and to motivate staff to higher personal and professional development.

### 1.1 PERSONAL SUITABILITY OF EARLY CHILDHOOD PRACTITIONERS

The standard of early childhood practitioners is affected by factors other than professional qualifications. Early childhood practitioners need to be of suitable character, free of serious criminal convictions, in good health and able to demonstrate positive attitudes to children's care, education and development.

**The Early Childhood Act: The Act** requires that at registration, the applicant and all employees at an Early Childhood Institution have not been convicted of offences under the Dangerous Drug Act, the Offences Against the Person Act or the Child Care and Protection Act, or an offence involving fraud, dishonesty or moral turpitude (Section 3 (3) (c), pg. 2).

**The Act** also requires that employees be not infirmed of mind or body or otherwise incapable of operating or being employed in the institution (Section 3 (3) (f), pg. 3).

**The Act** also states in the Second Schedule (Section 4) that the following should be submitted with every application for registration.

- (a) the prescribed fee;

- (b) two passport-sized photographs of the applicant;
  
- (c) a reference, in such form as may be prescribed by the Commission in regulations published in the Gazette, from any two of the following persons –
  - i. a Justice of the Peace;
  - ii. a Minister of religion
  - iii. an attorney-at-law;
  - iv. the principal of an educational institution or the chairman of the Board of Management of an educational institution;
  - v. a former employer of the applicant;
  - vi. a Resident Magistrate or a Judge of the Supreme Court; or
  - vii. a police officer above the rank of Inspector;
  
- (d) a report, from an officer of the Jamaica Fire Brigade authorized by the Commissioner of the Brigade in that behalf, stating that the premises proposed for the operation of the institution have been inspected and that the officer is satisfied that reasonable steps are taken for the prevention of fire and other disaster;
  
- (e) a report from a Medical Officer (Health), or any other person authorized in writing in that behalf by the Minister or by a Local Board or by the Medical Officer (Health), stating that the premises proposed for the operation have been inspected and are in compliance with the provisions of the Public Health Act;

The Early Childhood Regulations: The Regulations make no specific comment on personal suitability.

**1.1 PERFORMANCE CRITERIA:**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
1.1.1	V	Practitioners declaration of character	Practitioners and support staff have not completed declaration of character form.	All practitioners and support staff have completed a declaration of character form.	
1.1.2	A	Practitioners Character Record	A police record is not available for all practitioners and support staff.	A police record is available for all practitioners and support staff.	
1.1.3	A	Staff Health	Practitioners and support staff have not been medically certified to be in good health at employment.	All practitioners and support staff have been medically certified to be in good health at employment.	

## 1.2 PROFESSIONAL QUALIFICATIONS

The standard of early childhood practitioners in Jamaica is established by the type and level of certification achieved (*see Appendix 2*). The term Early Childhood Practitioners describes all persons employed by Early Childhood Institutions to provide care, education and development services for children. The term therefore includes principals, teachers, and teachers' assistants. The term includes registered operators of Early Childhood Institutions only when these persons have direct responsibilities for the care, education and development of children.

Other professionals, such as cooks, who provide support services to children while in early childhood institutions, but who do not provide educational and developmental services should be trained in their field.

**The Early Childhood Act: The Act** states that a person shall not operate an early childhood institution or shall not employ any person in the institution for the purpose of caring for the children therein unless they meet the qualifications prescribed in Regulations made by the Commission with the approval of the Minister (Section 15 (1, 2, & 4), pg. 11).

**The Act** also states that a person who contravenes this subsection commits an offence (Section 15 (3), pg. 11).

**The Early Childhood Regulations: The Regulations** state that:

- a. The operator and every employee of the institution have training in early childhood development by an institution approved by the Commission; (Regulation 6 (1) (a), pg. 2).
- b. the operator of an early childhood institution which provides care for children over 36 months shall employ at least one qualified teacher at the institution; (Regulation 6 (3), pg. 3)
  - i. "Qualified teacher" means a person who, at minimum, has been issued a diploma by a recognized teacher training college. (Regulation 6 (6), pg 3).

**1.2 PERFORMANCE CRITERIA:**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
1.2.1	R	Early Childhood Principal or Head	The Principal or Head does not have certification in Teaching, Social Work, Nursing or other Child Development related field.	The Principal or Head has certification in Teaching, Social Work, Nursing, or other Child Development related field.	The Principal or Head has certification in Teaching, Social Work, Nursing or other Child Development related field and has certification in administration.
1.2.2	R	Early Childhood Lead Teacher	There is no Lead Teacher with a Bachelor's Degree or a Diploma in teaching.	There is at least one Lead Teacher with a Bachelor's Degree or Diploma in teaching.	There is more than one Lead Teacher with a Bachelor's Degree or a Diploma in teaching.
1.2.3	R	Early Childhood Associate Teacher	Person(s) performing Associate Teacher functions have not been trained to the NCTVET NVQ-J Level III or do not have equivalent qualifications.	At least 50% of the person(s) performing Associate Teacher functions is/are trained and certified at the NCTVET NVQ-J Level III or have equivalent qualifications while the others are in training.	All person(s) performing Associate Teachers functions are trained and certified at the NCTVET NVQ-J Level III or have equivalent qualifications.
1.2.4	R	Early Childhood Assistant Teacher II	Person(s) performing Assistant Teacher II functions have not been trained to the NCTVET NVQ-J Level II or do not have equivalent qualifications.	At least 50% of the person(s) performing Assistant Teacher II functions is/are trained and certified at the NCTVET NVQ-J Level II or have equivalent qualifications while the others are in training.	All person(s) performing Assistant Teacher II functions are trained and certified at the NCTVET NVQ-J Level II or have equivalent qualifications.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
1.2.5	R	Early Childhood Assistant Teacher I	Persons performing Assistant Teacher I functions have not been trained to the NCTVET NVQ-J Level I or do not have equivalent qualifications.	At least 50% of the person(s) performing Assistant Teacher I functions is/are trained and certified at the NCTVET Level NVQ-J I or have equivalent qualifications, while the others are in training.	All person(s) performing Assistant Teacher I functions are trained and certified at the NCTVET NVQ-J Level I or have equivalent qualifications.
1.2.6	V	Cook/Food Service Worker	Persons performing cook/food service worker functions have no qualification and training in Food and Nutrition.	All cooks is/are trained and certified at NCTVET Level I in Food and Nutrition for ECD or equivalent qualification.	Cooks are trained and certified at NCTVET Level II in Food and Nutrition for ECD or equivalent qualification, and have additional supervisory training or certification.
1.2.7	V	Assistant Cook/Assistant Food Service Worker	Person(s) performing assistant cook(s) have no training in Food and Nutrition.	All person(s) performing assistant cook(s) functions have received documented training in Food and Nutrition provided by trained personnel.	Assistant cooks are trained and certified in Food and Nutrition.

### 1.3 OTHER SPECIFIC TRAINING REQUIREMENTS

Early Childhood Practitioners require knowledge outside of the field of child development to provide adequate care for children. Knowledge of emergency care, health issues, and laws relating to children ensure safety, protection, health and well-being of children and staff.

**The Early Childhood Act:** - **The Act** has no comment on other staff training requirements

**The Early Childhood Regulations:** - **The Regulations** require that each employee is trained in paediatric first aid, including rescue breathing and first aid for choking; the use of universal precautions against blood borne illnesses; recognising signs of child abuse and the referral mechanisms and reporting requirements under the Public Health Act and the Child Care and Protection Act. (Regulation 6 (1) (b) (i – iv), pg. 2).

**The Regulations** also require that the operator of an Early Child Institution shall ensure that every employee receives training in recognizing the symptoms of common illnesses. (Regulation 6 (5), pg. 3). (*See list of Common Illness in Appendix 3*).

**The Regulations** states “employee” means an employee who has responsibility for the supervision, education or care of children at the institution as part of the requirements of employment; (Regulation 6 (6), pg. 3).

**1.3 PERFORMANCE CRITERIA:**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
1.3.1	R	Paediatric First Aid	Practitioners are not trained in paediatric first aid, including rescue breathing and first aid for choking.	All practitioners have received documented hours of training, in paediatric first aid, including rescue breathing and first aid for choking, provided by trained personnel.	Practitioners have completed courses or workshops with certification and documented hours of training in paediatric first aid, including rescue breathing and first aid for choking.
1.3.2	R	Universal Precautions	Practitioners are not trained in the use of universal precautions against blood borne illnesses.	All practitioners have received documented hours of training in the use of universal precautions against blood borne illnesses, provided by trained personnel.	Practitioners have completed courses or workshops with certification and documented hours of training in the use of universal precautions against blood borne illnesses.
1.3.3	R	Child Abuse	Practitioners are not trained in recognising the signs of child abuse.	All practitioners have received documented hours of training in recognising the signs of child abuse, provided by trained personnel.	Practitioners have completed courses or workshops with certification and documented hours of training in recognising the signs of child abuse.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
1.3.4	R	Public Health Act	Practitioners are not trained in the referral mechanisms and reporting requirements under the Public Health Act.	All practitioners have received documented hours of training in the referral mechanisms and reporting requirements under the Public Health Act, provided by trained personnel.	Practitioners have completed courses or workshops with certification and documented hours of training in the referral mechanisms and reporting requirements under the Public Health Act.
1.3.5	R	Child Care and Protection Act	Practitioners are not trained in the referral mechanisms and reporting requirements under the Child Care and Protection Act.	All practitioners have received documented hours of training in the referral mechanisms and reporting requirements under the Child Care and Protection Act, provided by trained personnel.	Practitioners have completed courses or workshops with certification and documented hours of training in the referral mechanisms and reporting requirements under the Child Care and Protection Act.
1.3.6	R	Early Childhood Act, Regulations and Standards	Practitioners have no training in the Early Childhood Act, Regulation and Standards.	All practitioners have received documented hours of training in the Early Childhood Act, Regulations and Standards, provided by trained personnel.	Practitioners have completed courses and workshops with certification and documented hours of training in the Early Childhood Act, Regulations and Standards.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
1.3.7	V	Care of Children with Special Needs	Practitioners are not trained in the care and development of children with special needs.	All practitioners have received documented hours of training in the care and development of children with special needs, provided by trained personnel.	Practitioners have completed courses or workshops with certification and documented hours of training in the care and development of children with special needs.
1.3.8	V	Acceptable methods of Discipline	Practitioners are not trained in acceptable methods of discipline for small children.	All practitioners have received documented hours of training in acceptable methods of discipline for small children, provided by trained personnel.	Practitioners have completed courses or workshops with certification and documented hours of training in acceptable methods of discipline for young children.
1.3.9	V	Recognition of illness and prevention of transmission of illness	Practitioners are not trained in the recognition of illness and prevention of transmission of illness.	All practitioners have received documented hours of training in the recognition of illness and prevention of transmission of illness, provide by trained personnel.	Practitioners have completed courses with certification and documented hours of training in the recognition of illness and prevention of transmission of illness.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
1.3.10	V	Ministry of Health Immunization requirements	Practitioners are not trained in the Ministry of Health's immunization requirements.	All practitioners have received documented hours of training in the Ministry of Health's immunization requirements.	Practitioners have completed courses with certification and documented hours of training in the Ministry of Health's immunization requirements.
1.3.11	V	Safety and injury prevention and emergency	Practitioners are not trained in safety and injury prevention.	All practitioners have received documented hours of training in safety and injury prevention.	Practitioners have completed courses with certification and documented hours of training in safety and injury prevention.
1.3.12	V	Training in Human Rights	Practitioners are not trained in Human Rights	All practitioners have received documented on the job training in human rights, by trained personnel..	All practitioners have completed courses or workshops with certification and documented hours of training in human rights.
1.3.13	V	Training in Child Rights	Practitioners are not trained in Child Rights	All practitioners have received documented on the job training in child rights, by trained personnel.	All practitioners have completed courses or workshops with certification and documented hours of training in child rights.

#### 1.4 MINIMUM STAFFING LEVELS, PRACTITIONER-CHILD RATIOS, AND GROUP SIZE:

There must be a minimum of two adults on the premises at all times, regardless of how few children are present. One of these adults should be a qualified early childhood practitioner at the Assistant Teacher II level or above and nominated as the designated person in charge. This allows children to be supervised by at least one adult in case of an emergency involving or occupying the attention of the other adult.

The practitioner-child staffing levels, ratios and group size reflect the physical, psychological and emotional development needs of children of different ages and developmental stages. Higher ratios prevent the appropriate caregiver-child interactions upon which the outcomes for children depend, particularly for children who are vulnerable. Additionally higher ratios prevent adequate attention to health and safety. Operators of all Early Childhood Institutions should provide appropriate staffing levels, ratios and group sizes for optimal care, stimulation, education, emotional development and safety for the children entrusted to their care. Where children of mixed ages are present in a group, the practitioner child ratio is determined by the age of the youngest child or children.

Practitioner-child ratios and group sizes mentioned below must be maintained at all times. There must be a strategy for temporary and emergency cover. In an emergency staffing situation, activities requiring low supervision (e.g. story telling, listening to music) should be scheduled and there must be options to call on practitioners who are on a break, if they are needed.

Substitutes, students and volunteers without professional qualification, shall work under direct supervision of a qualified staff member and shall not be alone with a group of children. Support staff employed as administrators, cleaners, cooks and caretakers/handy-persons are not counted in staffing ratios. There must be sufficient support staff employed to avoid practitioners having to carry out tasks that are inappropriate to their roles and responsibilities.

**The Early Childhood Act: The Act** has no comment on minimum staffing levels, practitioner-child ratios, or group sizes.

**The Early Childhood Regulations: The Regulations** state that the operator of the institution shall ensure that children, while at the institution, are supervised at all times by a sufficient number of staff of the institution. A sufficient number of staff means a ratio of at least one member of staff to every 5 children under the age of one year, one member of staff to every 8 children between one to two years, and one member of staff to every ten children between three and five years. (Regulation 16 (4) (a – e), pg. 15).

**1.4 PERFORMANCE CRITERIA:**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
1.4.1	R	Minimum Staffing level	Less than two staff members on the premises at any time.	Two staff members on the premises at all times.  At least one staff member at Assistant Teacher II level or above.	More than two staff members on the premises at all times.  At least one staff member at Associate Teacher level.
1.4.2	R	Practitioner-child ratios	The following ratios are maintained: Children 0-12 months 1 adult: more than 5 children.  Children 13-35 months 1 adult: more than 8 children.  Children 3-6 yrs. 1 adult: more than 10 children.	The following ratios are maintained: Children 0-12 months 1 adult: 5 children.  Children 13-35 months 1 adult: 8 children.  Children 3-6 yrs. 1 adult: 10 children.	The following ratios are maintained: Children 0-12 months 1 adult: 4 or less children.  Children 13-35 months 1 adult: 7 or less children.  Children 3-6 yrs. 1 adult: 9 or less children.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
1.4.3	V	Group size	<p>The following minimum group sizes are maintained:</p> <p>Children 0-12 months more than 10 children.</p> <p>Children 13-35 months more than 16 children.</p> <p>Children 3-6 yrs. more than 20 children.</p>	<p>The following minimum group sizes are maintained:</p> <p>Children 0-12 months 10 children.</p> <p>Children 13-35 months 16 children.</p> <p>Children 3-6 yrs. 20 children.</p>	<p>The following group sizes are maintained:</p> <p>Children 0-12 months 9 or less children.</p> <p>Children 13-35 months 15 or less children.</p> <p>Children 3-6 yrs. 19 or less children.</p>
1.4.4	V	Group supervision	Staff members supervising groups are at Assistant Teacher level.	At least one staff member supervising each group of children is trained at Associate Teacher level or above.	All staff members supervising groups of children are at Associate Teacher level or above.
1.4.5	V	Continuity of Care	Each child has more than three caregivers each day.	Each child has no more than 3 caregivers in an 8 hour day.	Each child has a maximum of 2 caregivers in any one day.

## 1.5 OPPORTUNITIES FOR PROFESSIONAL DEVELOPMENT

Maintaining an optimum professional standard requires exposure to new ideas and advances in the field of child development, opportunities to refresh skills and support for improving levels of competence. Early childhood practitioners improve their professional development by undertaking in-service training courses, seminars or workshops.

### 1.5 PERFORMANCE CRITERIA:

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
1.5.1	V	Opportunity for Professional Development	Less than 50% of practitioners are given the opportunity for professional development each year.	At least 50% of practitioners are given the opportunity for professional development, each year.	All practitioners are given the opportunity for professional development each year.
1.5.2	V	Continuing Professional Education	Less than 50% of practitioners have completed 12 hours of documented training each year in child development or a related field.	At least 50% of practitioners have at least completed 12 hours of documented training each year in child development or a related field.	All practitioners and support staff have completed 12 hours or more of documented training each year in child development or a related field.

# STANDARD TWO

## *Development and Educational Programmes*



## STANDARD AND PERFORMANCE CRITERIA FOR DEVELOPMENTAL / EDUCATIONAL PROGRAMMES

**Standard:** Early childhood institutions have comprehensive programmes designed to meet the language, physical, cognitive, creative, socio-emotional, spiritual, cultural and school readiness needs of children.

**Rationale:** Research has consistently shown strong links between high quality early childhood programmes and children's language, physical, cognitive, creative, socio-emotional development and school readiness skills. Additionally, the quality of children's learning experiences at the early childhood level determine their success at primary and secondary education and their job opportunities as adults. Consequently, it is imperative that practitioners provide programmes that are developmentally appropriate and structured to meet the needs of the individual child. Programme planning must also allow for monitoring and accountability.

### 2.1. DEVELOPMENTAL /EDUCATIONAL PROGRAMME PLANNING

Advanced programme planning allows smooth delivery and assists in ensuring that programme objectives are met. Programme evaluation allows for continuous review and improvement of the quality of services offered.

**The Early Childhood Act:** The Act makes no specific comment on programme plans.

**The Early Childhood Regulations:** The Regulations state that every early childhood institution shall develop and implement a flexible daily programme plan. See Performance Criteria 2.2 (Programme Structure) for regulations concerning the content of the plan (Regulation 18 (1), pg. 17).

The Regulations also state that the programme plan shall:

- (a) be displayed in writing in a conspicuous place on the premises of the institution, and a copy thereof shall be made available upon request to:
  - i. any parent or guardian of a child enrolled, or seeking enrolment, at the institution; or
  - ii. the Commission(Regulation 18 (2) (a) (i – ii), pg. 18).

(b) include –

- i. indoor and outdoor physical activities that provide opportunities for fine and gross motor development;
  - ii. create experiences which allow the child to develop and express his own ideas, feelings and culture in all parts of the programme (such as art, dramatic play, music and language);
  - iii. language learning experiences that provide opportunities that provide for spontaneous conversation, as well as experiences with books, poems, stories and songs;
  - iv. experiences that promote self-reliance and self-esteem (including the care of the body, clothing and possessions, toilet training and hygiene) and health and nutrition practices and safety awareness;
  - v. child-initiated and adult initiated activities;
  - vi. exploration and discovery activities;
  - vii. individual and group activities (including the promotion of shared group responsibility for equipment and materials);
  - viii. active play, quiet activity and rest or sleep;
  - ix. varied choices in material and equipment;
  - x. a tidying up time;
- (Regulation 18 (2) (b) (i – x), pg. 18 – 19).

## 2.1 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.1.1	V	Presence of general developmental/educational programme plans	No long term or short term program plans developed. Children's activities decided on a day to day basis.	Long term plans for the academic year developed as well as short term plans for specific periods, such as months or terms.	Additionally, program plans show clearly how short term plans allow long term plans to be achieved.
2.1.2	R	Accessibility of general developmental / educational program plans	Program plans not displayed in a conspicuous place. No copies available for parents.	Program plans displayed in a conspicuous place.  Copies available for parents.	Copies made available to all parents periodically, (e.g. beginning of each school term).
2.1.3	R	Flexibility of programme plans to address individual needs	Programme plans are not flexible.	Flexible programme plans which allow for individual ability and needs of children to be met. <i>(See Appendix 4 for an example of a weekly programme plan).</i>	Additionally, individual programme plans are available for all children.  Individual programme plans show links with general programme plans and adjustments necessary to meet individual children's needs.
2.1.4	V	Staff meetings specific for program planning	No staff meetings for planning of programmes.	Staff meetings are held at least monthly to review programmes.  Records of staff meetings are available.	Records of meetings indicate recommendations, and follow-up actions taken to improve programmes.

## 2.2 DEVELOPMENTAL / EDUCATIONAL PROGRAMME STRUCTURE

A structured programme ensures that children have exposure to activities that stimulate all aspects of their development. Programme structures do not need to be the same in all institutions, but should have all the elements known to be associated with good child outcomes.

***The Early Childhood Act:*** The Act makes no specific comment on programme structure.

***The Early Childhood Regulations:*** The Regulations state that every early childhood institution shall develop and implement a flexible daily programme plan comprised of activities that take into account –

- (a) the developmental stages of different age groups;
  - (b) individual abilities and needs;
  - (c) the need to respect each child’s primary language while encouraging the use of standard English as the official language of Jamaica;
  - (d) the need to encourage a non-sexist approach to learning and play that recognises children’s preferences and not their gender;
  - (e) differences in learning styles;
  - (f) the need to provide a variety of experiences in order to promote the physical, social, emotional, creative, intellectual and spiritual development of children; and
  - (g) all specific areas of development.
- (Regulation 18 (1) (a-g), pg. 17)

**The Regulations** also state that the plan referred to in paragraph (1) shall include –

- (i) indoor and outdoor physical activities that provide opportunities for fine and gross motor development;
- (ii) create experiences which allow the child to develop and express his own ideas, feelings and culture in all parts of the programme (such as art, dramatic play, music and language);
- (iii) language learning experiences that provide opportunities for spontaneous conversation, as well as experiences with books, poems, stories and songs;

- (iv) experiences that promote self-reliance and self-esteem (including the care of the body, clothing and possessions, toilet training and hygiene) and health education experiences that include the modelling of good health and nutrition practices and safety awareness;
  - (v) child-initiated and adult-initiated activities;
  - (vi) exploration and discovery activities;
  - (vii) individual and group activities (including the promotion of shared group responsibility for equipment and materials);
  - (viii) active play, quiet activity and rest or sleep;
  - (ix) varied choices in material and equipment; and
  - (x) a tidying up time
- (Regulation 18 (2) (b) (i-x), pg. 18).

## 2.2 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.2.1	R	Weekly Schedule	A weekly schedule of activities is not posted.	A weekly schedule indicating activities for each day is posted and easily viewed by parents, EC practitioners and visitors.	Additionally, a pictorial schedule of activities is available to guide older children and some adults.
2.2.2	R	Flexibility of Schedule	Schedule shows no flexibility.	Schedule allows flexibility, e.g. related to changes in environment, children's choices, and current events.	Printed schedule has a variety of alternative activities.
2.2.3	R	Developmental Appropriateness of Activities	Activities are not developmentally appropriate for ages of children present.	Activities are developmentally appropriate for age groups present.  Special attention is given to children whose developmental progress is slower than others to assist them to meet developmental goals.	Activities are developmentally appropriate for age groups.  Additionally special attention is given to children whose developmental progress is more rapid than others to assist them to reach their developmental potential.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.2.4	R	Variety of Activities	The children's daily schedule does not indicate a variety of activities.	The children's daily schedule indicates a variety of activities including: (1)indoor and outdoor play; (2)individual and group activities; (3)quiet and active play; (4)child centred and teacher directed activities.	Schedule has specific times devoted to each type of activity, ensuring adequate balance.
2.2.5	R	Domains of Activities	Activities do not include all domains of development: language, physical (gross/fine motor), cognitive and reasoning, socio-emotional and spiritual.	Activities include all domains of development.	Activities include and integrate all domains of development.  Some activities enhance individual domains, while others integrate domains.
2.2.6	R	Avoidance of Gender Bias	Girls and boys are directed to specific gender-biased activities.	Girls and boys are free to choose activities.	Girls and boys are encouraged to participate equally in all activities.
2.2.7	V	Use of Curriculum	A curriculum guide is not used to plan children's activities.	A curriculum approved by the Early Childhood Commission is used to plan children's activities.	Teachers utilise the environment, current events and other specific curriculum to enhance the curriculum in use.

## 2.3 DEVELOPMENTAL / EDUCATIONAL PROGRAMME CONTENT

A comprehensive programme using a variety of teaching methods allows children to achieve optimal development in all areas.

*The Early Childhood Act:* **The Act** makes no specific comment on programme content.

*The Early Childhood Regulations:* **The Regulations** state that every early childhood institution shall develop and implement a flexible daily programme plan composed of activities that take into account –

- (a) the developmental stages of different age groups;
- (b) individual abilities and needs;
- (c) the need to respect each child's primary language while encouraging the use of standard English as the official language of Jamaica;
- (d) the need to encourage a non-sexist approach to learning and play that recognises children's preferences and not their gender;
- (e) differences in learning styles;
- (f) the need to provide a variety of experiences in order to promote the physical, social, emotional, creative, intellectual and spiritual development of children; and
- (g) all specific areas of development.

**The Regulations** also state that the plan referred to in paragraph (1) shall include –

- (i) indoor and outdoor physical activities that provide opportunities for fine and gross motor development;
- (ii) create experiences which allow the child to develop and express his own ideas, feelings and culture in all parts of the programme (such as art, dramatic play, music and language);
- (xi) language learning experiences that provide opportunities for spontaneous conversation, as well as experiences with books, poems, stories and songs;
- (xii) experiences that promote self-reliance and self-esteem (including the care of the body, clothing and possessions, toilet training and hygiene) and health education experiences that include the modelling of good health and nutrition practices and safety awareness;
- (xiii) child-initiated and adult-initiated activities;
- (xiv) exploration and discovery activities;

- (xv) individual and group activities (including the promotion of shared group responsibility for equipment and materials);
  - (xvi) active play, quiet activity and rest or sleep;
  - (xvii) varied choices in material and equipment; and
  - (xviii) a tidying up time
- (Regulation 18 (2) (b) (i-x), pg. 18).

## 2.3 PERFORMANCE CRITERIA

### 2.3 A Language development

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.1	R	Presence of language development activities	Language development activities not included in daily programme.	Specific language development activities included in daily programme.	Additionally, language development activities are integrated with other daily activities.
2.3.2	R	Communication during classroom and learning activities	Teachers do not encourage communication. Children are rarely allowed to speak and adults rarely listen.  Responses to children's communication do not encourage further communication.  Communication is developmentally inappropriate.	Children are allowed to speak most of the day.  What they say is actively listened to.  Teachers respond in a pleasant voice and manner using developmentally appropriate language.	Additionally, children's language is encouraged by teachers building on children's spontaneous conversations, initiating conversation using open-ended questions, labelling children's non-verbal expressions and emotions and discussing their activities with them.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.3	R	Communication during play	<p>During indoor and outdoor play activities, children communicate only with each other.</p> <p>There is little or no communication between teachers and children.</p> <p>Communication is developmentally inappropriate.</p>	<p>Teachers actively participate in indoor and outdoor play activities.</p> <p>What children say is actively listened to.</p> <p>Teachers respond in a pleasant voice using developmentally appropriate language.</p>	<p>Additionally, children's language is encouraged by teachers building on children's spontaneous conversations, initiating conversation using open-ended questions, labelling children's non-verbal expressions and emotions and discussing their activities with them.</p>
2.3.4	R	Communication during care activities (feeding, dressing, toileting)	<p>Teachers do not encourage communication during self care activities such as feeding and toileting.</p> <p>Communication is developmentally inappropriate.</p>	<p>Teachers listen to children's communications during self-care activities.</p> <p>Teachers respond in a pleasant voice using developmentally appropriate language.</p>	<p>Additionally, teachers initiate communication with children, describing and discussing self-care activities.</p>
2.3.5	R	Exposure to books	<p>Children do not have daily exposure to books. Books are not read to children daily and children do not have the opportunity to look at books daily.</p>	<p>Children have daily exposure to books.</p> <p>Children are read to and are allowed to explore books on their own on a daily basis.</p>	<p>Use of books not limited to specific times only.</p> <p>Books incorporated into other program activities.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.6	R	Exposure to standard English	<p>Children are rarely exposed to spoken standard English.</p> <p>Children are instructed almost entirely in Jamaican patois.</p>	<p>Children are instructed primarily in standard Jamaican English.</p> <p>Where children's primary language is Jamaican patois or another dialect, its use is affirmed (e.g. including it as a language of instruction), while encouraging the use of standard Jamaican English.</p>	<p>Children are instructed primarily in standard Jamaican English.</p> <p>Where children's primary language is Jamaican patois or another dialect, its use is affirmed.</p> <p>Children who use patois are taught how to verbalise the expressions spoken in patois in standard Jamaican English.</p>
2.3.7	V	Exposure to technology to promote language development	Children are not exposed to technology using sound (radio, tapes CDs) in a manner which will enhance language development.	Children are exposed to technology using sound (radio, tapes, CDs) to enhance language development.	Children are exposed to technology using sound and vision (TV, computer, DVDs) to enhance language development.

### 2.3. B Physical development (gross and fine motor)

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.8	R	Presence of fine motor development activities	Fine motor development activities not included in daily programme.	Specific fine motor development activities included in daily programme.	Additionally, fine motor activities are integrated with other daily activities.
2.3.9	R	Promotion of fine motor development	Children's fine motor activities not guided.	Teachers actively guide fine motor activities.  Infants assisted in being made aware of hands, fingers, feet and toes through play.  Older children exposed to a variety of fine motor tasks: (1)building and construction; (2)art and writing (colouring, cutting and drawing); (3)manipulation (sewing, bead threading, buttoning).	Additionally, infants guided to use hands, fingers, feet and toes to explore environment.  Older children actively assisted to develop more advanced skills such as using small equipment and tools by working alongside/with teacher.
2.3.10	R	Presence of gross motor development activities	Gross motor development activities not included in daily programme.	Specific gross motor development activities included in daily programme.	Additionally, gross motor activities are integrated with other daily activities.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.11	R	Promotion of gross motor development	Children's gross motor activities, including outdoor play, not guided.	<p>Infants' motor skills are encouraged by daily supervised activities such as rolling, sitting, reaching, crawling, walking and climbing.</p> <p>Older children's daily supervised activities include running, jumping, balancing, throwing and catching, and using wheeled toys, during outdoor play.</p>	Additionally, teachers actively assist children to develop more advanced motor skills by providing them with challenges and opportunities to achieve the next motor development stage.

### 2.3. C Cognitive and Reasoning Development

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.12	R	Presence of cognitive and reasoning development activities	Cognitive and reasoning development activities not included in daily programme.	Specific cognitive and reasoning development activities included in daily programme.	Additionally, cognitive and reasoning activities are integrated with other daily activities.
2.3.13	R	Promotion of cognitive and reasoning development	Children not guided in cognitive and reasoning activities.	Teachers actively guide children in a variety of cognitive and reasoning activities including: (1) sorting and classifying by size, colour etc. (2) noticing similarities and differences (3) noticing shapes and colours (4) linking cause and effect.  Verbal children are encouraged to talk through or explain problem solving skills used in the performance of cognitive and reasoning activities.	Additionally, teachers actively assist children to develop more advanced cognitive and reasoning skills by providing them with challenges and opportunities to achieve the next cognitive development stage.  Appropriate use of problem solving skills in other daily activities is actively identified by teachers, labelled and used as a teaching tool for children.

### 2.3. D Creative Development

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.14	R	Presence of creative development activities	Creative development activities not included in daily programme.	Specific creative development activities included in daily programme.	Additionally, creative activities are integrated with other daily activities.
2.3.15	R	Promotion of creative development	Children's creative activities not guided.	Teachers actively guide children in a variety of creative activities including: (1) art, craft and sensory activities (2) dramatic play (3) music (4) dance.	Additionally, teachers actively encourage self expression, such as children making their own music, creating songs and creating own art and craft displays.

### 2.3. E Socio-Emotional Development

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.16	V	Presence of socio-emotional development activities	Socio-emotional development activities not included in daily programme.	Specific socio-emotional development activities included in daily programme.	Additionally, socio-emotional activities are integrated with other daily activities.
2.3.17	V	Teaching of personal values	Children are not provided with opportunities where personal values such as fairness, honesty and respect for others are taught in a developmentally appropriate manner.	Teachers actively provide opportunities for children to be taught personal values such as fairness, honesty and respect using books, drama, story telling and other developmentally appropriate methods.  Teachers' behaviours provide a model for children.	Additionally, staff actively identify throughout the day instances where children demonstrate positive personal values, label and affirm the children's behaviours, using the behaviours as a teaching tool for children.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.18	R	Recognition of emotions	Children are not provided with opportunities that teach them to recognise and understand their own emotions and those of others.	<p>Teachers actively provide opportunities for children to be taught recognition of emotions using books, drama, story telling and other developmentally appropriate methods.</p> <p>Children taught to verbalise their own emotions and to recognise the emotions of others.</p> <p>Teachers' behaviours provide a model for children.</p>	Additionally, staff actively identify throughout the day instances where children appropriately label their own emotions and show understanding of the emotions of others, affirm the children's behaviours, using the behaviours as a teaching tool.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.19	V	Promotion of self regulation	Children are not provided with opportunities that teach children self regulation skills.	<p>Teachers actively teach children social communication and emotional regulation skills, including using language to communicate needs, learning turn taking, expressing negative emotions in a way that does not harm self or others, gaining control of physical impulses and learning to sustain attention, using books, drama, story telling and other developmentally appropriate methods.</p> <p>Teachers' behaviours provide a model for children.</p>	Additionally, staff actively identify throughout the day instances where children show appropriate self regulation skills, label and affirm the children's behaviours, using the behaviours as a teaching tool for children.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.20	R	Promotion of sense of identity, self-esteem and independence	Children are not provided with opportunities that teach a sense of identity, self esteem and independence.	Teachers actively teach children a sense of identity, self esteem and independence, by encouraging children to speak about themselves, their families and their experiences; encouraging children to listen to and learn from one another and ensuring that each child has an opportunity to contribute to group activities.  Teachers' behaviours provide a model for children.	Additionally, teachers actively identify throughout the day instances where children show appropriate behaviours promoting a sense of identity, self esteem and independence in themselves or their peers, label and affirm the children's behaviours, using the behaviours as a teaching tool for children.
2.3.21	V	Promotion of co-operative and pro-social behaviours	Children are not provided with opportunities that teach co-operative and pro-social behaviours.	Teachers actively teach children skills for entering into social groups, including treating others with respect, showing empathy, learning with and from others using books, drama, story telling and other developmentally appropriate methods, as well as ensuring that each child has an opportunity to participate in and contribute to group activities.  Teachers' behaviours provide a model for children.	Additionally, staff actively identify throughout the day instances where children show appropriate co-operative and pro-social behaviours in group activities, label and affirm the children's behaviours, using the behaviours as a teaching tool for children.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.22	V	Promotion of sense of accomplishment and competence	Children are not provided with opportunities that teach a sense of accomplishment and competence.	Teachers actively encourage children to engage in unfamiliar, challenging and difficult tasks and also teach these skills using books, drama, story telling and other developmentally appropriate methods.  Teachers' behaviours provide a model for children.	Additionally, staff actively identify throughout the day instances where children engage in unfamiliar, challenging and difficult tasks, label and affirm the children's behaviours, using the behaviours as a teaching tool for children.
2.3.23	V	Acceptance of differences in others	Children are not provided with opportunities that teach acceptance of differences in others.	Teachers actively teach children about acceptance of differences in others using books, drama, story telling and other developmentally appropriate methods.  Teachers' behaviours provide a model for children.	Additionally, staff actively identify throughout the day instances where children's behaviour promotes acceptance of differences in others, label and affirm the children's behaviours, using the behaviours as a teaching tool for children.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.24	V	Promotion of conflict resolution skills	Children are not provided with opportunities that teach conflict resolution skills.	<p>Teachers actively teach children about conflict resolution skills using books, drama, story telling and other developmentally appropriate methods.</p> <p>Teachers respond to conflict among children by helping children identify emotions, describe problems and identify alternative solutions.</p> <p>Teachers' behaviours provide a model for children.</p>	Additionally, staff actively identify throughout the day instances where children's behaviour demonstrates appropriate conflict resolution skills, label and affirm the children's behaviours, using the behaviours as a teaching tool for children.

**2.3 F Academic Readiness Development (Reading, Writing, Mathematics, Science, Healthy Lifestyles) Spiritual Development and National Identity**

*Applicable to institutions with children 3-5 years only*

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.25	V	Presence of early reading activities	Early reading activity not included in daily programme.	Early reading activity included in daily programme.	Additionally, early reading activities integrated with other daily activities.
2.3.26	V	Exposure to print in classroom environment	Objects are not labelled. Children's items in the classroom are not labelled with children's names.	Objects and materials in the classroom labelled. Children's items labelled with their names.  Teachers actively make children aware of print labels whenever children are using objects and materials.	Additionally, print in simple words is used to describe some rules and routines.
2.3.27	V	Letter recognition	Children are not taught to identify letters and the sounds they represent or are taught mainly through rote learning (repetition) and blackboard methods.	Children are specifically taught to identify letters and the sounds they represent using a variety of developmentally appropriate methods, such as identifying objects in the room with the same beginning and ending sounds and matching games.	Additionally, teachers integrate teaching of letters and sounds in other daily activities.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.28	V	Early reading skills	Children are not exposed to early reading skills or are taught mainly through rote learning (repetition) and blackboard methods.	Children are encouraged to read simple words and to investigate language sounds such as syllables, word families and phonemes, using rhymes, poems, songs and games.	Additionally, teachers integrate word recognition in other daily activities.
2.3.29	V	Presence of early writing activities	Early writing activities not included in daily programme.	Early writing activities included in daily programme.	Additionally, early writing activities integrated with other daily activities.
2.3.30	V	Early writing skills	Children are not exposed to early writing skills.	Children are encouraged to write including scribbling, making letter-like marks, tracing letters and developmental spelling.	Additionally, teachers integrate writing in other daily activities.  Children are encouraged to express their ideas in writing by teachers assisting them in writing the words and messages they are trying to communicate.
2.3.31	V	Presence of early mathematical activities	Early mathematical activity not included in daily programme.	Early mathematical activity included in daily programme.	Additionally, early mathematical activities integrated with other daily activities.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.32	V	Exposure to variety of mathematical concepts	Children are not exposed or only exposed to a limited number of mathematical concepts.	Children are exposed to a variety of mathematical concepts including number, position, simple shapes, simple patterns and comparison.	Additionally, children are exposed to more advanced mathematical concepts including three-dimensional shapes, complex patterns, complex comparisons, simple mathematical symbols, units of measurement, units of time (e.g. clock, calendar), and units of currency.
2.3.33	V	Early mathematical skills	Children are not exposed to early mathematical skills or are taught mainly through rote learning (repetition) and blackboard methods	Children are specifically taught mathematical concepts using a variety of developmentally appropriate methods, such as counters, blocks and other visual material; measurement activities and games.	Additionally, teachers identify and label the use of mathematics in daily activities e.g. counting steps, counting number of persons who can sit at a table.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.34	V	Early Science Skills: Exposure to scientific material	Children are not exposed to scientific topics.  Children are not exposed to play with nature and science materials.	Children are exposed to scientific concepts including; (1) living and non-living beings (2) life cycles of plants and animals (3) geographical concepts (seasons, weather) (4) structure and property of matter (e.g. solid, liquid and gas; dissolving and melting; floating and sinking) (5) respect for and protection of the environment, using a variety of developmentally appropriate methods such as books, hands-on experience, nature walks.	Additionally, teachers identify and label the existence of scientific concepts in daily activities e.g. changes in weather, melting of ice in children's drink at meal times.  Children are encouraged to ask why things happen and how things work and are encouraged to suggest their own explanations.
2.3.35	V	Spiritual Development	Children are not taught about spirituality and religion and are not exposed to worship	Children are taught about spirituality and religion and have worship as a part of class activities.  The rights of children whose families do not wish them to participate in worship are upheld.	

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.3.36	V	National Identity	Children are not taught about their town or community, their country, their culture and people	Children are taught about their town or community, their country, their culture and people, using developmentally appropriate methods, such as books, drama, story telling and displays.	<p>Additionally, special celebrations and displays are set up to celebrate town or community events, national events and world events.</p> <p>Children manipulate materials from the community (pictures, objects).</p>

## 2.4 LEARNING RESOURCES

Children learn best when there are visual references and when they have hands-on experiences. The presence of learning resource material ensures optimal development.

### 2.4 A. Access to learning resources (All institutions)

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.4.1	R	General: Variety of learning areas	Less than five of the following core learning areas available: (1) Language and Reading (2) Manipulative and cognitive (3) Art and Sensory (4) Dramatic play (5) Science and nature.	All five (5) learning areas available, though all not necessarily at the same time.  At least three (3) learning areas available at the same time.	All five (5) learning areas always available.  Special learning areas set-up periodically to reflect current experiences and interests.
2.4.2	R	General: Exposure to different cultures	Children are not exposed to learning materials (books, songs etc.) that reflect their own culture.	Children are exposed to learning materials that reflect their own culture and the culture of others.	Children are taught to respect their own culture and the culture of others through play and learning activities.
2.4.3	R	General: Exposure to play material	Less than two (2) developmentally appropriate toys per child.	At least two (2) developmentally appropriate toys per child.	Three (3) or more developmentally appropriate toys per child.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.4.4	R	General: Quality of play and learning materials, including books	Play materials are dirty, unsafe (e.g. broken), incomplete (e.g. pieces missing) and not designed for the age groups present.	Play materials are clean, safe and complete and designed for the age groups present.	<p>A rota for cleaning of toys and other learning resource is available.</p> <p>A plan for checking toys and other learning resource, and for removal of material of poor quality and procuring of new materials is available.</p>
2.4.5	R	General: Access to play and learning material	Children cannot access toys and learning materials. Materials not organised.	Toys and learning materials are well organised on open shelves accessible to children.	<p>Toys and learning materials well organised on open shelves accessible to children.</p> <p>Children actively encouraged to choose own items.</p>
2.4.6	R	General: Displays	Limited material displayed. Children's work not displayed. Displays are not at child's eye level.	A variety of material, including mainly children's work and some teacher prepared material is at children's eye level.	Displays are frequently changed and reflect recent activities.
2.4.7	V	Language: Number of books	Less than two (2) developmentally appropriate books per child.	At least two (2) developmentally appropriate books per child.	Three (3) or more developmentally appropriate books per child.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.4.8	R	Language: Variety of books	Less than four (4) different varieties of books available.	At least four (4) different varieties of books available. Books may be single word books, picture books, activity books (e.g. lift the flap), sensory books (smell or touch), storybooks, alphabet books, rhyming books or simple factual books.	More than four (4) different varieties of books available.
2.4.9	R	Language: Variety of other language development materials	No additional language development materials are available apart from books.	Tape recorders or CD players and other materials using sound are available and used to play songs, stories and rhymes.	DVD players, television and other materials using sound and vision are available and used to encourage language development.
2.4.10	R	Physical development: Number of fine motor materials	Not enough material present for each child to be involved in a fine motor activity at the same time.	Enough material present to allow each child to be involved in a fine motor activity at the same time.	Enough material present to allow each child to be involved in a fine motor activity at the same time, with additional material available for at least 50% of the children enrolled.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.4.11	R	Physical development: Variety of fine motor activities	Less than two different fine motor activities available.	At least two (2) different fine motor activities available. Fine motor activities include; (1) building and construction toys (2) art and writing materials (crayons, scissors, paint) (3) manipulatives (bead threading, sewing, buttoning).	More than two different fine motor activities available.
2.4.12	R	Physical development: Number of gross motor materials	Not enough material present for each child to be involved in a gross motor activity at the same time.	Enough material present to allow each child to be involved in a gross motor activity at the same time.	Enough material present to allow each child to be involved in a gross motor activity at the same time, with additional material available for at least 50% of the children enrolled.
2.4.13	R	Physical development: Variety of gross motor activities	Less than two different types of gross motor equipment available.	At least two (2) different types of gross motor equipment available: (1) swings, slides, climbing frames (2) balls (3) pull and push toys (4) wheeled and riding toys.	More than two different types of gross motor equipment available.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.4.14	V	Cognitive and reasoning development: Number of cognitive and reasoning materials	Not enough material present for each child to be involved in a cognitive or reasoning activity at the same time.	Enough material present to allow each child to be involved in a cognitive or reasoning activity at the same time.	Enough material present to allow each child to be involved in a cognitive or reasoning activity at the same time, with additional material available for at least 50% of the children enrolled.
2.4.15	V	Cognitive and reasoning development: Variety of cognitive and reasoning activities	Less than three (3) different types of cognitive and reasoning activities available.	At least three (3) different types of cognitive and reasoning activities available: (1) Shape sorting toys, shape boards (2) Similar objects of different shapes, size, colour (3) Cause and effect toys (4) Blocks and construction toys.	More than three (3) different types of cognitive and reasoning activities available.
2.4.16	V	Creative development: Number of creative activity materials	Not enough material present for each child to be involved in a creative activity at the same time.	Enough material present to allow each child to be involved in a creative activity at the same time.	Enough material present to allow each child to be involved in a creative activity at the same time, with additional material available for at least 50% of the children enrolled.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.4.17	V	Creative development: Variety of creative activities	Less than three (3) different types of creative activities available.	At least three (3) different types of creative activities available: (1) Art, craft and sensory material e.g. modelling clay, crayons and paints (2) dramatic play material e.g. dress-up clothes (3) music e.g. musical instruments, tapes (4) dance.	More than three (3) different types of creative activities available.
2.4.18	V	Socio-emotional development: Number of books addressing socio-emotional development	Less than 10% of books address feelings and emotional issues in content.	At least 10% of books address feelings and emotional issues in content.	More than 10% of books address feelings and emotional issues in content.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.4.19	V	Socio-emotional development: Variety of books addressing socio-emotional development	Less than two (2) different varieties of books promoting socio-emotional development present.	<p>At least three (3) different varieties of books that promote socio-emotional development from the categories below present:</p> <p>(1) Books that show children with Jamaican/ Caribbean features and experiences in a positive way;</p> <p>(2) books that promote positive personal values;</p> <p>(3) books that teach conflict resolution skills;</p> <p>(4) books that encourage acceptance of differences of physical features, culture, religion;</p> <p>(5) books that promote acceptance of persons with disabilities.</p> <p>Books from category (1) must be present.</p>	Four (4) or more different varieties of books that promote socio-emotional development present.

**2.4 B Access to learning resources for Academic Readiness Development (Reading, Writing, Mathematics, Science) Spiritual Development and National Identity**

*Applicable to institutions with children 3-5 years only*

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.4.20	V	Early reading and writing: Number of early reading and writing materials	Not enough material present for each child to be involved in an activity at the same time.	Enough material present to allow each child to be involved in an activity at the same time.	Enough material present to allow each child to be involved in an activity at the same time, with additional material available for approximately 50% of the children enrolled.
2.4.21	V	Early reading and writing skills: Variety of early reading and writing materials	Less than three (3) different varieties of early reading and writing materials present.	At least three (3) different varieties of early reading and writing material present from those listed below: (1) Alphabet book; (2) Simple word books; (3) magnetic or non-magnetic letters; (4) alphabet games; (5) pencils, crayons and markers.  Enough material present to allow each child to be involved in an activity at the same time.	More than three (3) different varieties of early reading and writing material present.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.4.22	V	Early mathematics skills: Number of early mathematics materials available	Not enough material present for each child to be involved in an early mathematics activity at the same time.	Enough material present to allow each child to be involved in an early mathematics activity at the same time.	Enough material present to allow each child to be involved in an early mathematics activity at the same time, with additional material available for approximately 50% of the children enrolled.
2.4.23	V	Early exposure to science: Number of books addressing scientific concepts	Less than 10% of books address scientific concepts.	At least 10% of books address scientific concepts.	More than 10% of books address scientific concepts.
2.4.24	V	Early exposure to science: Variety of books and other materials addressing scientific concepts	Less than two (2) different varieties of books and other materials addressing scientific concepts.	At least three (3) different varieties of books and other materials addressing scientific concepts from the categories below present: 1) living and non-living beings; 2) life cycles of plants and animals; 3) geographical concepts (seasons, weather); 4) structure and property of matter (e.g. solid, liquid and gas; dissolving and melting; floating and sinking); 5) respect for and protection of the environment.	Four (4) or more different varieties of books or other materials addressing scientific concepts.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.4.25	V	National identity	No national identity material visible in classroom.	At least one item promoting national identity visible in classroom e.g. drawing or other representation of the flag, picture of National Hero or famous Jamaican.	More than one item promoting national identity visible in classroom.

## 2.5 PROGRAMMES FOR PERSONAL CARE ACTIVITIES

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.5.1	R	Meal times: Consistency	Children's mealtimes are not consistent.  Meals occur at varies times throughout the day.	Children's meal times occur at a consistent time each day.  Schedule appropriate to the needs of the children present e.g. children not allowed to go hungry and not over fed.	Additionally, children's snack and meal times are posted on the daily schedule, allowing for unhurried meal times.
2.5.2	R	Meal times: Teacher involvement	Teachers not present during children's snack and meal times.	Snack and meal times considered a part of the programme.  Teachers sit and interact with children during meal times.  Teachers give individual attention to children, assisting children who need help, and encouraging independence and self help skills.	Adult seating available which place teachers at eye level with children  Teachers model appropriate eating behaviour.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.5.3	V	Meal times: Encouragement to eat	Children forced to eat. Food used as reward or punishment.	Children encouraged to try new foods, but not forced to eat.  Food never used as reward or punishment.	Teachers model trying of new foods.  Older children participate in some basic food preparation activities as part of the programme.
2.5.4	R	Sleep and rest times: Consistency	No or inadequate sleep / rest times included in schedule.	Sleep / rest times included in schedule. Scheduled times meet needs of majority of children.  Other children's individual needs met. Children who have difficulty sleeping are soothed and comforted to assist sleeping.  Children who do not require rest are provided with an alternative activity.	Additionally, sleep and rest times supported through dimmed lights and soft music.
2.5.5	R	Toileting	Infants toileting needs not addressed as soon as need arises.  Older children toileted together, without regard for individual needs.	Infants toileting needs addressed as soon as need arises.  Older children taught to respond to their body's cues and taught self-help toileting skills.	Additionally, visual schedule depicting diapering, toileting routine available at child's eye level.

## 2.6 DEVELOPMENTAL MONITORING OF CHILDREN'S PROGRESS

**The Early Childhood Regulations: The Regulations** state that measures should be taken at an early childhood institution for –

- (a) written observations of each child's progress to be recorded, dated and categorised into areas of learning to identify the child's level of performance and to inform planning; and
- (b) those observations to be communicated to the child's parent or guardian on a periodic basis. (Regulation 18 (3)(a)-(b), pg. 19).

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.6.1	R	Developmental reviews (Presence)	Developmental reviews are not performed.	Child's development is monitored at least once per term, using established developmental milestones.	Practitioners are trained in and use standardised developmental screening or diagnostic tools to monitor children's development at least once per term.
2.6.2	R	Developmental Review (Content)	Developmental reviews are not performed or are performed in only one or two areas of development.	Developmental milestone review includes all areas of development: motor, cognitive, speech and language, socio-emotional, and academic (academic for 3 years and over only).	Developmental screening or diagnostic tools used address all areas of development.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
2.6.3	R	Developmental Review (Interpretation)	Developmental review is either not performed or if performed, is used to exclude children with special developmental needs from services.	Developmental reviews are used to identify children with special developmental needs whose attainment is behind that of their peers.  Children are given special attention and/or are referred for special intervention.	Developmental reviews are used to identify children with special developmental needs whose attainment are advanced, as well as behind that of their peers.  Children are given special attention and/or are referred for special intervention.
2.6.4	R	Documentation of children's Progress	There is no documentation of children's accomplishments and progress.	Weekly observations of children's progress are made and are written on the children's records of progress.	Daily written observations of children's progress are made, and categorised into areas of learning to demonstrate outcomes for children and to inform planning.
2.6.5	R	Documentation of Children's Interest	Children's special interests are not documented.	Practitioners observe children's interests, note their daily experiences in their families, communities and cultures, and identify their likes and dislikes.	Practitioners record children's special interests and skills, and use these to assist in developing strengths.

## STANDARD THREE

### *Interactions and Relationships with Children*



## STANDARD AND PERFORMANCE CRITERIA FOR INTERACTIONS AND RELATIONSHIPS WITH CHILDREN

**Standard:** Early childhood staff has the characteristics, training, knowledge, skills and attitude to promote positive behaviours and reduce difficult and challenging behaviours in children.

**Rationale:** The behaviour of older children and adults is determined by their experiences as children, particularly in the early childhood years. It is in these early years that children begin to understand their own emotions and behaviours as well as the emotions and behaviours of others. They also learn how to regulate their own emotions and behaviours and how to get along with others. Trained teachers possess the knowledge skills and attitudes to provide caring positive interactions with children. Trained teachers also possess skills to manage difficult behaviours in a way that encourages behaviour change.

### ***Other Related Standards:***

Professional Qualifications and Other Staff Training Requirements have been previously discussed (see Standard 1) The socio-emotional development segment of the programme offered at early childhood institutions was discussed (see Standard 2).

### **3.1 PROMOTING POSITIVE BEHAVIOURS**

The best way to prevent children's inappropriate behaviours is to promote positive behaviours. Promoting positive behaviours requires an appropriate physical environment that supports an emotional environment that values and respects children and supports the development of their self esteem.

**The Early Childhood Act:** The Act makes no specific comment on promoting positive behaviours

**The Early Childhood Regulations:** The Regulations make no specific comment on promoting positive behaviours.

### 3.1 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.1.1	V	Supervision of classroom behaviour	Children's groups are either over controlled (children not allowed to interact) or under controlled (no order, children's groups out of control).	Supervision is non-punitive.  Supervision ensures a safe and learning environment, but also allows children adequate verbal and nonverbal interaction with each other and with staff members.	Supervision allows individual attention within the group setting.  For example, there is greater supervision for children with challenging behaviours, while being aware of the needs of the entire group.
3.1.2	V	Emotional Atmosphere	Staff seems angry agitated, unapproachable, unpleasant and/or use loud or other inappropriate voice tones.	Staff has a calm and relaxed attitude; is warm, smiling and pleasant and uses eye contact and a moderate tone to children.	Additionally, staff exhibits the same characteristics to families and visitors.
3.1.3	V	Physical affection	Staff do not show physical affection to children, and rejects children's expression of affection.	Staff show appropriate physical affection to children, and return children's expression of affection.  Staff encourages physical affection among children.	Staff identify, label and affirm appropriate physical affection among children for the group.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.1.4	V	Responding to children's interests, strengths and needs	Children's interests, strengths and needs are not identified.	Children's individual interests, strengths and needs are recognised and supported.  Children who have difficulty identifying their own interests and strengths are helped to identify these by staff.	Additionally, children have opportunities to display their interests and strengths to the group.
3.1.5	V	Responding to hurt and distress	Children's hurt and distress symptoms are either ignored or responded to in a harsh manner.	Children's hurt and distress symptoms are readily recognised and are responded to with support, comfort and assistance.	Additionally, the behaviour of children who respond appropriately to their peers' hurt and distress symptoms is identified, labelled and affirmed for the group.
3.1.6	V	Treating children with respect	There is little or no regard for children's feelings (all ages) or opinions (older children).	Children's individual feelings and opinions are recognised and responded to.	Additionally, children's feelings and opinions are discussed with the group (where appropriate) to encourage other children to express their feelings and opinions.
3.1.7	V	Identification and labelling of emotions	Children are not assisted in identifying and labelling emotions.	Children are encouraged to verbally express emotions, both positive and negative and are taught how to identify, recognise and label their emotions and those of others.	Additionally, children's ability to identify, recognise and label their emotions and/or the emotions of others is identified for the group.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.1.8	V	Approval of positive behaviours: Praise and encouragement	Children's positive behaviours go unnoticed by staff.	Children's positive behaviours are identified by staff and praised and encouraged individually.	Additionally, children's positive behaviours are identified, labelled and affirmed for the group.
3.1.9	V	Social Graces	Children are not encouraged to use social graces.	Children are encouraged to use social graces, such as "Please", "Thank you".  Teachers model use of social graces.	Additionally, children's use of social graces are identified, labelled and affirmed for the group.
3.1.10	V	Independence	Children are not encouraged to be independent.	Children are encouraged to be independent by being given choices and completing tasks.  Children who have difficulty completing tasks have tasks broken up in smaller segments to encourage a sense of independence.	Older children allowed to participate in classroom decisions.
3.1.11	V	Self Regulation	Self regulation of children is not encouraged.	Self regulation is encouraged by assisting children with focussing, maintaining attention, persisting at tasks when frustrated, and with gaining control of physical impulses.	Additionally, appropriate self regulation is identified, labelled and affirmed for the group.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.1.12	V	Encouragement of positive peer interactions	Peer interactions are not encouraged.	Peer interactions are actively encouraged.  Children who appear isolated are assisted in making friends.	Additionally, staff identifies, labels and affirms positive peer interactions for the group, (e.g. respect for others, inclusion of others, including children with special needs).
3.1.13	V	Co-operative Skills	Staff do not assist children in developing co-operative skills or activity.	Staff assists children in developing co-operative skills e.g. helping children to take turns, assisting children in using co-operative toys.	Staff identifies, labels and affirms positive co-operative behaviours for the group.
3.1.14	V	Appropriate response to negative feelings and behaviours	Children's negative feelings are ignored or responded to with harsh measures.	Children are helped to label their negative emotions and express their feelings verbally.	Additionally, children are guided in ways to express negative emotions appropriately in a way that does not hurt self or others e.g. punching pillows.
3.1.15	V	Conflict Resolution and negative peer interactions	Children's conflicts and negative peer interactions are not recognised or are handled inappropriately when recognised, (e.g. ignoring, teaching children to respond with similar aggression).	Children's conflicts and negative peer interactions are quickly recognised.  Teachers intervene by helping the children involved to identify and label the problem and find solutions.	Additionally, the proper resolution of conflicts is identified, labelled and affirmed for the group.  Staff model appropriate conflict resolution techniques.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.1.16	V	Consistency in response	There is no consistency in the response to children's behaviours. Staff members respond differently to the same situation.	<p>There is consistency in response of all staff members in charge of a group of children.</p> <p>Staff members in the child's group respond similarly to the same situation, with some flexibility relative to children's temperament and developmental stage.</p>	<p>There is consistency in response of all staff members in the institution to children's behaviours.</p> <p>Staff members respond similarly to the same situation throughout the institution, with some flexibility relative to children's temperament and developmental stage.</p>
3.1.17	V	Management of transitions	Children are transitioned from one activity to another without preparation or instruction, or children are over-controlled during transitions.	<p>Children are prepared for transitions ahead of time. Clear instructions are given for transitions.</p> <p>Transitions are calm and unhurried. Positive interactions maintained with staff during transitions.</p>	Children receive multiple count-down types of clear instructions for transitioning allowing a longer period of preparation.

### 3.2 BEHAVIOUR MANAGEMENT AND DISCIPLINE

Despite taking steps to promote positive behaviours, children will exhibit some inappropriate behaviours. Early childhood institutions, where Jamaican children spend a lot of their daytime and awake hours, have the opportunity to assist parents in correcting inappropriate behaviours. Early childhood institutions should develop policies and procedures for managing children's inappropriate behaviours in ways that promote behaviour change without humiliation and reduction of self esteem.

According to the Oxford English Dictionary discipline means the training of people to obey rules or a code of behaviour, while punishment means, an unpleasant experience imposed on someone as a result of a criminal or wrongful act.

**The Early Childhood Act:** **The Act** states that corporal punishment shall not be inflicted on a child in an early childhood institution (Section 16 (1), pg. 11) and that a mechanical or electrical device shall not be used to restrain a child in an early childhood institution (Section 16 (2), pg. 11).

**The Act** also states that where restraint of a child is necessary, such restraint shall be administered in accordance with regulations made for that purpose (Section 16 (3), pg. 11).

**The Act** further states that the Minister may, subject to affirmative resolution, make regulations generally for giving effect to the provisions of this Act (Section 23 (1), pg. 13). Without prejudice to the generality of subsection (1), the Minister may subject to affirmative resolution, make regulations regulating the manner in which a child may be restrained in an early childhood institution (Section 23 (2) (h), pg. 14). **(See Appendix 5)**

**The Early Childhood Regulations:** **The Regulations** make no specific comment on Behaviour Management and Discipline

### 3.2 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.2.1	V	Policies and procedures regarding discipline and punishment (Existence)	There are no written policies and procedures regarding discipline and punishment.	There are written policies and procedures regarding discipline and punishment.  The policies and procedures set out what actions are permitted, what actions are prohibited and measures to deal with contravention of policies and procedures.	Policies and procedures are discussed with all new parents.  Policies and procedures are reviewed annually with all staff members.
3.2.2	V	Policies and procedures regarding discipline and punishment (Dissemination)	Policies and procedures regarding discipline and punishment are not disseminated to staff and parents.	Policies and procedures are discussed with all new members of staff, inclusive of ancillary and security on the compound.	Policies and procedures are discussed with parents and children in appropriate language.
3.2.3	V	Expectations of children's behaviour	The institution has not communicated to parents and children the expectations of children's behaviour.	Expectations of children's behaviour are communicated to parents and children verbally, and in writing to parents on child's entry to the institution.	Parents enter into a signed contract with the institution regarding acceptable forms of children's behaviour on child's entry to the institution.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.2.4	V	Preventing inappropriate behaviours: Use of clear instructions (Children 2 years and over)	Children are not given clear instructions appropriate to their age.	Children are given clear instructions, appropriate to their age.  The use of clear instructions is discussed with every new member of staff.	The use of clear instructions is discussed with parents.
3.2.5	V	Preventing inappropriate behaviours: Use of limit setting (Children 2 years and over)	Limits do not form part of the instructions given to children.	Limits form part of the instructions given to children.  Reasons for limits are discussed with older children in an age appropriate way and reinforced using other materials (visual aids).	The use of limits setting is discussed with parents.
3.2.6	V	Appropriate forms of discipline: Positive guidance and re-direction	Caregivers frequently tell children “no” for inappropriate behaviours and do not use positive guidance and re-direction in addressing inappropriate behaviours.	Caregivers use positive guidance and re-direction in addressing inappropriate behaviours.  The use of positive guidance and re-direction to address inappropriate child behaviours are discussed with every new member of staff.	Parental information is available and discussed with parents on child’s entry to the institution.  The use of positive guidance and re-direction to address inappropriate child behaviours are reviewed annually with all staff members.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.2.7	V	Appropriate forms of discipline: Identification of the inappropriate behaviour	<p>Caregivers frequently tell children they are “naughty” or “rude”.</p> <p>The inappropriate behaviour is not identified for the child and is not discouraged.</p>	<p>Caregivers identify the inappropriate behaviour and label this for the child.</p> <p>The use of identification of inappropriate behaviours is discussed with every new member of staff.</p>	<p>Parental information on the use of identification of inappropriate behaviours is available at the institution.</p> <p>The use of identification of inappropriate behaviours is reviewed annually with all staff members and parents.</p>
3.2.8	V	Appropriate forms of discipline: Discussions with children (Children 2 years and over)	Disciplinary measures are never discussed with children.	<p>Disciplinary measures are regularly discussed with all children in an age appropriate way.</p> <p>Disciplinary measures are discussed with individual children and parents prior to action being taken.</p> <p>Discussion of disciplinary measures with children is discussed with every new member of staff.</p>	Discussion of disciplinary measures with children is reviewed annually with all staff members and parents.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.2.9	V	Appropriate forms of discipline: Use of reasoning and explanation of consequences (Children 2 years and over)	Reasoning and explanation are not used to address inappropriate behaviours.	Reasoning and explanation are used to address inappropriate behaviours.  The use of reasoning and explanation is discussed with every new member of staff.	Information for parents on the use of reasoning and explanation is available at the institution.  The use of reasoning and explanation is reviewed annually with all staff members.
3.2.10	V	Appropriate forms of discipline: Use of time-out (Children 2 years and over)	Time-out is not used to address inappropriate behaviours.	Time-out is used to address inappropriate behaviours.  The use of time-out is discussed with every new member of staff.	Information for parents on the use of time-out is available at the institution.  The use of time-out is reviewed annually with all staff members.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.2.11	A	Corporal punishment and/or physical abuse	Corporal punishment and/or physical abuse (including slapping, beating, shaking, adopting unusual body positions, standing in the sun, tying , or locking in a confined space) are used to manage children's inappropriate behaviours.	<p>Corporal punishment and/or physical abuse are never used to manage children's inappropriate behaviours.</p> <p>The institution's policy on non-use of corporal punishment and physical abuse is discussed with every new member of staff and parents.</p> <p>Parents are not allowed to inflict corporal punishment on compound.</p>	<p>The institution's policy on non-use of corporal punishment and physical abuse is reviewed annually with all staff members.</p> <p>Parent information leaflets on the impact of corporal punishment and/or physical abuse on children and appropriate forms of discipline for young children are available at the institution.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.2.12	V	Emotional Abuse	<p>Emotional abuse is used to manage children's behaviours.</p> <p>Children are threatened with corporal punishment and/or exposed to harsh, degrading or profane language which can lead to humiliation and/or lowering of self-esteem.</p> <p>Children are ignored, rejected, isolated inappropriately or corrupted (i.e. made to take part in illegal or inappropriate activities).</p>	<p>Emotional abuse is never used to manage children's inappropriate behaviours.</p> <p>The institution's policy on non-use of emotional abuse is discussed with every new member of staff.</p>	<p>The institution's policy on non-use of emotional abuse is reviewed annually with all staff members.</p> <p>Parent information leaflets on impact of emotional abuse on children and appropriate forms of discipline for young children are available at the institution.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.2.13	V	Physical Neglect	Physical neglect (i.e. removal of child's basic rights to food, shelter, clothing, sleep) are used to manage children's behaviours.	<p>Physical neglect is never used to manage children's inappropriate behaviours.</p> <p>The institution's policy on non-use of physical neglect is discussed with every new member of staff.</p>	<p>The institution's policy on non-use of physical neglect abuse is reviewed annually with all staff members.</p> <p>Parent information leaflets on impact of physical neglect abuse on children and appropriate forms of discipline for young children are available at the institution.</p>
3.2.14	A	Use of Physical Restraint	Physical restraint is used frequently by all staff members to control a variety of behaviours.	<p>Physical restraint, using acceptable procedures (<b>see appendix 5</b>), is used by the most senior staff member present, only when a child is out of control (i.e. creating a danger to himself or herself and/ or others) and other disciplinary measures have failed.</p> <p>The institution's policy on use of physical restraint is discussed with every new member of staff.</p>	The institution's policy on use of physical restraint is reviewed annually with all members of staff.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
3.2.15	V	Management of persistent behaviour difficulties	There is no policy on the management of persistent behaviour difficulties in children.	<p>There is a policy on the management of persistent behaviour difficulties in children.</p> <p>The policy includes the definition of persistent behaviour difficulties, discussion with parents and recommendations to parents for further professional evaluations.</p> <p>The institution's policy on the management of persistent behaviour difficulties is discussed with every new member of staff.</p>	The institution's policy on the management of persistent behaviour difficulties is reviewed annually with all staff members.

# STANDARD FOUR

## *Physical Environment*



## STANDARD AND PERFORMANCE CRITERIA FOR PHYSICAL ENVIRONMENT

**Standard:** Early childhood institutions have physical environments that meet building, health and safety requirements; allow adequate space for children, and facilitate the development of children and staff.

**Rationale:** A well designed and maintained building and its infrastructure support program activities by ensuring efficient and optimal use of facilities in a comfortable, secure, safe and healthy environment. Children need adequate space for the efficient delivery of the programme that are geared to stimulating all aspects of their development.

The physical environment of ECI's includes the suitability, zoning and location of the building/premises, the interior and exterior structure of the building and the infrastructure and services.

The relevant registration authority including local authority, (Parish Council) for the parish, and the Bureau of Standards shall ensure compliance for a building designated as an ECI (standards for homes are generally adequate for day care or basic schools. However, where a home is being used the stricter rules of the NBCJ shall apply). Strict reference must be made to either/both Group A, Public Buildings and Group E, Residential Buildings to ensure compliance depending on the size of the facility being provided by the ECI. Any renovations, remodeling or alteration of buildings requires inspection by the appropriate authorities before commencement and before children can be accommodated.

### 4.1 SUITABILITY, ZONING AND LOCATION OF THE BUILDING AND PREMISES

Buildings and premises must meet all local regulations to ensure children's safety and access to child development facilities. Institutions are encouraged to meet other requirements to ensure that the children's physical environment is free from exposure to danger and hazards and allows unimpeded access to facilities to ensure optimum promotion of their development.

**The Early Childhood Act: The Act** requires that the premises on which an early childhood institution is to be operated satisfies the following requirements:

- i) the building shall be approved for that purpose by the local planning authority (First Schedule, Section 3, 1 (a) (i), pg. 16),
- ii) the facilities for food storage and preparation shall be clean, safe and hygienic, in conformity with the Public Health Regulations (First Schedule (Section 3, 1 (e), pg. 16).

**The Act** also requires that an early childhood institution shall not be located in a building where any person resides unless the portion of the building where the early childhood institution is operated is used exclusively for the purposes of that institution during the opening hours of the institution (First Schedule, (Section 3 (3)(1), pg 16).

**The Act** further requires that the following be submitted with every application for admission:

- i) A report from an officer from the Jamaica Fire Brigade, authorized by the Commissioner of the Brigade in that behalf, stating that the premises proposed for the operation of the institution have been inspected and that the officer is satisfied that reasonable steps are taken for the prevention of fire and for protection against the dangers of fire and other disasters (Second Schedule, Section 4, 1(d), pg.18).
- ii) A report from a Medical Officer (Health), or any other person authorized in writing in that behalf by the Minister or by a Local Board or by the Medical Officer (Health), stating that the premises proposed for the operation have been inspected and are in compliance with the provisions of the Public Health Act (Second Schedule, Section 4, 1(d), pg.18).

**The Early Childhood Regulations: The Regulations** make no specific comment on suitability, zoning and location of building.

#### 4.1 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.1.1	A	Planning Authority Approval	The building is not approved by the Parish Council.	The building is approved by the parish council, and meets the requirements of the National Building Code of Jamaica.	The building is approved by the local planning authority, and <b>exceeds</b> the requirements of the National Building Code of Jamaica.
4.1.2	A	Use of premises for other activities unrelated to early childhood institutions	<p>The premises are not used exclusively for early childhood activities.</p> <p>Other activities, including use of sections of the premises for residence, interfere with the activities of the early childhood institution.</p>	<p>The premises are not used exclusively for early childhood activities.</p> <p>All other activities occur outside the opening hours of the institution.</p> <p>The institution is self sufficient during its hours of operation and is not dependent on facilities that are used by other occupants of the premises.</p>	<p>The premises are used exclusively for early childhood activities.</p> <p>No portion of the building is used as a residence or for other activities unrelated to early childhood development.</p>
4.1.3	A	Jamaica Fire Brigade Authority Approval	The premises are not approved by the Jamaica Fire Brigade.	The premises are approved by the Jamaica Fire Brigade.	Additional physical infrastructure / equipment is provided for protection against fire and other disasters.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.1.4	A A*	Compliance with the Public Health Act <b>(Public Health Act)</b>	The premises are not in compliance with the Public Health Act.	The premises are in compliance with the Public Health Act, including clean, safe and hygienic facilities for food storage and preparation.	
4.1.5	A*	Temperature (in Building) <b>(Public Health Act)</b>	Temperature in building exceeds 30C/86F degrees.  No cooling mechanisms (e.g. ceiling fans, standing fans) present.	Temperature in building does not exceed 30C/86F degrees.  Cooling mechanisms e.g. ceiling fans, standing fans present (fans meet safety requirements).	Temperature maintained at 75-80F degrees by design or use of cooling mechanisms.
4.1.6	R*	Exposure to Hazards <b>(Public Health Nuisance Regulations)</b>	Premises are located in an area that allows exposure to air pollution; abandoned pits, wells or other similar dangerous areas; exposure to radiation or other harmful environmental agents.	Premises are not located in an area that allows exposure to air pollution; abandoned pits, wells or other similar dangerous areas; exposure to radiation or other harmful environmental agents.	Additionally surroundings are checked annually to ensure that children are not exposed to harmful environmental agents.

## 4.2 *PHYSICAL LAYOUT OF THE BUILDING AND PREMISES*

The physical layout of an ECI should allow adequate indoor and outdoor space for free movement of children and adults, including those with disabilities. There should also be adequate space allocated for the variety of child related activities necessary in an early childhood institution and for designated staff activities. The physical layout should also allow for safety and security, good health and prevention of transmission of infectious diseases from one person to another.

**The Early Childhood Act** requires that:

- i) the building shall have at least 1.9 metres square (approximately 20 square feet) of space for each child and adequate play area outside (First Schedule, Section 3, 1(a) (v), pg. 16).
- ii) the premises shall be properly fenced and a gate provided with a latch the height of which shall be beyond the reach of a child (First Schedule, Section 3, 1(b), pg. 16).

**The Act** also requires that any premises constructed after the date of commencement of the Act, on which an early childhood institution is to be operated shall provide for access by a person with a physical disability (First Schedule, Section 3, 2(a), 2(b), 2(d), pg. 16), including:

- (a) ramps for wheelchair access
- (b) adequate space for a person on crutches or in a wheelchair to manoeuvre in toilet and activity areas
- (d) doors that open inward for the purposes of entry and doors that open outward for the purposes of exit

With regards to the allocation of space, **The Act** requires that each early childhood institution premises have the following areas (First Schedule, Section 3 (2), (a)-(b) and (d)-(h), pg. 17):

- (a) an internal play area and access to an outdoor play area;
- (b) a sick bay for children;
- (d) a food storage and preparation area;
- (e) a dining area;
- (f) an area for napping;
- (g) an administrative area;
- (h) an instruction area that shall not be used for any purpose other than the instruction of children, when children are present; so situated to allow for a defined space in respect of each of the areas mentioned in paragraphs (a) to (h) of Section 3(2) and so that the use of one area for its assigned purpose does not interfere with the use of another area for its assigned purpose.

**The Act** also requires that there is adequate space for:

- (a) storage of equipment and materials used at the early childhood institution
- (b) children to move about freely, including crawl space for infants  
(First Schedule, Section 3 (3) (a) – (b))

**The Early Childhood Regulations** require that the health plan of the institution include:

- (c) the provision of a separate room or designated area within a room, for the care of a child who needs to be separated from the other children at the institution due to illness or injury (Regulation 14, 2(c), pg 11)
- (d) provision for a child with a communicable illness or communicable disease to be separated from contact with other children at the institution (Regulation 14, 2(d)(i), pg 11)

With regards to the outdoor play area, **the Regulations** require that there are sheltered areas to protect children from sun, wind and rain (Regulation 16, 2(a), pg 15).

With regards to the care of infants (i.e. children under the age of eighteen months) **the Regulations** require that the operator of the institution ensure that:

- (b) infants shall be kept at the ground level only of any building on which the institution is operated
- (c) diapering, feeding and sleeping areas are separately located  
(Regulation 17 (b) – (c) pg. 17)

## 4.2 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.2.1	R	Location of Infant Areas (less than 3 years old)	Areas to be occupied by infants are not at ground level.	Areas to be occupied by infants are at ground level.	Additionally, all internal areas are at a single level.
4.2.2	V	Location of Areas for Older Children (3 months-6 years)	Areas to be occupied by older children are not at ground level.  Areas not at ground level have not been visited by the fire department and deemed safe.	Areas to be occupied by older children are not at ground level.  Areas not at ground level have been visited by the fire department and deemed safe.	Areas to be occupied by older children are all at ground level.
4.2.3	A	Indoor Space (i.e.) clear floor space for play  (National Building Code of Jamaica)	The amount of space per child is less than 1.9m <sup>2</sup> (less than 20 sq. ft.).	The amount of space per child is at least 1.9 m <sup>2</sup> (20 sq. ft.).	The amount of space per child is greater than 1.9m <sup>2</sup> (20 sq. ft.)

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.2.4	V	Separation of activities for older and younger children (in institutions where both are present)	Babies under 24 months and older children have their activities in the same room.	Babies under 24 months and older children have their activities in separate rooms.	Babies under 24 months and older children have their activities in separate rooms.  Some activities, during which staff/child ratios are met for the youngest age group, are specifically designed for integration of the two groups to promote children's development.
4.2.5	A	Internal (indoor) play area	There is no internal play area.	There is an internal play area.  The internal play area is sometimes used for other activities, but activities are so scheduled that the use of the area for internal play does not interfere with the use of the area for another purpose.	There is an internal play area that is only used for this purpose.
4.2.6	A	Sick Bay	There is no area for ill children to be separated from others.	There is an area specifically designated for the separation of ill children from others.  The area has beds or cots that allow children to lie.	The area has a capacity of one ill bed or cot for every 40 children.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.2.7	A  R*	Food Storage and Preparation Area  (Public Health Food Handling Regulations)	There is either no area for food storage and preparation or the area does not meet Public Health Regulations.	There is an area specifically designated for food storage and preparation which meets all Public Health Regulations	There are two separate areas, one for food storage and one for food preparation.
4.2.8	A	Dining Area	There is no area for dining.	There is an area designated for dining.  The dining area is sometimes used for other activities, but activities are so scheduled that the use of the area for dining does not interfere with the use of the area for another purpose.	There is a dining area that is only used for this purpose.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.2.9	A	Napping area	There is no specific area for napping for infants or older children.	<p>For infants, there is an area designated for napping.</p> <p>The napping area is sometimes used for other activities, but activities are so scheduled that the use of the area for napping does not interfere with the use of the area for another purpose.</p> <p>There is no specific area for napping for older children, but facilities are available for children who need naps.</p>	<p>There is a napping area for infants, that is only used for this purpose.</p> <p>For older children, there is a specific area for napping for a small proportion of children.</p>
4.2.10	A	Administrative Area	There is no administrative area for the operator/principal or other staff members.	There is a single administrative area which is shared by the operator / principal and other staff members.	<p>There are separate administrative areas for the operator/principal and other staff members.</p> <p>Staff members have space to store their personal belongings and an area for planning activities away from children.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.2.11	A	Instruction Area	There is no designated instruction area for children.	There is an area designated for children's instruction.  The instruction area is sometimes used for other activities, but activities are so scheduled that the use of the area for instruction does not interfere with the use of the area for purpose.	There is a designated instruction area for children, which is only used for this purpose.
4.2.12	V	Organization of space for Activities	There are no areas designated for large group or small group activities.	There is at least one area for large group activities and one or two areas for small group activities.	There are multiple areas available for small and large group activities.
4.2.13	V	Organization of Space for Supervision	Children cannot be supervised by sight and sound at all times due to organization of space.	Children can be supervised by sight and sound at all times due to organization of space.	Additionally, building is so constructed and space so organized that children and adults can always be observed by an adult outside the area at all times.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.2.14	A  A*	Space for Storage of equipment and materials  (Public Health Act)	There is either no space or inadequate space for storage of equipment and materials for the early childhood programme.  Equipment and materials encroach on children's areas designated for other purposes.	There is adequate space for storage of equipment for the early childhood programme.	Additionally, cupboards and other storage spaces are not crowded and could accommodate additional material.
4.2.15	A  A*	Space for Storage of Records  (Public Health Act)	There is either no space or inadequate space for storage of records.	There is a designated and adequate space for storage of records.	Additionally, storage spaces are not crowded and could accommodate additional material.
4.2.16	A  R*	Space for Storage of Food  (Public Health Food Handling Regulations)	There is either no space or inadequate space for storage of food items.	There is a designated and adequate space for storage of food items.	Additionally, storage spaces are not crowded and could accommodate additional food items.
4.2.17	A  A*	Space for Storage of medical supplies, cleaning materials and equipment and other hazardous substances  (Public Health Act)	There are either no spaces or there are inadequate spaces for storage of medical supplies, cleaning materials and equipment and other hazardous substances.	There are designated and adequate spaces for storage of medical supplies, cleaning materials and equipment and other hazardous substances.	Additionally, storage spaces are not crowded and could accommodate additional items.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.2.18	A*	Space for Storage of Large Equipment (beds & cots, Outdoor Play Equipment) <b>(Public Health Act)</b>	There is either no space or inadequate space for storage of large equipment.	There is a designated and adequate space for storage of large equipment.	Additionally, storage spaces are not crowded and could accommodate additional large equipment items.
4.2.19	A*	General Storage <b>(Public Health Act)</b>	All storage spaces do not meet Public Health Act and Regulations.	All storage spaces meet the Public Health Act and Regulations.	Additionally areas are checked frequently to ensure that areas are free from pests, vectors and vermins.
4.2.20	V	Access for Children/ Parents or Caregivers/Staff with Disabilities	The premises and building are not accessible throughout by persons with physical disabilities.	The premises and building are accessible throughout (i.e. all indoor facilities and outdoor play area) by persons with physical disabilities.  Children with moderate or severe physical disabilities are each allocated 3.4 meters square of floor space (36 square feet).	Additionally, physical adjustments made to support children with visual, hearing and other disabilities.  In existing institutions both premises and buildings are accessible throughout by persons with disabilities.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.2.21	A	Access for Children/ Parents or Caregivers/Staff with Disabilities (Newly Built Premises)	<p>The premises and buildings of all newly built institutions are not accessible throughout by persons with disabilities.</p> <p>There are no ramps and corridors which are wide enough for wheelchair access (36 inches).</p> <p>Doors do not open inward for entry and outwards for exit and are wide enough for wheelchair access.</p>	<p>The premises and buildings of all newly built institutions are accessible throughout by persons with disabilities.</p> <p>There are no ramps and corridors which are wide enough for wheelchair access (36 inches).</p> <p>Doors open inward for entry and outwards for exit and are wide enough for wheelchair access (32 inches). (For further guidance see Appendix E of the NBCJ).</p>	
4.2.22	A	Fencing and Gate	There is no fence or gate. The premises is not enclosed and is a risk to the safety of children	There is a fence that is at least four feet high and a gate that has a latch that is beyond the reach of children.	
4.2.23	A	Outdoor Play Area	There no outdoor play area, or the outdoor play area is too small and accidents occur frequently.	There is an outdoor play area that allows adequate movement of children.	There is an outdoor play area that allows more than 3.8 metre square of space (approximately 40 sq. feet) of space per child using the playground.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.2.24	R	Provision of Shade in Outdoor Play Area	There is either no shade or too limited shade in the outdoor play area.	There is access to both sun and shade.  Shade is provided by natural environment structures, such as trees.	Additionally, shade is provided by other constructed structures such as awnings and coverings, allowing outdoor play in a variety of weather conditions.

### 4.3 STRUCTURE OF PREMISES

The structure of the ECI and the maintenance of the building must ensure that while children are involved in the multiple activities promoting their development, they are safe from physical danger and hazards. Additionally, the structure must ensure good health.

**The Early Childhood Act: The Act** states that the premises shall:

- (i) be solidly and substantially built with a weather-tight roof (Section 3, 1 (a)(ii), pg. 16)
- (ii) be floored throughout with timber, concrete, mortar or pavement of brick, stone, or tiles (Section 3, 1 (a) (iii), pg. 16)
- (iii) be in good repair (Section 3, 1 (a)(iv), pg. 16)
- (iv) be properly ventilated and shall have such other facilities as will encourage the good health and well being of a child (Section 3, 1 (f), pg. 16).

**The Early Childhood Regulations: The Regulations** make no specific comment on the structure of the premises.

Public Health Nuisance Regulations

### 4.3 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.3.1	A R*	Roof <b>(Public Health Nuisance Regulations)</b>	Roof is not weather-tight. Roof leaks when rain falls.	Roof is weather-tight. Roof does not leak.	Additionally, there is evidence of regular inspection of property for roofing damage.
4.3.2	A R*	Walls /Ceiling (Structure) <b>(Public Health Nuisance Regulations)</b>	Walls or ceiling are cracked.	Walls and ceiling are in good repair	Additionally, there is evidence of regular inspection of property for damage to walls and ceiling.
4.3.3	A R*	Walls/ceiling (Maintenance) <b>(Public Health Nuisance Regulations)</b>	Walls and ceiling are not clean. Paint or other materials peeling or cracking.	Walls and ceilings are clean. Walls painted with light colours and paint in good condition	Additionally, there is evidence of regular scheduled painting (e.g. annually), and painting of specific areas as the need arises, outside of scheduled times.
4.3.4	A R*	Floors (Structure) <b>(Public Health Nuisance Regulations)</b>	Flooring is cracked or has holes	Flooring is solid throughout, with no cracks or holes	Flooring surface allows children to move easily from place to place, but has adequate friction to prevent children sliding or falling.
4.3.5	A R*	Floors (Maintenance) <b>(Public Health Nuisance Regulations)</b>	Floors are dirty. Spills are not cleaned shortly after they occur.	Floors are clean. Spills are cleaned shortly after they occur.	Additionally, there is evidence of a regular cleaning schedule, including specific times for deep cleaning of floors.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.3.6	A*	Exits (Fire Brigade Act)  (National Building Code of Jamaica)	Exits inadequate Building has single exit only.  Exit not clearly identified.	Two exits from building exist.  Exits clearly marked.	Two or more exits from the building exist.  Emergency exits identified and clearly marked.
4.3.7	A*	Doors (Swing) (Fire Brigade Act)	Doors do not swing in the exit direction.	Doors swing in the exit direction.	
4.3.8	A*	Doors (Structure)  (Fire Brigade Act)	Each room does not have a door that allows the area to be closed off.  Doors are in poor condition (e.g. broken or having wood splinters)	Each room has a door which allows the area to be closed off.  Doors are in good condition.	Additionally, doors in child activity areas are specially designed so that top half can be opened to allow viewing of activities from outside room.
4.3.9	V	Doors (Access)	Children can easily manipulate all interior and exterior doors.	Children can easily manipulate all interior doors to child activity areas but cannot manipulate interior doors to adult activity areas or exterior doors due to height of locks.  Exterior doors are designed to protect staff and children by preventing access to unauthorized persons.	Children can easily manipulate all interior doors to child activity areas but cannot manipulate interior doors to adult activity areas or exterior doors due to fitted childproof devices.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.3.10	A  A*	Ventilation  (Public Health Safety Regulations)  (National Building Code of Jamaica)	Window area is less than 10% of floor area.	Window area is at least 10% of floor area.	Window area is more than 10% of floor area.
4.3.11	V	Grill Work (Structure)	Where grill work exists, the design is inappropriate.  Openings are small enough for children's extremities or other body parts to get trapped.	Where grill work exists, design is appropriate.  Openings are appropriately sized to prevent entrapment of extremities or other body parts.  No sharp metal areas exposed.	Additionally, design and painting of grill work is aesthetically pleasing and complements child activity areas.
4.3.12	V	Grill Work (Maintenance)	Grill work has exposed sharp metal areas.  Grill work is dirty and in need of painting.	Grill work has no exposed sharp metal areas.  Grill work is clean and paint is in good condition.	Additionally, there is evidence of regular inspection and painting of grill work.

#### 4.4. INFRASTRUCTURE AND BASIC SERVICES

The provision of infrastructure and basic services such as safe water, plumbing, electricity and waste removal allow children to be comfortable in their learning environment and allow for their basic hygienic and health needs to be met. Their learning and development is also enhanced by the presence of basic services as these are often required for many of the activities in the educational programme.

**The Early Childhood Act** states that:

- (i) Proper lighting shall be provided in every part of the premises where children are accommodated and through where they may pass. (First Schedule, Section 3, 4(1), pg.17)
- (ii) Adequate supplies of safe drinking water shall be provided for the use of a child in an early childhood institution (First Schedule, Section 3, 5, pg. 17).

**The Early Childhood Regulations** state that the sanitation plan shall provide policies and procedures to secure hygienic use of the kitchen, toilet, bedding and other facilities of the institution by children and employees of the institution including:

- (i) a clean water supply (Regulation 14, 3 (b) and (d) pg.11)
- (ii) garbage disposal, sewage and drainage facilities in accordance with health standards (Regulation 14, 3(d), pg.11)

#### 4.4 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.4.1	A  A*  R*	Lighting  (Public Health Act)  (Public Health Food Handling Regulations)	Rooms are dark and inadequately lit.  That is light meter reading is less than 540 lux.	Rooms are adequately lit using natural and/or artificial lighting.  Light meter reading is at or above 540 Lux.  Food preparation areas also have adequate lighting.	The building is so designed to make maximum use of natural lighting.  Minimal use of artificial lighting necessary, though always available.  All artificial lighting meets approval of the Fire Department.
4.4.2	V	Electricity supply	No electricity available on premises.	Legal electrical supply available on premises.	Additionally alternative source of electricity, approved by the Fire Department available.
4.4.3	V	Electrical outlets and connections  (Jamaica Electrical Code)	Outlets and electrical equipment not connected as recommended by manufacturers and do not meet the NBCJ standards.	Outlets and electrical equipment connected as recommended by manufacturers and meets the NBCJ standards.	Documentary evidence of regular maintenance of electrical supply and equipment.
4.4.4	V	Telephone	There is no telephone service available at the institution.	A fixed telephone is available at the institution or a cellular telephone service is available during school hours for the purposes of the institution's business and activities.	There is more than one fixed telephone line or a single line with extensions in different areas of the institution.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.4.5	A*	Water source  (Public Health Act)	There is either no piped running water from the national system or there is insufficient piped water to meet the institution's needs for drinking, cooking, cleaning and toileting.  Where there is an alternative water source to the national system, this has not been approved by the Public Health Department.	There is piped running water from the national system in sufficient quantities to meet the institution's needs for drinking, cooking, cleaning and toileting.  Where there is an alternative water source, this has been approved by the Public Health Department.	Additionally, all additional sources of water (e.g. storage tanks) have been approved by the Public Health Department.
4.4.6	A*	Emergency water supply  (Public Health Act)	There is no provision for periods when there is interruption of regular water supply.	Safe, potable drinking water is stored in clean, labelled containers for emergency periods when there is interruption of the regular approved supply.	An alternative water supply (e.g. storage tank) is available to provide water for drinking and other purposes during emergency periods when there is interruption of the regular approved supply.  Emergency water supply is approved by the Public Health Department.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.4.7	A A*	Sewage  (Public Health Act) Developers Manual (GOJ) Volume 3, Section 4	Sewage system is not connected to the public sewage facilities.  Alternative sewer system not approved by the Public Health Department.	Sewage system is connected to the public sewage facilities.  Where alternative sewer system must be used, this is approved by the Public Health Department.	Sewage facilities exceed Public Health Regulations.
4.4.8	A*	Tap water waste (Grey Water)  (Public Health Act) Developers Manual	Tap water waste is sometimes discharged onto the ground.	Tap water waste is never discharged onto the ground.	Additionally, some tap water waste is recycled in environmentally friendly ways that meet NEPA guidelines.
4.4.9	A A*	Drainage  (Public Health Act)	There is poor drainage of outdoor areas.  Pools of water collect on playground and other areas.	Outdoor areas have adequate drainage.	Outdoor areas have adequate drainage. Environmentally friendly ways, approved by NSWMA are used to handle drainage (Local Parish Authority).
4.4.10	V	Garbage receptacles (Interior)	A garbage receptacle is not present in each classroom.	A garbage receptacle is present in each classroom/ administration area.	More than one garbage receptacle is present in each room, allowing children easy access.
4.4.11	R*	Garbage removal (Interior)  (Public Health Nuisance Regulations)	Garbage is not removed from rooms on a daily basis.	Garbage is removed from rooms on a daily basis.	Additionally, garbage is removed from rooms occupied by children at the end of each activity or as necessary.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
4.4.12	R  A*	Garbage Receptacles (Exterior)  (Public Health Act)	There is an insufficient amount of waste containers of durable type and with lids to hold garbage.  Garbage is flowing out of containers.	There are sufficient waste containers, of durable type and with lids to hold the usual amounts of garbage produced by the institution.  There is no evidence of garbage flowing out of containers.	Additionally there are empty containers available that can hold additional garbage, should the need arise.
4.4.13	A*	Garbage Disposal (Exterior)  (Public Health Garbage Collection and Disposal Regulation 1998)  (National Solid Waste Manage Authority Act 2001)	Garbage is disposed of less frequently than twice weekly.	Garbage is disposed of at least twice weekly.	Garbage is disposed of more than twice per week.

## STANDARD FIVE

### *Indoor and Outdoor Equipment, Furnishing and Supplies*



## STANDARD AND PERFORMANCE CRITERIA FOR INDOOR AND OUT DOOR EQUIPMENT, FURNISHING AND SUPPLIES

**Standard:** Early childhood institutions have indoor and outdoor equipment and furnishings that are safe, child-friendly and promote optimal development of children.

**Rationale:** Maintenance of the institution must be such to ensure that there is no exposure to infectious or poisonous material indoors or outdoors, such as mold, dust, pests, poisonous plants and toxic chemicals.

### 5.1 INDOOR EQUIPMENT, FURNISHING AND SUPPLIES

Given increased knowledge about the way children learn and how they express their vision of themselves and of the world, early childhood institutions should provide indoor equipment, furnishings and supplies for indoor activities that are age appropriate and in sufficient quantities for the children enrolled at the facility. For example, for infants, a variety of soft toys, music and books should be provided to stimulate cognitive, sensory and gross and fine motor development. For older children indoor equipment should also be geared at problem-solving experiences as well as fine and gross motor development

Children require extended, unhurried time to explore, and a place that inspires their creativity. A stark environment is not conducive to creative work. Rather, research shows that children's positive experiences are fostered by a space that has natural light, harmonious colours, and child-sized furniture that are both sufficient and comfortable.

**The Early Childhood Act** states that the building shall be equipped with suitable and adequate toilet facilities (First Schedule, Section 3(1) (a) (vi), pg.16) and that there shall be:

- (i) suitable and adequate number of cribs, cots or other sleeping devices (First Schedule, Section 3(1) (c), pg.16).
- (ii) separate bathroom facilities for staff and children (First Schedule, Section 3(3) (2) (c), pg.17).

**The Act** also states that any premises constructed after the date of the commencement of the Act, in which an early childhood institution is to be operated, shall provide for access by a person with a disability, including an appropriate number of washbasins and toilets at wheelchair height. (First Schedule, Section 3 (2) (c)).

**The Early Childhood Regulations** state that the sanitation plan shall provide policies and procedures to secure hygienic use of the kitchen, toilet, bedding and other facilities at the institution, including:

- (i) bathroom facilities for employees separate from bathroom facilities used by children at the institution (Regulation 14, 3(a), pg.12)
- (ii) an optimum ratio of one toilet for every twenty children, and one washbasin equipped with clean water, for every forty children at the institution, with easy access by such children (Regulation 14, 3(c), pg.12)

**The Regulations** further state that with respect to the care of infants, the operator of the institution shall ensure that:

- (i) diapering, feeding and sleeping areas are separately located (Regulation 17 (c), pg. 17).
- (ii) each infant has his own crib and that the bedding thereof is washed and disinfected at least once per week (Regulation 17(e), pg.17).
- (iii) cribs have sufficient space between them and that each crib is securely and safely made, with appropriately spaced rails (Regulation 17(f), pg.16).

## 5.1 PERFORMANCE CRITERIA

### 5.1 A Instruction and Play Area

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
5.1.1	V	Furniture (Numbers)	Each child over the age of one year does not have a chair available.	There is a chair for each child over the age of one year.	There are more chairs than children, allowing children choices of furniture.
5.1.2	V	Furniture (Size)	Child sized tables and chairs not available.	Child sized tables and chairs available.  Chairs are straight- backed and of a height that children's feet are on the ground when sitting.  Table height is between child's waist and underarm.	Child sized tables and chairs available.  Furniture painted in light or bright colours.
5.1.3	V	Furniture (Maintenance)	Wooden or metal furniture is chipped or has sharp edges.	Furniture is in good condition, that is no splinters from wood furniture, paint not peeling or cracked.	Additionally, there is documentary evidence of regular inspection and maintenance of furniture.
5.1.4	V	Furniture (Layout)	Children sit behind individual desks or in a row at a desk.	Groups of children share a single table of appropriate size to encourage co-operation and the development of socialization skills.	Furniture layout is changed periodically to introduce students to the concept of space.  Group members are changed periodically to encourage co-operation and socialization.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
5.1.5	V	Breast-feeding support (for institutions with infants only)	There is no place or furnishing that supports breast-feeding or lactating mothers.	A private place and seating are provided to support breast-feeding or lactating mothers.	A comfortable area, with comfortable seating is provided for breast-feeding mothers.
5.1.6	V	Adult furniture (for feeding infants)	There is no appropriate furniture for staff to hold and feed infants.	There are chairs provided that allows staff to sit and hold infants for feeding.	There are a number of comfortable chairs that allow each staff member assigned to feeding infants to comfortably sit and hold them.
5.1.7	V	Space for Personal Belongings	Children do not have any space for personal belongings.	Each child has a specific space to keep personal belongings.	Child property areas are located either within each activity room or immediately outside.
5.1.8	V	Cupboards and Shelves for learning resources	There are either no cupboards or shelves or cupboards and shelves with child activity materials are not accessible to children.	Cupboards and shelves with child activity materials are easily accessible to children.	Additionally, cupboards and shelves are painted in light or bright child friendly colours.

**5.1 B Personal Care Areas (Sleeping, Toileting and Feeding)**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
5.1.9	A/R	Cribs, Cots and Other Sleeping Devices (Number) (0 – 36 months)	<p>Each child under 18 months does not have a separate crib.</p> <p>Each child between 18 and 30 months does not have a separate crib, cot or sleeping device.</p> <p>There are no cots or sleeping devices provided for children 30 – 36 months.</p>	<p>A crib is present for every child under 18 months.</p> <p>A crib, cot or sleeping device is present for every child between 18 and 30 months.</p> <p>There are a few cots or sleeping devices present for children 30 – 36 months who require sleep time.</p>	The number of cribs and cots exceed the number of children enrolled.
5.1.10	A/R	Cribs, Cots and Other Sleeping Devices (Number) (3 – 5 yrs.)	There are no cots or sleeping devices for children 3 – 5 years.	There are a few cots or sleeping devices for children 3 – 5 years who require sleep time.	There are cots and sleeping devices for at least 5% of the number of children.
5.1.11	R	Cribs, Cots and Other Sleeping Devices (Maintenance)	<p>Wood or metal cribs and cots in poor condition e.g. poorly made or broken.</p> <p>Sleeping mats are not in good repair, e.g.</p>	Wood or metal cribs as well as sleeping mats are in good condition.	Additionally cribs and cots painted in light or bright child friendly colours.
5.1.12	R	Space between cribs	There is less than 3 feet of space between cribs or cots.	There is at least 3 feet of space between cribs and cots.	There is more than 3 feet of space between cribs and cots.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
5.1.13	R	Crib (Structure)	<p>Space between crib rails greater than 2 and 3/8 inches.</p> <p>There are cut-out openings in head board or foot board that could entrap body parts.</p> <p>Children able to reach or manipulate latches of drop-side cribs.</p>	<p>Space between crib rails no more than 2 and 3/8 inches.</p> <p>There are no cut-out openings in headboard or foot board that could entrap body parts.</p> <p>Children unable to reach or manipulate latches to drop-side cribs.</p>	Crib specification documents available that show that cribs meet all international safety standards.
5.1.14	R	Bedding	Every crib and cot does not have clean bedding.	Every crib and cot has clean bedding.	There is extra bedding available.
5.1.15	V	Soft Furnishings	There are no soft furnishings e.g. cushions and rugs in child activity areas.	There is an area with washable soft furnishings that allow groups of children or adults to converse in comfort.	There is an area with washable soft furnishings that allow groups of children or adults to converse in comfort in each room or child activity area.
5.1.16	A  R*	Separation of Adult and Child Facilities  (Public Health Food Handling Regulations)	Staff and children use the same toilet facilities.	There are separate toilet facilities for staff and children.	Additionally, there are separate toilet facilities for male and female; children and staff.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
5.1.17	R R*	Toilets and Diaper Change Areas (Location)  (Public Health Food Handling Regulations)	Toilets and diaper change areas located close to food preparation or sleeping areas.	Toilets and diaper change areas are not located close to food preparation or sleeping area.	Building so designed that toilets and diaper change areas, sleeping and food preparation areas are located at separate ends of the building.
5.1.18	A R*	Toilets and Diaper Change Areas (Number)  (Public Health Food Handling Regulations)	There is less than one toilet for every group of twenty children.  There is less than one diaper change area available for every group of twenty children under two years.	There is one toilet for every group of twenty children.  There is at least one diaper change area available for every group of children under two years.	There is more than one flush toilet for every group of twenty children.  There is more than one diaper change area available for every group of children under two years.
5.1.19	V	Toilets for Children (Size)	Toilets are adult sized.  No adaptations made to ensure child access and encourage independence.	Toilets are adult sized, but adaptations (e.g. step stools) are made to ensure that children can access facilities easily.	Toilets are child sized.
5.1.20	R R*	Hand Washing Sinks (Number)  (Ministry of Health Draft Guidelines for Schools and Colleges)	There is less than one sink for every group of forty children.	There is one sink for every group of forty children.	There is more than one sink for every group of forty children.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
5.1.21	R*	Hand Washing Sinks (Location)  (Public Health Food Handling Regulations)	Sinks are not close to diaper change areas or toileting areas.	Sinks are close to diaper change areas or toileting areas.	Sinks are in the same room / area as diaper change and toileting areas and within arms' length.
5.1.22	V	Hand Washing Sinks (Size)	Hand washing sinks are adult sized and at adult height.  No adaptations made to ensure child access.	Hand washing sinks are adult sized and at adult height.  Adaptations (e.g. step stools) are in place to ensure children can access facilities easily.	Sinks are child sized and at child height.
5.1.23	V	Separation of Sinks	A single sink is used to wash toys, linen and soiled materials.	Separate sinks are used for washing toys, linen and soiled materials.	There are separate sinks for washing toys and soiled materials.
5.1.24	A*	Soap  (Public Health Act)	There is no soap available at hand washing sink	Soap is available at hand washing sink	Variety of soap forms available at hand washing areas (e.g. liquid, solid soaps), allowing children choice.
5.1.25	V  A*	Towels  (Public Health Act)	No towels available at hand washing sinks or towels are shared by more than one child.	Single use towels available at hand washing sink (disposable or non-disposable).	Variety of drying mechanisms available (disposable paper towels, single use non-disposable towels, mechanical hand dryers) allowing children choice.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
5.1.26	V A*	Cold Storage (Refrigerator/Freezer)  (Public Health Act)	No refrigerator available or facilities not in working condition.	A working refrigerator is available in the kitchen area.	Kitchen fully equipped with refrigerator, freezer.
5.1.27	V	Stove	Coal pot/wood fire is used for cooking meals.	A working stove is available in the kitchen area.	A working stove with an oven and a microwave oven is available in the kitchen area.
5.1.28	A*	Stove Safety  (Fire Brigade Act)	The stove at the institution constitutes a fire hazard as stated by the Fire Brigade Act.	The Stove at the institution does not constitute a fire hazard as stated by the Fire Brigade Act.	Additionally all the kitchen equipment are checked regularly to ensure compliance with the Fire Brigade Act.
5.1.29	V	Pots/Pans/Small Equipment	There are no small equipment, and insufficient pots and pans available.	There are sufficient pots and pans available for cooking.	There are sufficient pots and pans and small equipment.  (See Appendix 6 for examples of small equipment)

## 5.2 OUTDOOR EQUIPMENT, FURNISHINGS AND SUPPLIES

Early childhood institutions must provide facilities that have access to an outdoor play area that is clean and provides sufficient space for safe play for all children. The outdoor space should have areas that are shaded natural or artificially, so that the children are not over-exposed to the elements, and fenced for the safety of the children attending the institution. Outdoor play should aim at fine and gross motor development and all parts of the playground must be within clear view of the staff.

The early childhood institution should make provisions for children with special needs. Staff must be adequately trained or have sufficient experience to be able to handle the children's needs. The environment should be stimulating and developmentally appropriate so that children can reach their full potential.

**The Early Childhood Act** makes no specific comment on outdoor equipment, furnishings and supplies.

**The Early Childhood Regulations** states that every outdoor play area of an early childhood institution shall have the following features:

- (i) if any swing or climbing equipment is provided, such equipment shall be located on soft grass or soft sand (Regulation 16, 2(b), pg.14).
- (ii) if tricycles or other riding toys are provided for use by children, there shall be paved areas kept clear of motor vehicular traffic and demarcated for such use (Regulation 16, 2(c), pg.14).
- (iii) be free of broken bottles, poisonous plants or other toxic substances or any other matter which is reasonably likely to create a hazard or injury to a child (Regulation 16, 2(d), pg.15).

**The Regulations** also states that where an early childhood institution has enrolled any child with a disability, appropriate equipment and material shall be made available to stimulate the child's interest and involvement in activities in keeping with the child's level of development and condition of health. (Regulation 15 (5), pg 14).

## 5.2 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
5.2.1	R	Playground Surface	Playground has a single surface. Surface material inappropriate	Playground has at least two different approved surface areas e.g. grass, concrete, soft sand, wood chips.	Playground has more than two different surfaces that are approved for the activities that take place on them.
5.2.2	R  R*	Playground Safety  (Public Health Nuisance Regulations)	Playground hazardous to children.  Debris, dilapidated structures, building material, glass, sharp rocks, poisonous plants, toxic substances, pests, waste drainage, holes, unprotected utilities or other injurious material present.	Playground free of hazards.	Evidence of playground maintenance policy with regular inspections and necessary actions taken.
5.2.3	V	Appropriateness of Equipment	Playground equipment not age or developmentally appropriate for children present.	Playground equipment age appropriate and developmentally appropriate for children present.	Playground equipment is brightly coloured.  Manufacturers' age recommendations available for equipment, known by staff members and followed.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
5.2.4	V	Equipment (Structure)	Equipment has openings that could entrap body parts.	Equipment has no openings that are between 3/8 inch and 1 inch that could entrap digits or between 3 1/2 and 9 inches that can entrap heads.	Manufacturers' age recommendations available for equipment, known by staff members and followed.
5.2.5	R	Equipment (Safety Surfacing)	There is no safety surfacing under equipment with a potential for children falling e.g. climbing equipment, slides, swings or safety surfacing is inappropriate e.g. concrete, dirt, and asphalt.	There is safety surfacing (e.g. wood chips, grass and soft sand) under equipment with a potential for children falling e.g. climbing equipment, slides, and swings.  Safety surfacing extends for 6 feet beyond the perimeter of the equipment.	There is safety shock absorbing surfacing, specially designed for this purpose, under equipment with a potential for falling, e.g. climbing equipment, slides, swings.
5.2.6	R	Equipment for Children with Disabilities	No play equipment available for children with physical disabilities.	Play equipment available for children with physical disabilities.	Additional adjustments made for children with other disabilities.
5.2.7	V	Equipment (Maintenance)	Equipment is in poor condition and harmful to children.	Equipment is in good condition and presents no danger to children.  No broken parts, sharp metal edges or wood splinters.	Evidence of regular monthly inspection and maintenance programme for playground equipment.
5.2.8	R*	Bodies of Water  (Public Health Swimming Pool Regulations 2001)	Children have unsupervised access to fixed or temporary bodies of water.	All fixed bodies of water e.g. pools, ponds are enclosed by a fence at least 5 feet high, with a latch unable to be reached or manipulated by children.	For all temporary bodies of water e.g. portable pools, children always supervised in ratios that exceed classroom staff: child ratios.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
5.2.9	R*	(Public Health Swimming Pool Regulations 2001)	Where there are swimming pools water areas do not meet Public Health Regulations	Where there are swimming pools water areas meet Public Health Regulations.	
5.2.10	V	Drinking Water Access	No drinking water available during outdoor play.	Drinking water is made available during outdoor play.	Children can access drinking water themselves during outdoor play.
5.2.11	V	Toilet Access	Toilets are not easily accessible from outdoor play area.	Toilets are easily accessible from outdoor play area.	Building so designed that child toilet area adjacent to outdoor play area.
5.2.12	V	Natural Materials	There are no natural materials on playground	Playground has some natural materials, such as plants, shrubs, trees.  Natural materials are non-poisonous and well tended.	Playground has large amount of natural materials and is aesthetically pleasing.  Children assist in maintaining plants and flowers.
5.2.13	V	Separation of playground for different ages	Children of different ages always use playground together.	Separate playground periods using the same area for children of different ages.	Separate playgrounds available for children of different ages.
5.2.14	V	Playground supervision	Children cannot be supervised by sight and sound.  Staff: Child ratios not maintained on playground	Children can be supervised by sight and sound at all times.  Staff: Child ratios maintained on playground.	Additionally, telephone or other electronic contact available from playground to main building.

# STANDARD SIX

## *Health*



## STANDARD AND PERFORMANCE CRITERIA FOR HEALTH

**Standard:** Early childhood institutions have physical facilities, policies, programmes and procedures that promote healthy lifestyles and protect children and staff from illness.

**Rationale:** Children benefit most from an early childhood programme when they are healthy. Healthy early childhood teachers have the necessary energy and vitality that is required to provide a comprehensive programme for children. Children need to be taught healthy practices using direct instruction, observation and modelling by their teachers, allowing them to develop their ability to make healthy choices for themselves.

### **Other Related Standards:**

Staff health requirements and staff health training requirements (Paediatric First Aid, Universal Precautions, Public Health Act, Recognition of illness and prevention of transmission of illness and Ministry of Health immunization requirements) that promote a healthy environment were previously discussed ( see Standard 1). The inclusion of Healthy Lifestyles within the children’s developmental programme was mentioned earlier (see Standard 2). Physical facilities that ensure a healthy environment were previously discussed (see Standard 4 and 5). The health records that are to be included in a child’s file is included in the section on administration (see Standard 11).

## 6.1 HEALTH PROMOTION AND PREVENTIVE HEALTH MEASURES

Early Childhood Institutions care for a number of small children for substantial periods during the day. While institutions must have plans and procedures in place to respond to illness, the saying “Prevention is better than cure” holds true for early childhood institutions. Promoting healthy practices and taking steps to assist in prevention of illness will go a far way to ensure that children and staff are as healthy as possible.

**The Early Childhood Act:** The Act makes no specific comment on health promotion and preventative health measures.

**The Early Childhood Regulations:** The Regulations state that the operator of an early childhood institution shall take steps as are necessary to ensure that **health**, sanitation, nutrition and disaster plans are in place for children and staff, including an evacuation plan for the safe guarding of infants in the case of an emergency (Regulation 14(1) (c), pg. 10).

The health plan referred to in paragraph (1) (c) of Regulation 14, shall include:

- i) standard procedures for emergency medical care (Regulation 14 (2)(a), pg. 10)

- ii) provision for periodic health assessments of employees of the institution as part of the terms of their employment (Regulation 14 (2)(b), pg. 11)
- iii) the provision of a separate room or designated area within a room, for the care of a child who needs to be separated from other children at the institution due to illness or injury, and policies for determining when a child needs to be separated (Regulation 14 (2)(c), pg. 11)
- iv) provision for a child with a communicable illness or communicable disease to be:
  - (a) separated from contact with other children at the institution (Regulation 14 (2)(d)(i), pg. 11)
  - (b) sent to the child's place of residence as soon as is reasonably practical after the illness or disease comes to the attention of the operator or any employee of the institution (Regulation 14 (2)(d)(ii), pg. 10)
  - (c) prohibited from returning to the institution until such time as a duly qualified medical practitioner certifies the child to be in good health (Regulation 14 (2)(d) (iii), pg. 11)
- v) a description of illnesses common to children, procedures for the treatment of such illnesses and precautions to protect the health of other children and employees at the institution (Regulation 14 (2)(e), pg. 11)

6.1 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.1.1	R  R*	Immunization Record  <b>(Public Health Immunization Regulations)</b> <b>(See Appendix 7)</b>	An immunization record is not available for each child at the institution.	An immunization record is available for each child, obtained at the time of admission to the institution.  Immunization records are certified by a health authority as adequate for school entry.  Medical reasons for non-immunization are clearly documented by a health professional.	An immunization record is available for each child at the institution.  Immunization records are current, having been updated at the start of the academic year.
6.1.2	R	Medical Certificate of Health	A medical certificate of health is not available for each child at the institution.	A medical certificate of health is available for each child, obtained at the time of admission to the institution, and indicating that the child can attend an early childhood institution.	A medical certificate of health is available for each child at the institution.  The medical certificate is current, having been done at the start of the academic year or within the previous calendar year.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.1.3	R	Illness Record (History)	An illness record is not available for each child at the institution	<p>An illness record is available for each child at the institution, obtained at the time of admission to the institution, and indicating all significant illnesses the child has had in the past, all current illnesses and whether they are acute (i.e. short term and expected to last less than 3 months) or chronic (long term and expected to last more than 3 months) and all current medications.</p> <p>For children with illnesses, the medical report also states activities which the child may and may not participate in.</p>	<p>An illness record is available for each child at the institution, indicating all significant illnesses the child has had in the past, all current illnesses (acute or chronic) and all current medications.</p> <p>The illness record is current, having been done at the start of the academic year.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.1.4	R	Medication Record	A medication record is not available for each child at the institution	<p>A medication record is available for each child at the institution, obtained at the time of admission to the institution, and indicating all significant illnesses the child has had in the past, all current illnesses and whether they are acute (i.e. short term and expected to last less than 3 months) or chronic (long term and expected to last more than 3 months) and all current medications.</p> <p>For children with illnesses, the medical report also states activities which the child may and may not participate in.</p>	<p>A medication record is available for each child at the institution, indicating all significant illnesses the child has had in the past, all current illnesses (acute or chronic) and all current medications.</p> <p>The medication record is current, having been done at the start of the academic year.</p>
6.1.5	R	Health Plan: Existence	There is no written health plan for children and staff.	<p>There is a written health plan for children and staff.</p> <p>The health plan is discussed with every new member of staff.</p>	There is a written health plan for children and staff that is reviewed annually, with contributions from staff and parents included.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.1.6	R  R*	Health Plan: Emergency Medical Care  (Draft Disaster Regulations)	The health plan does not include standard procedures for emergency medical care and does not include an evacuation plan to be used in an emergency.	The health plan includes standard procedures for emergency medical care, including an evacuation plan to be used in an emergency.  The plan is discussed with every new member of staff.	The procedures for emergency medical care and the emergency evacuation plan are reviewed annually with all staff.
6.1.7	R	Health Plan: Provision of Isolation Area and Policies for Isolation	The health plan does not include provision of a separate room or area for isolation or policies for determining which children need to be isolated.	The health plan includes the provision of a separate room or area for isolation and policies for determining which children need to be isolated.  The provision of an isolation area and policies for determining which children need to be isolated is discussed with every new member of staff.	The provision of an isolation area and policies for determining which children need to be isolated is reviewed annually with all staff.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.1.8	R  A*	Health Plan: Management of Communicable Diseases  (Public Health Act)	The health plan does not include procedures for the management of communicable diseases.	The health plan includes procedures for the management of communicable diseases, including provision of a separate room for isolation of the child, sending the child home as soon as is practical and re-admitting the child only after a medical report indicating good health has been obtained.  The procedures for the management of communicable diseases are discussed with every new member of staff.	The procedures for the management of communicable diseases are reviewed annually with all staff members.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.1.9	R	Health Plan: Common Childhood Illnesses	The health plan does not include a description of common childhood illnesses, procedures for the treatment of such illnesses and precautions to protect the health of other children and staff at the institution.	<p>The health plan includes a description of common childhood illnesses, procedures for the treatment of such illnesses and precautions to protect the health of other children and staff at the institution.</p> <p>The description of common childhood illnesses (see <b>Appendix 3</b>), and basic protocols for the treatment of GE (see <b>Appendix 12</b>), are discussed with every new member of staff.</p>	The description of common childhood illnesses, procedures for treatment and precautions for other children and staff are reviewed annually with all staff members.
6.1.10	V	Daily observation of Child Well Being	Children's general health, activity level, feeding and well being are not observed daily and are not recorded.	<p>Children are observed daily for their general health, activity level and feeding.</p> <p>A daily record of each child's well being is kept.</p>	The child's well being is discussed briefly on a daily basis with the parent/guardian who collects the child from school.
6.1.11	R*	Exclusion from institution: Children (Guidelines)	There are no guidelines for the exclusion of ill children from the institution.	There are clear guidelines which indicate the illnesses and symptoms of illnesses for which children shall be excluded from the institution. Guidelines for exclusion of ill children are reviewed with every new member of staff.	<p>Guidelines are included in the school's health plan.</p> <p>Guidelines are reviewed annually with staff.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.1.12	V	Exclusion from institution: Children (Record)	There is no record available for exclusion of children with illnesses.	<p>There is a record available for exclusion of children with illnesses.</p> <p>A log book at the institution also has the information above recorded.</p>	A record is available on each child's file indicating the reason for exclusion, date and time of exclusion, date of receipt of medical certificate as to good health of child and date and time of return.
6.1.13	R	Health Plan: Staff Health Requirements	The health plan does not include staff health requirements	<p>The health plan includes staff health requirements, including periodic health assessments.</p> <p>The staff health requirements are discussed with every new member of staff.</p>	The staff health requirements are reviewed annually with all staff.
6.1.14	R*	Exclusion from institution: Staff (Guidelines)	There are no guidelines for the exclusion of ill staff (including service and/or domestic staff) from the institution.	<p>There are clear guidelines which indicate the illnesses and symptoms of illnesses for which staff (including service and/or domestic staff) shall be excluded from the institution.</p> <p>Guidelines for exclusion of staff are reviewed with every new member of staff.</p>	<p>Guidelines are included in the school's health plan.</p> <p>Guidelines are reviewed annually with staff.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.1.15	V	Exclusion from institution: Staff (Record)	There is no record available for exclusion of staff with illnesses.	There is a record available for exclusion of staff with illnesses.  A log book at the institution also has the information above recorded.	A record is available on each staff member's file indicating the reason for exclusion, date and time of exclusion, date of receipt of medical certificate as to good health and date and time of return.
6.1.16	V	Staff Assignments	Staff who prepare and handle food also change diapers	Staff who prepare and handle food are separate from those who change diapers.	Additionally, staff members who work with children wearing diapers are separate from those who work with older children not wearing diapers.
6.1.17	R*	Health of animals / pets  <i>(Public Health Nuisance Regulations)</i>	Animals / pets that are kept on the grounds of the institution have not been certified to be in good health by a veterinary officer	Animals / pets that are kept on the grounds of the institution have been certified to be in good health by a veterinary officer within the last year.	Animals / pets that are kept on the grounds of the institution have been certified to be in good health by a veterinary officer within the last 6 months.

## 6.2 INSTITUTIONAL AND PERSONAL HYGIENE PRACTICES

Early Childhood Institutions have a number of children who spend a lot of time close to each other. Each Institution must have institutional and personal hygiene practices that encourage good personal health and the health of the community within the institution.

**The Early Childhood Act:** The Act makes no specific comment on personal hygiene practices

**The Early Childhood Regulations:** The Regulations state that the operator of an early childhood institution shall take steps as are necessary to ensure that:

- i) health, **sanitation**, nutrition and disaster plans are in place for children and staff, including an evacuation plan for the safe guarding of infants in the case of an emergency (Regulation 14(1) (c), page 10)

The sanitation plan referred to in paragraph (1) (c) shall provide policies and procedures to secure hygienic use of the kitchen, toilet, bedding and other facilities of the institution by children and employees of the institution, including:

- i) conformation to all applicable public health standards in the preparation and handling of food served to children enrolled at the institution (Regulation 14 (3)(e), pg. 12).
- ii) hand washing procedures relating to children and staff, particularly as regards bathroom use, food preparation and consumption, diaper changes and contact with sneezing, coughing or any illness (Regulation 14 (3)(f), pg. 12).

**6.2A PERFORMANCE CRITERIA**

**INSTITUTIONAL HYGIENE**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.2.1	R	Sanitation Plan: Existence	There is no sanitation plan	There is a sanitation plan.  The sanitation plan is discussed with every new staff member.	The sanitation plan is reviewed annually with all staff members.
6.2.2	R	Sanitation Plan: Kitchen Hygiene	The sanitation plan does not have policies and procedures for hygienic use of the kitchen.	The sanitation plan has policies and procedures for hygienic use of the kitchen.  Policies and procedures for hygienic use of the kitchen are discussed with every new staff member.	Policies and procedures for hygienic use of the kitchen are reviewed annually with all staff members.
6.2.3	R	Sanitation Plan: Toilet Hygiene	The sanitation plan does not have policies and procedures for hygienic use of toilet facilities.	The sanitation plan has policies and procedures for hygienic use of toilet facilities.  Policies and procedures for hygienic use of toilet facilities are discussed with every new staff member.	Policies and procedures for hygienic use of toilet facilities are reviewed annually with all staff members.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.2.4	R	Sanitation Plan: Bedding and Other Similar Materials	The sanitation plan does not have policies and procedures for hygienic use of bedding and other similar materials.	<p>The sanitation plan has policies and procedures for hygienic use of bedding and other similar materials.</p> <p>Policies and procedures for hygienic use of bedding and other similar materials are discussed with every new staff member.</p>	Policies and procedures for hygienic use of bedding and other materials are reviewed annually with all staff members.
6.2.5	R  R*	Sanitation Plan: Food Handling and Preparation  <b>(Public Health Food Handling Regulations)</b>	The sanitation plan does not have policies and procedures for food handling and preparation, which are in keeping with the Public Health Food Handling Regulations.	<p>The sanitation plan has policies and procedures for food handling and preparation, which are in keeping with the Public Health Food Handling Regulations.</p> <p>Persons preparing food do not clean.</p> <p>Policies and procedures for food handling and preparation are discussed with every new staff member.</p>	Policies and procedures for food handling and preparation are reviewed annually with all staff members.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.2.6	R	Sanitation Plan: Hand Washing	The sanitation plan does not have policies and procedures for hand washing as regards bathroom use, food preparation and consumption, diaper changes and contact with sneezing, coughing or any illness	The sanitation plan has policies and procedures for hand washing as regards bathroom use, food preparation and consumption, diaper changes and contact with sneezing, coughing or any illness.  Policies and procedures for hand washing are discussed with every new staff member.	Policies and procedures for hand washing are reviewed annually with all staff members.
6.2.7	R  R*	Attire of food preparation staff  <b>(Public Health Food Handling Regulations)</b>	Food service workers do not wear clean or light coloured outer garments and have their hair exposed and wear open footwear.	Food service workers wear clean and light coloured outer garments (e.g. aprons).  Food preparers have their hair covered and wear closed footwear.	Clean outer garments and head gear provided daily by institution.
6.2.8	R	Universal Precautions Procedures (For the management of exposure to blood and body fluids).	Universal Precautions are not followed.	Universal Precautions are followed.  Universal Precautions are discussed with every new staff member.	Universal Precautions are reviewed annually with all members of staff.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.2.9	V	Tobacco, alcohol and drug use	Tobacco use (e.g. cigarette smoking), alcohol use or illicit drug use are permitted on the premises.	<p>Tobacco use (e.g. cigarette smoking), alcohol use or illicit drug use are not permitted on the premises.</p> <p>The policy regarding prohibited substances is discussed with every new staff member.</p>	The policy regarding prohibited substances is reviewed at least annually with every staff member.

**6.2B PERFORMANCE CRITERIA**

**PERSONAL HYGIENE**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.2.10	V	Oral Hygiene: Presence of Toothbrushes/other materials	<p>Each child without teeth does not have a rag specifically for cleaning his/her gums.</p> <p>Each child with teeth does not have a toothbrush, labeled with his / her name.</p>	<p>Each child without teeth has a labeled rag, specifically for cleaning his/her gums.</p> <p>Each child with teeth has a toothbrush labeled with his / her name.</p>	Toothbrushes are child sized and in child friendly colours, encouraging their use.
6.2.11	V	Oral Hygiene: Frequency of brushing of teeth/cleaning gums	Children do not brush their teeth or have their gums cleaned at least once per day.	<p>All children without teeth have their gums cleaned.</p> <p>Children brush their teeth with a pea sized amount of fluoridated toothpaste or have their gums cleaned at least once per day, after the major meal.</p>	Children brush their teeth or have their gums cleaned after every meal.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.2.12	V	Oral hygiene: Supervision	Infants and young children are not guided in oral hygiene practices.	All children with teeth have their teeth brushed or are supervised in brushing their teeth.	<p>Additionally, gum cleaning and tooth brushing are explained to children during the procedure.</p> <p>Older children are gradually allowed to take increasing responsibility for tooth brushing, but children up to the age of 6 years are always supervised.</p>
6.2.13	V	Diapers : Type	Cloth diapers are used in the absence of facilities for cleaning and disinfecting.	<p>Cloth or disposable diapers are used.</p> <p>Where cloth diapers are used, there are special facilities for washing and chemically disinfecting diapers.</p>	Only disposable diapers are used.
6.2.14	V	Diapers: Change frequency	Diapers are not checked every 2 hours	Diapers are checked every 2 hours.	Diapers are checked more frequently than every 2 hours.
6.2.15	V	Diapers: Change Procedure (See Appendix 8)	Proper diaper change procedures are not followed.	<p>Proper diaper change procedures are followed.</p> <p>Diaper change procedures are discussed with every new member of staff.</p>	<p>Staff speaks with children about the diapering process during diaper change.</p> <p>Diaper change procedures are reviewed annually with all staff members.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.2.16	V	Toileting: Supervision	Children are not supervised when using the toilet.	<p>Children are supervised by a staff member when using the toilet.</p> <p>The staff member checks that proper wiping takes place, that toilets are flushed and that their own hands, as well as children's hands are washed.</p>	<p>Additionally, staff speaks with children about toileting and hygiene during the process.</p> <p>Children are given increasing responsibility to encourage independence, but are always supervised.</p>
6.2.17	R	Hand washing: Indications	Hands are not washed as recommended.	<p>Hands are washed as recommended: before and after eating, before and after handling food or feeding a child, before and after playing with shared play material, before and after giving medication, after changing diapers, after using the toilet oneself or after assisting someone to use the toilet, after handling body fluids, after coughing or sneezing, after handling uncooked food particularly meats, after handling garbage, after handling pets, after entering from outdoor play area.</p> <p>Hand washing indications are discussed with every new member of staff.</p>	Hand washing indications are reviewed with all staff members at least annually.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.2.18	R	Hand Washing: Proper Technique (See Appendix 9)	Proper hand washing technique is not followed.	Proper hand washing technique is followed.  Proper hand washing technique is displayed above hand-washing sinks.  Hand washing procedures are discussed with every new member of staff.	Proper hand washing technique is reviewed with all members' of staff at least annually.
6.2.19	V	Hand Washing: Supervision of Children	Children are not supervised in hand washing activities.	Children are supervised in hand washing activities.  Infants are carefully cradled by staff while their hands are washed.  Older children are assisted with hand washing or have their hands washed for them, depending on capabilities.	Infants are spoken to while their hands are being washed, with explanations given as to steps.  Children are gently, but actively encouraged to wash their own hands and are taught proper hand washing techniques.
6.2.20	V	Nasal Secretions	Rags or handkerchiefs used on multiple occasions to wipe noses of children.	Disposable single use paper tissues or single use rags or handkerchiefs are used to wipe children's noses.  Where rags or handkerchiefs are used, facilities exist for washing and sanitation.	Only disposable single use tissues are used to wipe children's noses.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.2.21	V	Soiling of Clothing	Children remain in soiled clothing during the school day.	<p>Children have their soiled clothes changed at the institution as required.</p> <p>The institution has clothes available for emergency use.</p>	<p>Children have their soiled clothes changed at the institution as required.</p> <p>The institution requires parents to leave a labeled change of clothing at the institution in the event of soiling.</p>

### 6.3 CLEANING AND SANITATION SCHEDULES

Furnishings and equipment may be vehicles for transferring infection from one child to another. Regular cleaning and sanitization (i.e. using a disinfectant) can greatly reduce the chances of transmission of infection between persons.

**The Early Childhood Act: The Act** states that the Minister may, subject to affirmative resolution, make regulations generally for giving effect to the provisions of this Act (Section 23 (1), pg. 13). With prejudice to the generality of Subsection (1), the Minister may subject to affirmative resolution, make regulations prescribing standards with regard to safety, security, **sanitation** and such other matters as the Minister considers necessary for the efficient operation of an early childhood institution (Section 23 (2)(b), pg. 13).

**The Regulations** state that the operator shall ensure that the following health precautions are adhered to at the institution:

- i) toys that are designed to be mouthed are not shared between infants and are disinfected after each use (Regulation 14 (6)(a), pg. 16).
- ii) toys, bedding and equipment are sterilized at reasonably frequent intervals so as to reduce the risk of infection (Regulation 14 (6)(b), pg. 16)

**The Regulations** further state that with respect to the care of infants at an early childhood institution, the operator of the institution shall ensure that each infant has his own crib and that the bedding thereof is washed and disinfected at least once per week (Regulation 17 (e), pg.16).

### 6.3 PERFORMANCE CRITERIA

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.3.1	R*	Floors, countertops, doors, cabinets and tables not used for food preparation or eating: Cleaning and sanitising.  <b>(Public Health Nuisance Regulations)</b>	Floors, countertops, doors cabinets and tables not used for food preparation or eating are not cleaned and sanitised daily.	Floors, countertops, doors cabinets and tables not used for food preparation or eating are cleaned and sanitised daily.	Additionally, checks are made throughout the day by cleaning staff to determine whether soiling has occurred.  If so, immediate cleaning and sanitising is performed.
6.3.2	R*	Tables used for food preparation and eating: Cleaning and sanitizing  <b>(Public Health Food Handling Regulations)</b>	Tables used for food preparation and eating are not cleaned and sanitised before and after food preparation and eating.	Tables used for food preparation and eating are cleaned and sanitised before and after food preparation and eating.	Additionally, tables used for food preparation are cleaned and sanitised between the preparation of raw and cooked foods.
6.3.3	V	Cribs and Mattresses: Cleaning	Cribs and mattresses are not cleaned weekly or before each child's use.	Cribs and mattresses are cleaned weekly and before use by each new child. <b>(See Appendix 10 for appropriate mixture for cleaning solutions)</b>	Additionally, checks are made at the end of each day by cleaning staff to determine whether soiling has occurred.  If so, immediate cleaning is performed
6.3.4	R	Bedding: Cleaning	Linen and other bedding material are not washed at least weekly.	Linen and other bedding material are washed weekly.	Additionally, checks are made by cleaning staff to determine whether soiling has occurred.  If so, immediate cleaning is performed.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.3.5	V	Towels and wash cloths: Cleaning	Towels and wash cloths are not washed daily.	Towels and wash cloths are washed daily.	Additionally, towels and wash cloths are washed immediately whenever soiled.
6.3.6	V	Carpets and Rugs: Cleaning	Carpets and rugs are not cleaned monthly.	Carpets and rugs are cleaned monthly.	Additionally, carpets and rugs are checked at least weekly for excessive soiling.  Carpets and rugs are cleaned immediately if soiled.
6.3.7	V	Toilet Facilities: Cleaning and sanitising	Hand washing sinks, counters, toilet seats, toilet bowls, door handles in toilet areas and floors are not cleaned and sanitised daily.  Diaper change areas and potties are not cleaned and sanitised after every use.	Hand washing sinks, counters, toilet seats, toilet bowls, door handles in toilet areas and floors are cleaned and sanitised daily.  Diaper change areas and potties are cleaned and sanitised after every use.	Additionally, checks are made throughout the day by cleaning staff to determine whether soiling has occurred.  If so, immediate cleaning and sanitisation is performed.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.3.8	R*	Soiled Diapers  (Public Health Nuisance Regulations)	Soiled disposable and cloth diapers are not adequately stored in a closed bin (disposable) or closed plastic bag (cloth).	Soiled disposable diapers are stored in a bin with a closed lid, used only for this purpose. Bin not accessible to children.  Bin emptied, cleaned and sanitised daily.  Soiled cloth diapers and soiled clothing that are being taken home are individually bagged and kept in a closed plastic bag, that is not accessible to children.	Additionally, the bin has a hands-free device for opening lid e.g. step can.
6.3.9	R	Toys: Ability to be sanitised	Toys present are either not able to be washed and sanitized or are able to be washed and sanitised, but appropriate washing facilities are not available.	Toys present are able to be washed and sanitised.  A sink that is not used for sanitizing faecal material is available for cleaning and sanitization of toys.	A washing machine is available for machine washable toys.
6.3.10	V	Toys that are designed for exploration by mouth: Cleaning and sanitation	Toys that are mouthed are not cleaned and sanitised after each child's use.	Toys that are mouthed are cleaned and sanitised after each child's use.	Toys that are mouthed are assigned to individual children only.
6.3.11	R	Other toys: Cleaning	Toys are not cleaned or washed weekly	Toys are cleaned or washed weekly.	Additionally, toys are checked daily by teaching staff and are sent for cleaning if soiled.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.3.12	V	Mops and cleaning cloths: Cleaning and sanitizing	Mops and cleaning cloths are not cleaned and sanitised daily.	Mops and cleaning cloths are cleaned and sanitised daily.	Mops and cleaning cloths are cleaned and sanitised twice daily.
6.3.13	R*	Serving Utensils <b>(Public Health Food Handling Regulations)</b>	Serving utensils are not sanitised.	Serving utensils are sanitized daily, immediately after use.	
6.3.14	R*	Serving Utensils (Storage) <b>(Public Health Food Handling Regulations)</b>	Serving utensils are not stored in a dust/insect proof environment.	Serving utensils are stored in a dust/insect proof environment.	

## 6.4 MANAGEMENT OF INFECTIOUS (COMMUNICABLE) DISEASES, OTHER ILLNESSES AND INJURY

Children between the ages of birth and six years have on average eight to ten colds per year. They also suffer a number of other illnesses and infectious diseases because their immune system is not yet as mature as that of an adult. Young children also have a high rate of accidents, as they are developing their movement skills and exploring their environment. Each institution must therefore have plans in place for the management of infectious diseases, illnesses and injury.

The requirement for an isolation area for ill children was previously discussed (See Standard 4)

**The Early Childhood Act: The Act** makes no specific comment on the management of illness, infectious diseases or injury, but requires that the premises shall be equipped with adequate supplies for rendering first aid (First Schedule, Section 6 (a), pg. 17).

**The Early Childhood Regulations: The Regulations** state that if any child at an early childhood institution is diagnosed as having a communicable disease, the operator of that institution, shall, upon becoming aware of the diagnosis, forthwith in writing notify the Local Board for the parish (Section 9 (1), page 4). In this regulation, “communicable disease” and “Local Board” have the meaning assigned to them by section 2 of the Public Health Act (Regulation 9 (2), pg. 4).

**The Regulations** also state that the operator of an early childhood institution shall ensure that the following records are kept and maintained up-to-date at the institution:

- i) a record of every incident of illness occurring while a child is attending the institution, including:
  - a) the date and time of the illness or injury (Regulation 12 (d)(i), pg. 7)
  - b) the person affected (Regulation 12 (d)(ii), pg. 7)
    - i. a description of the symptoms of the illness (Section 12 (d)(iii), pg. 7)
    - ii. the response of the staff upon becoming aware of the illness or injury (Regulation 12 (d)(iv), pg. 7) and
    - iii. the name of the persons notified (Regulation 12 (d)(v), pg. 7)
- ii) an injury report log, containing every injury report required to be made under paragraph (2) (Regulation 12(1) (e), pg. 7)
- iii) a record of every medication administered to a child enrolled at the institution, including the name, the quantity administered and the date and time of administration (Regulation 12(1) (g), pg. 7).

**The Regulations** further state that when an injury occurs at the institution which requires first aid or medical attention for any child or other person at the institution, the operator shall ensure that an injury report is completed, including the following information:

- i) the name, gender and age of the person involved (Regulation 12 (2) (a), pg. 8).

- ii) the date and time of the injury (Regulation 12 (2) (b), pg. 8).
- iii) the location where the injury occurred (Regulation 12 (2) (c), pg. 8).
- iii) a description of the circumstances leading to the injury (Regulation 12 (2) (d), pg. 8).
- iv) a description of the nature of the injury (Regulation 12 (2) (e), pg. 8).
- v) If the injured person is a child, the name of the employee responsible for the care of the child at the time of the injury (Regulation 12 (2) (f), pg. 8).
- vi) The action taken to treat the injury, including the name of the person who treated the injury (Regulation 12 (2) (g), pg. 8).
- vii) The name of the person completing the report (Regulation 12 (2) (h), pg. 8).
- viii) The name and address of the institution (Regulation 12 (2) (i), pg. 8).

The report mentioned in paragraph (2) (in this document) shall be completed in triplicate and each copy shall be distributed as follows:

- i) if the person injured is a child:
  - a) one copy shall be given to the parent or guardian of the child (Regulation 12 (3) (a) (i), pg. 8), and
  - b) another copy shall be placed in the file referred to in regulation 11(4) (in this document, in the Health Promotion and Health Prevention Measures (Regulation 12 (3) (a) (ii), pg. 9).
- ii) if the person injured is an adult:
  - a) one copy shall be given to the injured person, or if that person is not in a condition to receive the copy, to the party appointed by that person to be notified in the case of any emergency (Regulation 12 (3) (b) (i), pg. 9).
  - b) another copy shall be placed on the institution's personnel record relating to that employee (Regulation 12 (3) (b) (ii), pg. 9) and in every case, one copy shall be filed in chronological sequence in the log referred to in paragraph (1)(e) (in this document, on the previous pg.).

All information required to be kept under this regulation shall be kept by the institution for a period of not less than seven years from the date on which the information is recorded (Regulation 12 (4), pg. 9).

The personnel records referred to in paragraph (1)(a) shall be kept confidential and shall not be disclosed except as required for the purposes of this Act or any other law as directed by a court (Regulation 12 (5), pg. 10).

**The Regulations** require that the operator of an early childhood institution shall take steps as are necessary to ensure that the institution is equipped with an adequate supply of basic first aid items as presented in The Red Cross First Aid Kit Guidelines, (including antiseptic cream, cotton balls, applicators, a thermometer, dressing for wounds and hydrogen peroxide) and that a first aid kit so equipped is taken on all field trips or outings that take place off the premises of the institution and are participated in by children enrolled at the institution. (Regulation 14 (1) (d), pg. 10)

**The Regulations** also require that where a child has special dietary needs, an allergy condition or is required to have medication administered:

- i) written instructions in relation thereto shall be supplied to the operator by the child’s parent or guardian (Regulation 14 (5)(a), pg. 13)
- ii) the operator shall ensure that those instructions are adhered to by the institution (Regulation 14 (5)(b), pg. 13).

#### 6.4 *PERFORMANCE CRITERIA*

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.4.1	V	Communicable Diseases: Recognition	There is no listing of communicable diseases at the institution.	<p>There is a listing of communicable diseases at the institution.</p> <p>The listing includes the symptoms of the disease, mode of transmission, period of time condition is communicable and whether condition is reportable.</p> <p>The listing is discussed with every new staff member.</p>	<p>The listing is reviewed annually with every staff member.</p> <p>Take away parent information on communicable diseases is available.</p>
6.4.2	V	Reportable Communicable Diseases: Reporting to Local Authority	Reportable communicable diseases are not reported to the Local Health Authority	<p>Reportable communicable diseases are reported to the Local Health Authority.</p> <p>Reporting mechanisms are discussed with every new staff member.</p>	Reporting mechanisms are reviewed annually with every staff member.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.4.3	A/R  R*	Management of illness: First Aid Kit  (Public Health Food Handling Regulations)	There is no available first aid kit or the available kit is incomplete and does not meet Red Cross First Aid Kit Guidelines.	There is one complete first-aid kit available that meets Red Cross First Aid Kit Guidelines.  The first-aid kit is taken on all field trips and outings that take place off the premises.	There are at least two complete first-aid kits available that meet Red Cross First Aid Guidelines.  One is available for use on outings, while the other remains at the institution.
6.4.4	R	Management of Illness: Report Log	There is no illness report log.	There is an illness report log.	There is evidence of regular review (at least once per term) of the illness report log by staff and use of the review to enhance health of the environment.
6.4.5	R	Management of Illness: Recording	There are no records or incomplete records of the illnesses of children which occur while at the institution.	There are complete records of the illnesses of children, which occur while at the institution.  Records include the date and time of the illness, the person affected, a description of the symptoms of the illness, the response of the staff upon becoming aware of the illness or injury and the name of the persons notified.	Standardised form used to collect information.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.4.6	V	Management of Illness: Number of reports	No reports or inadequate number of copies of reports made.	Illness report is completed in triplicate with one copy given to the parent/guardian, one placed in the child's file and the other placed in time order in illness report log for monitoring illness reports.	Parent reports are signed for.
6.4.7	R	Management of Illness: Written Instructions for Children with special health needs (dietary restriction, allergy or requiring medication)	There are no written instructions for children with special health needs (e.g. dietary restriction, allergy or requiring medication), provided by their parents or guardians.	There are clear, written instructions for children with special health needs (e.g. dietary restriction, allergy or requiring medication), provided by their parents or guardians.	Standardised forms used to record information.
6.4.8	R	Management of Illness: Adherence to Written Instructions	Staff is inconsistent in following written instructions.	Staff consistently follows written instructions.	There is evidence of regular review (at least once per term) of written instructions for children with chronic and persistent conditions, by staff.
6.4.9	V	Management of Illness: Parental consent for medication	No record of parental consent for administration of medication at the institution.	Written parental consent for administration of medication at the institution.	Standardised form used to record parental consent.
6.4.10	V	Management of Illness: Physician record	No record of medication prescribed by qualified medical practitioner.	Written record of physician prescribed medication.	Standardised form used to record physician prescribed medication.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.4.11	V	Management of Illness: Medication Container	Medication is not handed to institution in original container.	Medication is handed to senior staff institution in the original container, labeled with child's name, medication name, dose and frequency of administration.	Receipt of medication is recorded and signed for by a senior staff member.
6.4.12	V	Management of Illness: Person administering medication.	Any member of staff is allowed to administer medication to children.	Only senior staff members, i.e. Level III and trained teachers, are allowed to administer medication to children.	Senior staff members have been specially trained to administer medication to children.  A single staff member who has been trained is designated to administer medication to children.
6.4.13	R	Management of Illness: Medication Log	There is no record of medication given to children at the institution.	There is a record of every medication administered to a child enrolled at the institution.  The record includes the name of the medication, the quantity administered, the date and time of administration and the name and signature of the person administering the medication.	Standardised form used to record information.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.4.14	R	Management of Injury: Report Log	There is no injury report log.	There is an injury report log.	There is evidence of regular review (at least once per term) of the injury report log by staff and use of the review to enhance safety of the environment.
6.4.15	R	Management of Injury: Recording	There are no records or incomplete records of the injuries of children or adults which occur while at the institution.	<p>There are complete records of the injuries of children, which require first aid or medical attention and which occur while at the institution.</p> <p>The records include the name, gender and age of the person involved; the date and time of the injury; the location where the injury occurred; a description of the circumstances leading to the injury; a description of the nature of the injury; the name of the employee responsible for the care of the child at the time of the injury (if injured person is a child); the action taken to treat the injury; the name of the person who treated the injury; the name of the person completing the report and the name and address of the institution.</p>	Standardised form used to collect information.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
6.4.16	R	Injury to children: Number of reports	No reports or inadequate number of copies of reports made.	Injury report is completed in triplicate with one copy given to the parent/guardian, one placed in the child's file and the other placed in time order in the injury report log for the purposes of monitoring injuries.	All parent reports are signed for.
6.4.17	R	Injury to adults: Number of reports	No reports or inadequate number of copies of reports made.	Injury report is completed in triplicate with one copy given to the adult, one placed in the staff member's file (if adult is a staff member) and the other placed in a special file for monitoring injury reports.	All Staff/adult reports are signed for.
6.4.18	V	Identified Nearest Health Provider	The institution does not have any contact numbers for the nearest health provider.	The institution has contact numbers for the nearest health clinic, general practitioner or paediatrician and the nearest hospital.	Additionally, the institution has an agreement/ arrangement with the nearest health provider to see children who require immediate medical attention.

# STANDARD SEVEN

## *Nutrition*



## STANDARD AND PERFORMANCE CRITERIA FOR NUTRITION

**Standard:** Early childhood institutions provide children in their care with appropriate nutritious meals and model good nutritional practices for children and families.

**Rationale:** Good nutrition is important in the early years of a child's life, commencing in the pre-natal period and continuing throughout the early childhood years. Many studies show that under-nutrition impairs mental development in children. If severe, under-nutrition can cause permanent brain damage and result in developmental delay. Children who are undernourished are apathetic and listless, are unable to concentrate and may be less likely to take active part in the motor activities typical of their peers. On the other hand, obesity in children, as a result of over-nutrition and lack of exercise, is now a world-wide problem. Early childhood institutions provide nutrition for only a portion of the child's day, while residential childhood institutions are responsible for all the child's nutritional needs. Modelling of good nutritional practices in early childhood institutions and provision of nutrition information for families encourages good nutritional practices at home.

### **Other Related Standards:**

Nutrition education was previously discussed in Standard 2, and the need for a dining area and facilities to support proper nutrition services were discussed in Standard 4 and 5.

## 7.1 MEALS

**The Early Childhood Act: The Act** states that the Minister may, subject to affirmative resolution, make regulations generally for giving effect to the provisions of this Act (Section 23 (1), pg. 13). Without prejudice to the generality of subsection (1), the Minister may, subject to affirmative resolution, make regulations prescribing guidelines for the nutrition programmes to be implemented by early childhood institutions (Section 23 (2) (g), pg.13)

**The Early Childhood Regulations: The Regulations** state that the operator of an early childhood institution shall take steps as are necessary to ensure that health, sanitation, **nutrition** and disaster plans are in place for children and staff, including an evacuation plan for the safe guarding of infants in the case of an emergency (Section 14(1) (c), pg. 10).

**The Regulations** further state that the nutrition plan referred to in paragraph (1) (c) (the paragraph above in this “Standards” document), shall provide that meals and snacks provided by the institution for children enrolled therein meet the minimum components recommended for a balanced diet for children in the relevant age groups as set out by the Minister responsible for Health (Section 14 (4), pg. 12).

**7.1 A PERFORMANCE CRITERIA FOR CHILDREN UNDER ONE YEAR (INFANTS)**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
7.1.1	V	Meal provision	Infants in the institution not fed at appropriate intervals.	Infants are fed when hungry by staff who knows the child.	Families and staff work together to develop a feeding schedule that meets children’s individual needs.
7.1.2	V	Meal Composition	<p>Infants are fed inappropriately.</p> <p>Solid foods and juices offered to infants under 6 months.</p> <p>Cow’s milk fed to infants under the age of 12 months.</p> <p>Skimmed milk fed to infants under the age of 2 years.</p> <p>Solid food pieces larger than ¼ inch square.</p>	<p>Breast milk or breast milk substitutes offered for the first 6 months of life.</p> <p>Solid foods and juices not offered under 6 months of age.</p> <p>Cow’s milk not fed to infants under the age of 12 months.</p> <p>Skimmed milk not fed to children under the age of 2 years.</p> <p>Solid food pieces no larger than ¼ inch square to prevent choking.</p>	Additionally, parent information explaining nutritional policies for infants available.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
7.1.3	V	Breast feeding support	The institution offers no support for breast feeding mothers.	The institution accepts, stores (for up to 48 hours), and serves expressed breast milk.	<p>Additionally, the institution co-ordinates infant feeding times with breast-feeding visits from mothers.</p> <p>The institution has a comfortable place for mothers to breast feed.</p>
7.1.4	V	Meal variety (for use after 6 months of age) and introduction of new foods	Menus for infants, for use after 6 months of age, offer only a single item of food.	Menus for infants should be based on multi-mix principles so that nutrient requirements can be taken into account.	Menus for infants offer at least two choices so that individual preferences and tolerance can be taken into account.
7.1.5	V	Introduction of new foods	<p>New foods introduced without knowledge of child's previous tolerance of foods.</p> <p>Foods not introduced with appropriate progression.</p>	<p>A listing of foods already tolerated by the infant is obtained from caregivers.</p> <p>Infants are gradually introduced to new foods, giving them time to get accustomed to the taste and texture, before another new food is introduced.</p> <p>Foods progress gradually from liquids to puree to mash to finely chopped.</p>	Infants' individual preferences are recognized and introduction of new foods adjusted to meet needs.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
7.1.6	V	Adaptation of meal plans (for use after 6 months of age)	Substitutions not made for children with special diets as a result of food allergies, food intolerance, medical needs or religious or cultural reasons.	Substitutions made for children with special diets as a result of food allergies, food intolerance, medical needs or religious or cultural reasons.  Listing of children with special dietary requirements posted in kitchen and dining area, after receiving consent.	Food substitutions developed with families.
7.1.7	V	Meal supervision	Infants are fed while lying in their beds or are allowed to walk around with bottles/cups or items of food.  Infants who do not wish to eat are forced to eat.	Infants not yet able to sit alone are held for feedings.  Infants able to sit alone are sat up for feedings.  Infants who do not wish to eat are gently encouraged to eat or are offered another type of meal.	Additionally, infants are spoken to while being fed, providing a pleasant social atmosphere at meal times.
7.1.8	V	Meals from home	Meals brought from home are not in sealed containers and are not labeled with the child's name and the date received.	All meals brought from home are in sealed containers labeled with the child's name and date received, and refrigerated promptly and should offer a variety of food groups.	Additionally, food storage requirements are discussed with family.  Meals are consistent with type of meals offered at the institution.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
7.1.9	V	Menu Availability (for use after 6 months of age)	Menus not available or not posted for parents to view.	Menus posted for the current week and the following week.	Copies of menus provided to parents to assist in meal planning at home.
7.1.10	V	Utensils	Infants are fed from bottles with teats/nipples. Soothers/pacifiers are offered.	Infants are fed from cups and bowls.  Use of nipples is discouraged.	Parent information explaining policy is available.
7.1.11	R*	Food Storage <b>(Public Health Food Handling Regulations)</b>	Food stored inappropriately, i.e. not in accordance with food safety.	Food is stored appropriately, i.e. in accordance with food safety.  Unused breast milk and formula that is un-refrigerated is discarded after 1 hour.	Leftover cooked foods are discarded promptly.
7.1.12	R*	Food Storage (Temperature) <b>(Public Health Food Handling Regulations)</b>	Hot foods are not kept hot, and cold foods are not kept cold.	Hot foods are kept hot, and cold foods are kept cold.	Additionally potentially hazardous foods are not kept at room temperature.
7.1.13	R*	Food Storage Safety <b>(Public Health Food Handling Regulations)</b>	Expiry dates are not adhered to.	Expiry dates are adhered to.	Unwholesome foods are discarded.
7.1.14	A/R	Daily record of eating pattern	No daily record of infant's eating pattern is kept.	A daily record of the infant's eating pattern is kept.  Unusual eating behaviour is reported to parents on the day this occurs.	Additionally, the daily record forms a part of the child's comprehensive daily record and is regularly discussed with parents.

**7.1 B PERFORMANCE CRITERIA FOR CHILDREN ONE – SIX YEARS**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
7.1.15	V	Meal provision	Children in the early childhood institution not fed at appropriate intervals.	Children are fed according to age requirements and time spent in the institution per day.  Snacks promote good health and are low in sugar and salt.	Children are fed according to age requirements and time spent in the institution per day, (see <b>Appendix 11</b> ).  Snacks promote good health include fruits and vegetables and are low in sugar and salt.
7.1.16	V	Meal composition	Meal composition inadequate, i.e. lacking in variety of food groups.  Skimmed milk fed to children under the age of two years.	Dependent on age main meal consists of : Staples, foods from animals, fruits, vegetables, fats/and oils. (see <b>Appendix 11</b> ).  Meals or snacks do not include nuts.	Additionally, food served in a variety of colours, shapes, flavours and textures.
7.1.17	V	Meal variety (20-day rotation cycle)	Children’s menus have the same food items two to three times per week.	Children have a different menu each day of the week.	Additionally, children’s menus include foods of different cultures.
7.1.18	V	Adaptation of menu plans	Substitutions not made for children with special diets.	Substitutions made for children with special diets.  Listing of children with special dietary requirements posted in kitchen and dining area.	Food substitutions developed with families.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
7.1.19	V	Serving sizes	Serving portions either too small or too large for age of children.	Serving sizes appropriate for children's ages. (See Appendix 11).  Solid food sizes no larger than ½ inch square.	Serving supervised by staff member.
7.1.20	V	Drinking water	Potable water not easily available to children throughout the day.	Potable water easily available to children throughout the day at a central area.	Potable water appropriately chilled available to children throughout the day, in each classroom or teaching area.
7.1.21	V	Utensils	Children use adult sized utensils, bowls or plates.	Child sized utensils for older children 3 – 6 yrs. (knives, forks, and spoons), bowls and plates available.  High chairs where appropriate.	Additionally, utensils, bowls and plates are in child friendly colours and patterns.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
7.1.22	V	Meal supervision	<p>Children are not seated for meals.</p> <p>Children are allowed to walk around with bottles, cups or items of food.</p> <p>Children who do not wish to eat are forced to eat.</p> <p>Food used by staff for rewards or punishment.</p>	<p>Children are seated for all meals.</p> <p>Staff members seated with children.</p> <p>Children who do not wish to eat are gently encouraged to eat or are offered another type of meal.</p> <p>Food never used as reward or punishment.</p> <p>Children are encouraged to feed themselves, to assist in developing independence.</p>	<p>Children and staff have discussions at meal times, providing a pleasant social atmosphere.</p>
7.1.23	V	Meals from home	<p>Meals brought from home are not in sealed containers and are not labeled with the child's name and the date received.</p>	<p>All meals brought from home are in sealed containers labeled with the child's name and date received, and refrigerated promptly and should offer a variety of food groups.</p>	<p>Additionally, food storage requirements are discussed with family.</p> <p>Additionally, meals are consistent with type of meals offered at the institution.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
7.1.24	V	Menu Availability	Menus not available or not posted for parents to view.	Menus posted for the current week and the following week.  Menus kept for a 4 week period.	Copies of menus provided to parents to assist in meal planning at home.  Menus provide guidance on economical ways to provide nutritional meals.
7.1.25	R*	Food Storage  (Public Health Food Handling Regulations)	Food stored inappropriately, i.e. not in accordance with food safety.	Food is stored appropriately, i.e. in accordance with food safety.  Unused breast milk and formula that are not refrigerated is discarded after 1 hour.	Leftover cooked foods are discarded promptly.
7.1.26	R*	Food Storage (Temperature)  (Public Health Food Handling Regulations)	Hot foods are not kept hot, and cold foods are not kept cold.	Hot foods are kept hot, and cold foods are kept cold.	Additionally potentially hazardous foods are not kept at room temperature.
7.1.27	R*	Food Storage Safety  (Public Health Food Handling Regulations)	Expiry dates are not adhered to.	Expiry dates are adhered to.	Unwholesome foods are discarded.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
7.1.28	V	Daily record of eating pattern	No daily record of child's eating pattern is kept.	<p>A daily record of the child's eating pattern is kept.</p> <p>Unusual eating behaviour is reported to parents on the day this occurs.</p>	Additionally, the daily record forms a part of the child's comprehensive daily record and is regularly discussed with parents.

# STANDARD EIGHT

## *Safety*



## STANDARD AND PERFORMANCE CRITERIA FOR SAFETY

**Standard:** Early childhood institutions provide safe indoor and outdoor environments for children, staff, stakeholders and visitors to the institution.

**Rationale:** Children’s development is enhanced by exploration of their environment. Their active environments, including outdoor and indoor play and programme areas and equipment, must be kept safe and free from physical, chemical, or environmental hazard. The safety of adults within the institution, such as staff, stakeholders and visitors, must also be ensured. Safety measures should be both preventive and active in nature.

### **Other Related Standards:**

Some aspects of safety as regards staff : child ratios and supervision are discussed (see Standard 2), some aspects of safety of the physical environment are discussed (see Standard 4), some aspects of safety of equipment and supplies are discussed (see Standard 5), some aspects of personal safety are discussed (see Standard 9), and some aspects of safety, particularly with regard to emergency contact numbers for children and staff and persons authorized to collect the child from the institution, are discussed (see Standard 11).

## 8.1 INDOOR SAFETY

**The Early Childhood Act: The Act** states that all medicines, cleaning agents or toxic substances kept at an early childhood institution shall be appropriately labeled and stored in a locked cupboard or other locked receptacle, which shall be kept:

- i) out of the reach of children (Section 17 (a), pg. 11)
- ii) away from equipment (Section 17 (b), pg. 11), and
- iii) away from the area in which food is stored (Section 17 (c), pg. 11).

**The Act** also states that the Minister may, subject to affirmative resolution, make regulations generally for giving effect to the provisions of this Act (Section 23 (1), pg. 13). Without prejudice to the generality of Subsection (1), the Minister may subject to affirmative resolution, make regulations prescribing standards with regard to **safety, security**, sanitation and such other matters as the Minister considers necessary for the efficient operation of an early childhood institution (Section 23 (2)(b), pg. 13).

**The Act** further states that:

- i) there shall be an adequate supply of safe, non-toxic play material (First Schedule, Section 1(d), pg. 16)

- ii) all electrical outlets shall be placed out of the reach of children and shall be protected by safety covers and mechanisms (First Schedule, Section 4(2), pg. 17)
- iii) that adequate supplies of safe drinking water shall be provided for the use of a child in an early childhood institution (First Schedule, Section 5, pg. 17). (See Standard 6), and
- iv) the premises shall be equipped with adequate supplies necessary for rendering first aid (First Schedule, Section 6(a), pg. 17. (See Standard 6)

**The Early Childhood Regulations: The Regulations** state that all medicines, cleaning agents or toxic substances at an early childhood institution shall be appropriately labeled and stored in a locked cupboard or other receptacle, which shall be kept out of the reach of children and away from equipment and the area in which the food is stored (Regulation 13, pgs. 9-10)

Additionally, **the Regulations** state that operator of an early childhood institution shall take such steps as are necessary to ensure that:

- i) the institution is equipped with an adequate supply of basic first aid items as presented in the Red Cross First Aid Kit Guidelines (See Section 6 for details of content of First Aid Kit) (Regulation 14 (1)(d), pg. 10)

With regard to safety of equipment, play areas, toys and other materials, **the Regulations** state that the provisions of the regulations shall apply for the purpose of securing the safety of areas and equipment used by children at any early childhood institution. (Regulation 16 (1), pg. 14)

The operator of the institution shall ensure that children, while at the institution, are supervised at all times by a sufficient number of staff at the institution (Regulation 16 (3) pg. 15). For the purposes of paragraph (3) (the paragraph above in this document), a sufficient number of staff means a ratio of at least one staff member for every 5 children 0-12 months, 1 staff member for every 8 children 13-35 months and 1 staff member for every 10 children 3 -5 years (Regulation 16 (4), pg. 15). (See Standard 1).

The operator shall ensure that toys or other equipment to which the children have access are:

- i) safe, sturdy and in good repair, with no protruding nails, sharp edges or other unsafe characteristics (Regulation 16 (5)(a), pg. 15), (see Standard 5).
- ii) free of lead based paints and chipping paint (Section 16 (5)(b), pg. 15).
- iii) age-appropriate (Regulation 16 (5)(c), pg. 15), (see Standard 2)
- iv) washable and not so small as to pose a risk of choking or swallowing (Regulation 16 (5)(d), pg. 15), (see Standard 6).

**8.1. PERFORMANCE CRITERIA FOR INDOOR SAFETY**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.1.1	V	Windows	Window openings, other than designated emergency rescue areas, are larger than 3.5 inches.	Windows limit the openings accessible to children to 3.5 inches.	Windows also protected by window guards that prevent exit by a child.  Window guards do not require tools or keys.
8.1.2	V	Stairway Guards (For ECI's with Stairs)	No stairway guards in use.	Guards present at the top and bottom of each stairway.  Latches can be open by adults but not by children.	
8.1.3	V	Strings and Cords (e.g. on toys or on window coverings)	Strings and cords long enough to encircle a child's neck accessible to children.	Long strings and cords inaccessible to children.	
8.1.4	V	Electrical Cords, including extension cords	Electrical cords are within reach of children.	Electrical cords are placed where the children do not have access.	Electrical cords are packed away securely when not in use.
8.1.5	A	Electrical outlets	Electrical outlets are uncovered and are placed within children's reach.	Electrical outlets are placed within children's reach, but are appropriately covered with safety covers.	Electrical outlets are placed beyond the reach of children 5 – 6 feet from the ground) and are covered with safety covers.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.1.6	V	Location of Electrical Devices	Electrical devices are located so that they can be plugged in by someone in contact with a water source, such as a sink, shower, tub or pool.	No electrical devices are located so that they can be plugged in by someone in contact with a water source, such as a sink, shower, tub or pool.	All electrical equipment outlet/switches are placed in a remote area away from all water sources.
8.1.7	V	Electric fans	Electric fans are easily accessible to children.	Electric fans are inaccessible to children.	There are no table/standing fans.  Wall mounted/ ceiling fans are placed at least 6 ft. from the ground.
8.1.8	V	Smoke Detection Systems	There are no smoke detection systems	Where applicable smoke detectors are placed in each room as recommended by the Jamaica Fire Brigade.  There is a programme for maintenance of the system and checking of batteries.	Smoke detectors are also placed in all corridors and on stairways.
8.1.9	V	Lamps and other open flames, including matches and lighters.	Children have access to lamps and other open flame devices.	There are no lamps or open-flame devices in areas accessible to children.	There are no lamps or open-flame devices in the institution.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.1.10	V	Guns and other weapons	Guns and other weapons allowed on premises and are exposed.	Guns, (loaded and unloaded, real or toy) and other weapons such as knives and cutting implements are not allowed on the premises.  An exception is made for legal fire arm holders whose guns must not be exposed.	
8.1.11	A	Cupboards	Children can easily access all cupboards and manipulate cupboard locks.	Children can easily access all cupboards to child activity areas and manipulate these locks, but cannot access cupboards for adult material due to height or other placement feature.	Cupboards with adult material fitted with childproof devices.
8.1.12	A	Storage of cleaning agents , chemicals and other toxic substances	Cleaning agents, chemicals and other toxic substances inappropriately stored in unlabelled bottles, in unlocked cupboards accessible to children.  Materials stored in inappropriate areas such as near equipment or with food items.	Cleaning agents, chemicals and other toxic substances appropriately stored in labelled bottles, in locked cupboards that are inaccessible to children.  Materials stored in appropriate areas away from equipment and away from food storage areas.	Additionally, there is a designated area outside of common access areas for storage of cleaning agents, chemicals and other toxic substances.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.1.13	V	Internal bodies of water, including toilets	Children are permitted to play or otherwise be near bodies of water, (including, sinks, pails, tubs, toilets) without supervision of an adult.	<p>Children are not permitted to play or otherwise be near bodies of water without adult supervision.</p> <p>Children are either accompanied to toilets by staff or are in direct visual supervision by a staff member while using the toilet.</p> <p>Policy regarding supervision of children around bodies of water is discussed with all new staff members.</p>	Policy regarding supervision of children around bodies of water is reviewed at least annually by all staff members.
8.1.14	V	Hot Liquids	Hot liquids are used, stored or consumed by staff or other adults in child areas.	Hot liquids are not used, stored or consumed by staff or other adults in child areas.	
8.1.15	V	Kitchen Safety (Procedure)	Kitchen safety procedures not observed.	<p>Kitchen safety procedures observed.</p> <p>Hot liquids and foods are kept out of the reach of children, and are not placed near the edge of a table or counter.</p> <p>Pot handles turned towards the back of the stove.</p>	

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.1.16	V	Kitchen Safety (Gate)	There is no gate preventing the access of children to the kitchen area.	There is a gate that meets the requirements of the Jamaica Fire Brigade in preventing the access of children to the kitchen area.	Children are kept out of the kitchen areas by appropriate blocking devices.
8.1.17	V	Plastic Bags	Plastic bags are accessible to children.	Plastic bags are not accessible to children.	Plastic bags are stored in a designated place in a locked cupboard outside of areas accessible to children.
8.1.18	V	Toy safety for children under 3 years (Appropriate for age)	Toys are used outside manufacturer's recommended ages.	Toys follow manufacturer's age recommendations.	Manufacturers' recommendations for toys are kept on file.
8.1.19	V	Toy safety for children under 3 years (Prevention of Choking)	Small toys and toy parts accessible to children under 3 years.	Objects, toys and toy parts not accessible to children under 3 years, including parts with a diameter less than 1¼ inches and length less than ¼ inches.	Toys meet Bureau of Standards specifications.
8.1.20	R	Toy safety for children under 3 years (Paint)	Toys have lead based or chipping paint.	Toys do not have lead based or chipping paint.	There is a record at the institution that toys are checked regularly.
8.1.21	V	Balloon safety	Children under 6 years are allowed to inflate or suck on balloons.	Children under 6 years are not allowed to inflate or suck on balloons.	Balloons kept out of the reach of children.
8.1.22	V	Safety Helmets	No safety helmets in use for riding toys requiring their use	Safety helmets in use for all toys with wheel base of more than 20 inches.	Additionally, children are given elbow and knee guards.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.1.23	V	Furniture & Equipment	Furniture not secured or located where they can be a hazard.	Large pieces of furniture secured or anchored to wall/floor ceiling.  Wheeled furniture has wheel lock.	All large furniture, hanging fixtures are anchored or secured in suitable encasing.

## 8.2 OUTDOOR SAFETY

The Act further states that:

- v) the premises shall be properly fenced and a gate provided with a latch the height of which shall be beyond the reach of a child (First Schedule, Section 1(b), pg. 16) (see Standard 4) .

With regard to safety of equipment, play areas, toys and other materials, **the Regulations** state that the provisions of the regulations shall apply for the purpose of securing the safety of areas and equipment used by children at any early childhood institution. (Regulation 16 (1), pg. 14) and that every outdoor play area of an early childhood institution shall have the following features:

- i) sheltered areas to protect the children from the sun, wind and rain (Regulation 16 (2)(a), pg. 14) (see Standard 5).
- ii) if any swing or climbing equipment is provided, such equipment shall be located on soft grass or soft sand (Regulation 16 (2)(b), pg. 14). (See Standard 5)
- iii) if tricycles or other riding toys are provided for the use by children, there shall be paved areas kept clear of motor vehicular traffic and demarcated for such use (Regulation 16 (2)(c), pgs. 14-15), (see Standard 5).
- iv) be free of broken bottles, poisonous plants or other toxic substances or any other matter which is reasonably likely to create a hazard of injury to a child (Regulation 16 (2)(d), pg. 15). (See Standard 5)

**8.2 PERFORMANCE CRITERIA FOR OUTDOOR SAFETY**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.2.1	V	External bodies of water, including toilets	Children are permitted to play near bodies of water, (including pools, ponds and collections of water in containers), without supervision of an adult.	Children are not permitted to play or otherwise be near bodies of water without an adult supervising.  Policy regarding supervision of children around bodies of water is discussed with all new staff members.	Policy regarding supervision of children around bodies of water is reviewed at least annually by all staff members.
8.2.2	A*	Vulnerability to Natural Hazards  (ODPEM - Draft Disaster Act)	No assessment or indication of vulnerability of institution to natural or man-made hazards.	Vulnerability to hazards identified and minimum mitigation strategies applied.	Vulnerability to hazards documented and most appropriate mitigation measures implemented.

### 8.3 FIRE AND DISASTER SAFETY

**The Act** states that there shall be adequate protective and fire fighting equipment (First Schedule, Section 6(b), pg. 17).

**The Regulations** also state that the operator of an early childhood institution shall submit to the Commission within ninety days after the date of registration of the institution under the Act, a written fire safety plan which shall:

- i) describe the type and location of the institution's fire fighting equipment (Regulation 8 (a), pg.4)
- ii) detail the procedures to be followed in the event of a fire and (Regulation 8 (b), pg.4)
- iii) be displayed in a conspicuous place at the institution (Regulation 8 (c), pg.4).

Additionally, **the Regulations** state that operator of an early childhood institution shall take such steps as are necessary to ensure that:

:

- ii) fire fighting and safety equipment are inspected at least annually and are kept in an easily accessible area (Regulation 14 (1)(a), pg. 10)
- iii) fire drills are regularly carried out and that all members of staff participate therein (Regulation 14 (1) (b), pg. 10)
- iv) health, sanitation, nutrition and **disaster plans** are in place for children and staff, including an evacuation plan for the safe guarding of infants in the case of an emergency (Regulation 14 (1)(c), pg. 10), and

**8.3 PERFORMANCE CRITERIA FOR FIRE AND DISASTER SAFETY**

		<b>Category</b>	<b>Needs Improvement</b>	<b>Acceptable</b>	<b>Good</b>
<b>8.3.1</b>	<b>A*</b>	Emergency telephone numbers  <b>(ODPEM - Draft Disaster Act)</b>	No emergency numbers are easily available.	Emergency telephone numbers (nearest fire department, nearest clinic or doctor, nearest ambulance service, nearest police department, nearest taxi service) displayed in administrative area.	Emergency telephone numbers (nearest fire department (displayed distinctly in red), nearest clinic or doctor, nearest ambulance service, nearest police department, nearest taxi service) displayed in every room, by each phone.
<b>8.3.2</b>	<b>R</b>	Fire Safety Plan: Existence	There is no fire safety plan.	There is a written fire safety plan.  The fire safety plan is discussed with every new member of staff.	The fire safety plan is reviewed at least annually with all staff members.
<b>8.3.3</b>	<b>R</b>	Fire Safety Plan: Content and Placement	The fire safety plan is inadequate in content.	The fire safety plan describes the type and location of the institution's fire fighting equipment, details the procedures to be followed in the event of fire, including the duties of each member of staff, and is displayed in a conspicuous place where all can view.  The fire safety plan is approved by the Jamaica Fire Brigade.	Emergency steps from the Fire Safety Plan are displayed in each room.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.3.4	R	Fire and other safety equipment: Availability and Nature	No fire or other safety equipment available or are available but in poor condition.	<p>Fire and other safety equipment in an easily accessible area.</p> <p>Equipment is appropriate for the ECI and is checked at least annually.</p>	Fire and other safety equipment are checked every month by a member of staff and annually by fire department or other appropriate company.
8.3.5	R	Fire drills	There are no fire drills	<p>Fire drills practiced at least twice annually.</p> <p>Records are kept of the drills, including date and time, time to full evacuation, numbers of staff and children involved and any difficulties encountered.</p> <p>Records indicate plans to resolve difficulties.</p>	<p>Fire drills are practiced at least once every term.</p> <p>Records are kept of the drills, including date and time, time to full evacuation, numbers of staff and children involved and any difficulties encountered.</p> <p>Records indicate plans to resolve difficulties. Parents are included in drills.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.3.6	A*	Earthquake drills  (ODPEM - Draft Disaster Act)	There are no earthquake drills	Earthquake drills are practiced at least once every term.  Records are kept of the drills, including date and time, time to full evacuation, numbers of staff and children involved and any difficulties encountered.	Earthquake drills are practiced at least once every 3 months.  Records are kept of the drills, including date and time, time to full evacuation, numbers of staff and children involved and any difficulties encountered.  Records include plans to resolve difficulties.
8.3.7	R  A*	Disaster Plan: Existence  (ODPEM - Draft Disaster Act)	There is no disaster plan	There is a written disaster plan, which includes plans for evacuation and incident management, including the duties of each member of staff and identifies a specific place for shelter.  The disaster plan is discussed with every new member of staff.	The disaster plan has been approved by the ODPEM or similar personnel.  The disaster plan is reviewed at least annually with all staff members.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.3.8	V	Disaster Plan: Revision	There is no revision of the disaster plan.	Disaster Plan is revised every 3 years.  Disaster plan addresses all hazards to which the ECI is vulnerable.	Disaster Plan is revised every 2 years.

## 8.4 TRANSPORTATION AND EXCURSION SAFETY

The Act makes no comment on transportation and excursion safety.

The Regulations state that operator of an early childhood institution shall take such steps as are necessary to ensure that:

- v) the institution is equipped with an adequate supply of basic first aid items as presented in the Red Cross First Aid Kit Guidelines (including antiseptic cream, cotton balls, applicators, a thermometer, dressing for wounds and hydrogen peroxide), and that a first aid kit so equipped is taken on all field trips or outings that take place off the premises of the institution and are participated in by children enrolled at the institution. (Regulation 14 (1)(d), pg. 10)

### 8.4 PERFORMANCE CRITERIA FOR TRANSPORTATION AND EXCURSION SAFETY

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.4.1	V	Drivers	Drivers between 18 and 20 years old.	Drivers at least 21 years old.	Drivers at least 25 years old.
8.4.2	V	Drivers Licenses	Drivers do not have a valid license.	Drivers have a valid private or general license depending on the vehicle to be used.	Drivers have at least 5 years driving experience free of citations or removal of points.
8.4.3	V	Vehicle safety restraints	Vehicles other than buses used to transport children do not have safety restraints.	Vehicles other than buses have individual safety restraints for children older than three years and safety car seats for children under three years.  Children are always transported using appropriate restraints.	Vehicles have accommodation for wheelchairs and persons who use other physical aids.  Vehicles also have an appropriately sized and well-maintained fire extinguisher.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
8.4.4	V	Field Trips	Parents are not well informed about field trips.  Consent forms not utilized.	Parents are informed well in advance of trips and signed consent forms, indicating date of trip, site to be visited, time of departure, time of return and mode of transportation, are received for each child.	Parent meetings are held to inform parents about upcoming trips.
8.4.5	V	Field Trips: Verification of Attendance	There is no verification of attendance	Attendance is checked before departure from the institution and prior to departure from the place visited.	Additionally, attendance is also checked during the trip and on return to the institution.
8.4.6	V	Field Trips: Identification of Children	Children are not able to be identified or can be identified by name tags.	Children are identified by tags with the centre name and centre number.	Person supervising children also has a list of emergency contact information for each child.
8.4.7	V	Field Trips: First Aid Kit	There is no first-aid kit available for outings.	A first-aid kit is taken on all outings.	A first-aid kit and manual are available and taken on outings

**STANDARD NINE**  
*Child Rights, Child Protection and Equality*



## STANDARD AND PERFORMANCE CRITERIA FOR CHILD RIGHTS, CHILD PROTECTION AND EQUALITY

**Standard:** Early childhood institutions uphold the rights of children, protect them from harm and ensure that all children have equal access to services.

**Rationale:** Jamaica became a signatory to the UN Convention on the Rights of the Child in 1991. Children in the early childhood period in particular are dependent on the adults who supervise and care for them to ensure that their rights are upheld. All institutions providing services to children are therefore required to uphold the rights of children

### 9.1 CHILD RIGHTS

**The Early Childhood Act: The Act** makes no specific comment on child rights, but implicit in many of its statements are the upholding of the rights of the child (See below).

**The Early Childhood Regulations: The Regulations** make no specific comment on child rights, but implicit in many of its statements are the upholding of the rights of the child (See below).

### 9.1 PERFORMANCE CRITERIA FOR CHILD RIGHTS

The responsibility of Early Childhood Institutions to support child rights has been addressed by a number of performance criteria within many sections of this document, as indicated below. Specific training in Human Rights and Child Rights have not been previously addressed.

The UN Convention on the Rights of the Child recognises four categories of rights.

**Survival Rights:** Survival Rights include those basic elements that support the right to life such as food, clothing, shelter, clean water and access to medical services. The Act and Regulations address the responsibilities of Early Childhood Institutions in promoting these rights in Standards 4, 5, 6 and 7.

**Development Rights:** Development Rights include those elements that enhance the growth and development of each child, such as name and nationality, home and family, education, play and leisure, privacy, moral and spiritual guidance. Early Childhood Institutions, while having no responsibility for birth registration support the right for children to have a name and to be registered by requiring proof of a

child's age at entry, which is usually confirmed by a birth certificate. Similarly, while not having responsibility for the child's home and family, early childhood institutions require interaction with family members responsible for the child's care in Standard 10 and therefore support this right.

The Convention on the Rights of the Child does not speak specifically to early childhood education, but the availability of early childhood education, supports children having their education rights met at an earlier age. Under the convention, educational programmes must develop children's personalities, talents and mental and physical abilities to their fullest, as well as foster respect for family, cultural identity, language, country and the environment. Education must also occur in a spirit of understanding, peace, tolerance and equality. These aspects of educational rights for children in Early Childhood Institutions are supported in Standard 2, 3 and 9, sub-section 9.3 on Equality.

The right to play and leisure is supported by Standard 2, where play is one of the main forms of learning used for children, and in the provision of play areas and equipment in Standard 5. Moral and spiritual guidance are supported by Standard 2 and 3.

**Protection Rights:** Protection Rights include protection from abuse and neglect, exploitation, drug abuse, discrimination and rights to protection if disabled, separated from parents, adopted or in trouble with the law. Early Childhood Institutions protect children from child abuse and neglect as a result of staff requirements and staff training as indicated in Standard 1, and appropriate behaviour management as in Standard 3. Additionally, legal reporting requirements are indicated in Standard 9, sub-section 9.2 on Child Protection. Early Childhood Institutions protect against discrimination and ensure rights to protection if disabled, as indicated in Standard 9, sub-section 9.3. Early Childhood Institutions support the safety of children and protection from exploitation and drug abuse in Standard 1, where suitability, supervision, evaluation and training of staff and supervision of children are addressed.

**Participation Rights:** Participation rights include the right to be heard, access to appropriate information and the right to join groups, clubs and associations. Early Childhood Institutions support children's right to be heard and to have access to appropriate information, as indicated in Standard 2 and 3.

**9.1 PERFORMANCE CRITERIA FOR CHILD RIGHTS**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
9.1.1	V	Policy on Human Rights and Child Rights	There is no written policy on the institution's regard for human rights and child rights.	<p>There is a written policy that indicates the institution's practice of supporting human rights and child rights.</p> <p>The policy is discussed with every new staff member and with every new parent.</p>	<p>Additionally, the policy is discussed with all staff members at least annually.</p> <p>The policy is discussed at least annually at PTA meetings.</p>

## 9.2 CHILD PROTECTION

**The Early Childhood Act: The Act** requires that applicants for registration, whether as individuals or company directors or other similar groups, as well as persons to be employed have not been convicted under the Dangerous Drugs Act, the Offences Against the Person Act or the Child Care and Protection Act and have not been convicted of offences involving fraud, dishonesty or moral turpitude (Section 3, 3 (c), (d) (e), pg. 2). The Act also requires that the applicant or a person to be employed by the applicant in the operation of the institution is not, by reason of infirmity of mind or body or otherwise, incapable of operating or being employed at the institution (Section 3, 3(f), pg. 2). This has been addressed in Standard 1.

**The Act** also states that corporal punishment shall not be inflicted on a child in an early childhood institution (Section 16 (1), pg. 11) and that a mechanical or electrical device shall not be used to restrain a child in an early childhood institution (Section 16 (2), pg. 11). Where restraint of a child is necessary, **the Act** states that such restraint shall be administered in accordance with regulations made for that purpose (Section 16 (3), pg. 11). This has been addressed in Standard 2.

**The Act** further states that the Minister may, subject to affirmative resolution, make regulations generally for giving effect to the provisions of this Act (Section 23 (1), pg. 13). Without prejudice to the generality of subsection (1), the Minister may subject to affirmative resolution, make regulations regulating the manner in which a child may be restrained in an early childhood institution (Section 23 (2) (h), pg. 14). This has been addressed in Standard 2.

**The Early Childhood Regulations: The Regulations** require that the applicant for registration furnish proof in respect of each employee, of training in recognizing signs of child abuse and referral mechanisms and reporting requirements under the Public Health Act and the Child Care and Protection Act (Regulation 6 (b)(iii), 6(b)(iv), pg. 2). This has been addressed in Standard 1.

**The Regulations** further state that a person who is an operator or employee of an early childhood institution, who has information that causes, or ought reasonably to cause, that person to suspect that any child is being abused at an early childhood institution, shall report that information in writing to the Commission. The obligation to report (as stated above) does not affect any other obligation that person may have to make a report under Section 6 of the Child Care and Protection Act or under any other law (Regulation 10 (1), 10(2), pg. 5).

## 9.2 PERFORMANCE CRITERIA FOR CHILD PROTECTION

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
9.2.1	V	Policy on reporting of Child Abuse and Neglect	There is no written policy on the reporting of child abuse and neglect.	<p>There is a written policy on the reporting of child abuse and neglect.</p> <p>The policy is discussed with every new staff member and with every new parent.</p>	<p>The policy is discussed with all staff members at least annually.</p> <p>The policy is discussed at least annually at PTA meetings.</p>
9.2.2	R	Reporting of Child Abuse and Neglect	<p>Suspected cases of Child Abuse and Neglect identified while children are at the institution (whether the episode occur within or outside) are not reported to the Child Development Agency.</p> <p>Copies of reporting forms are not available.</p>	<p>All cases of Child Abuse and Neglect involving children at the institution are reported to the Child Development Agency. <b>(See Appendix 13 for the Role and Function of Prescribed Persons)</b></p> <p>Copies of reporting forms are available at the institution.</p>	<p>A Log Book is kept of all suspect cases of Child Abuse and Neglect involving children at the institution, indicating reasons for suspicion, date report made, organisation(s) and person(s) reported to, interaction with the parent or care giver of the child, and outcome of the report.</p> <p>A copy of any report submitted for a child is kept within the child's confidential record.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
9.2.3	R	Reporting of Child Abuse and Neglect (cases occurring at Early Childhood Institutions)	<p>Suspect cases of Child Abuse and Neglect occurring at the institution are not reported to the Early Childhood Commission.</p> <p>Copies of reporting forms are not available.</p>	<p>All suspect cases of Child Abuse and Neglect occurring at the institution are reported to the Early Childhood Commission.</p> <p>Copies of the reporting forms are available within the institution.</p>	<p>A record is kept of all suspect cases of Child Abuse and Neglect involving children at the institution, indicating reasons for suspicion, date report made, organisation(s) and person(s) reported to, interaction with the parent or care giver of the child, and outcome of the report</p> <p>A copy of any report submitted for a child is kept within the child's confidential record.</p>

### 9.3 EQUALITY

**The Early Childhood Act: The Act** requires that any premises constructed after the date of commencement of the Act, on which an early childhood institution is to be operated shall provide for access by a person with a physical disability (First Schedule, Section 3, 2(a), 2(b), 2(d), pg. 16), including:

- (a) ramps for wheelchair access
- (d) adequate space for a person on crutches or in a wheelchair to manoeuvre in toilet and activity areas
- (d) doors that open inward for the purposes of entry and doors that open outward for the purposes of exit

This has been addressed in Standard 4.

**The Early Childhood Regulations: The Regulations** state that health requirements for children entering early childhood institutions, including certification of good health by a medical practitioner and immunization in keeping with the requirements of the Ministry of Health, shall not be construed as preventing a child with a disability from being admitted to an early childhood institution (Regulation 15(2), pg. 13).

**The Regulations** also require parental responsibility. **The Regulations** state that it shall be the duty of the parents or guardian of a child with a disability to

- i) inform the operator of the disability at the time of seeking enrollment at the institution or, if the disability is diagnosed after enrollment, as soon as practicable after the diagnosis (Regulation 15, 3(a), pg.15); and
- ii) provide the child with whatever special equipment is reasonably necessary to facilitate the child's attendance at and participation in the activities of, the institution, having regard to the nature of the disability (Regulation 15, 3(b),pgs. 13-14).

In this regulation, "a child with a disability" means a child suffering from (Regulation 15(4), pg. 14):

- i) a disabling permanent physical handicap, that is to say, a physical disability, infirmity, malformation or disfigurement of indefinite duration, resulting from illness, injury or congenital defect;
- ii) a disabling permanent mental handicap
- iii) a learning disability

Where an early childhood institution has enrolled any child with a disability, appropriate equipment and material shall be made available to stimulate the child's interest and involvement in activities in keeping with the child's level of development and condition of health (Regulation 15(5), pg. 14)

Staff training in the care of children with special needs has been addressed in Standard 1. Identification of and interventions with children with special needs, as well as the education of children in the acceptance of children with differences has been addressed in Standard 2.

### 9.3 PERFORMANCE CRITERIA FOR EQUALITY

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
9.3.1	V	Policy on Equality	There is no written policy on equality.	There is a written policy on equality, indicating that all children (including children with disabilities, children with HIV/AIDS, and children from other disenfranchised groups) are welcome at the institution.  The policy is discussed with every new staff member and with every new parent.	The policy is discussed with all staff members at least annually.  The policy is discussed at least annually at PTA meetings.
9.3.2	V	Proportion of disabled children	Less than 5% of children in the institution are known to have disabilities.	Between 5 and 9% of children in the institution are known to have disabilities.	10% or more of the children in the institution are known to have disabilities.
9.3.3	R	Information on disabled children	There is no information available on the nature of children's disabilities to guide programme planning.	Written information is available on each disabled child, indicating the nature and severity of the disability.	A written professional evaluation is available for each disabled child, indicating the nature and severity of the disability and providing guidance for the institution on the child's programme needs.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
9..3.4	R	Provision of Equipment and Material	<p>There is no existing play or learning equipment or material suitable for children with special needs.</p> <p>There is no additional equipment and material specifically for children with special needs.</p>	There is existing play/learning equipment or material suitable for children with special needs, available in appropriate numbers at the institution.	There is specific play/learning material designed for use by children with special needs, available in appropriate numbers at the institution.
9.3.5	R	Programme for children with special needs	No adjustment is made to the developed programme to facilitate children with special needs.	Children with special needs are given special attention during the normal programme activities.	Children with special needs are given individual attention for some sections of each day to address their special needs.
9.3.6	V	Training on the management of HIV/AIDS in schools, including the National Policy on HIV/AIDS in schools	Practitioners have not been trained in the management of HIV/AIDS in schools, including the National Policy on HIV/AIDS in schools.	Practitioners have received documented on the job training in the management of HIV/AIDS in schools, including the National Policy on HIV/AIDS in schools.	Practitioners have completed courses or workshops with certification and documented hours of training in the management of HIV/AIDS in schools, including the National Policy on HIV/AIDS in schools.

## STANDARD TEN

### *Interactions with Parents and Community Members*



## STANDARD AND PERFORMANCE CRITERIA FOR INTERACTIONS WITH PARENTS AND COMMUNITY MEMBERS

**Standard:** The management and staff of early childhood institutions have good relationships with parents, caregivers, family members and the community.

**Rationale:** Parents and community members are stakeholders in early childhood development. Parents are interested in the details of the operations of the institution and how this will promote their child's development. The community may be interested in offering services to the institution and in having children from the institution participate in community activities. Early childhood institutions benefit from good interactions with stakeholders in many ways. Their participation can provide advocacy and moral support for early childhood services, in general, and for individual institutions, in particular; can assist the day to day operations of the institution through volunteer staff and other voluntary services; can facilitate utilisation of community resources to advance the institution's programme and can assist financially through fund raising and other donor activities.

Parental participation in early childhood institutions is particularly important, as the developmental outcomes for children who attend early childhood institutions are best and longer lasting when there is parental involvement and interactions with the institution.

### **Other Related Standards:**

Some aspects of interactions with stakeholders are discussed in Standard 9, and in Standard 11.

### 10.1 INTERACTIONS WITH PARENTS

**The Early Childhood Act:** The Act makes no specific comment on interactions with parents.

**The Regulations** state that measures shall be taken at an early childhood institution for written observations of each child's progress to be recorded, dated and categorised into areas of learning to identify the child's level of performance and to inform planning; (Regulation 18 (3) (a), pg. 19), and that those observations be communicated to the child's parent or guardian on a periodic basis (Regulation 18 (3) (b), pg. 19).

In addition, **the Regulations** state that all aspects of care and education programmes at an early childhood institution shall be designed to facilitate the input and involvement of the child's parent or guardian (Regulation 19 (1), pg. 19), and that the early childhood institution shall afford the child's parent or guardian the right to:

- i) exclude the child from any specific area of activity provided by the institution (Regulation 19 (2) (a), pg. 19)
- ii) visit the institution at any time when the child is on the premises (Regulation 19 (2) (b), pg. 19)
- iii) give or withhold consent in writing, to the child's participation in any activities conducted or arranged by the institution and occurring off the premises (Regulation 19 (2) (c), pg. 19),

and shall inform the parent of that right.

**The Regulations** further state that the early childhood institution shall schedule meetings with the parent or guardian of each child, in order to:

- i) review the child's development and adjustment to the environment (Regulation 19 (3) (a), pg. 19)
- ii) reach agreement on appropriate disciplinary measures, other than corporal punishment (Regulation 19 (3) (b), pg. 19), and
- iii) discuss issues, needs and concerns specific to that child (Regulation 19 (3) (c), pg. 19).

Each meeting under paragraph 3 (the paragraph above in this document), shall:

- i) be documented by the employee participating in the review and be signed by that employee and the child's parent or guardian (Regulation 19 (4) (a), pg. 19)
- ii) be held no less frequently than as follows:
  - a. once, as part of the intake process before the child begins attending at the early childhood institution (Regulation 19 (4) (b) (i), pg. 20), and
  - b. thereafter, at least once every six months (Regulation 19 (4) (b) (ii), pg. 20).

The early childhood institution shall facilitate the sharing of observations, concerns and comments from parents of children enrolled at the institution, and employees of the institution, by providing an easily accessible log book for that purpose (Regulation 19 (5)).

**10.1 PERFORMANCE CRITERIA FOR INTERACTIONS WITH PARENTS**

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
10.1.1	R	Policy for Parental Involvement	There is no written policy for parental involvement	<p>There is a written policy encouraging and promoting parental involvement.</p> <p>The policy is discussed with every new staff member and with every new parent.</p>	<p>The policy is discussed with all staff members at least annually.</p> <p>The policy is discussed at least annually at PTA meetings.</p> <p>Written copies of policy for parental involvement circulated to staff and parents.</p>
10.1.2	V	Orientation Programme for New Parents and Children	There is no orientation programme for new parents and children	There is an orientation programme that includes visits of parents and children to the school prior to children attending.	The orientation programme includes the child spending some time participating in programme activities prior to attending.
10.1.3	V	Welcoming of parents	Staff is unfriendly and unwelcoming to parents/caregivers at drop-off and collection times and at unscheduled visits.	Staff from the institution warmly welcomes parents and caregivers at each scheduled contact (drop-off and pick-up times) and at unscheduled visits.	Additionally, parents and caregivers are invited to participate in activities with their children, including daily program activities or special activities such as celebrations.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
10.1.4	V	Provision of information on each child's daily experiences	There is no information available to parents on their own child's experiences and responses during the day's programme.	There is a brief written record which provides parents with information on their own child's experiences and responses during the day's programme.	Additionally, there is an area, with comfortable seating, for parents to read the information.  Staff are assigned to the area each day to discuss potential issues of concern.
10.1.5	R	Scheduled Parent Consultation Meeting (Pre-admission)	There are no meetings prior to admission to discuss school policies and procedures, and the children's general and specific needs.	Meetings to discuss school policies and procedures, and the children's general and specific needs are held prior to children's admission.	
10.1.6	R	Scheduled Parent Consultation Meeting (Post-admission)	There are no scheduled meetings to discuss each child's progress in the programme and other matters.	Meetings to discuss each child's progress in each aspect of the programme and other matters with parents / caregivers are scheduled at least every 6 months.  Meetings are documented in the child's record and are signed to by the parent / caregiver and the staff member.	Meetings are held at least once per term.  The institution identifies children for whom meetings may be required more frequently and arranges for these.  Parents who request more frequent meetings are facilitated.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
10.1.7	V	Provision of information on upcoming events	The institution does not provide information on upcoming ECI events e.g. parent and teacher seminars, PTA meetings, national events.	<p>The institution provides information on upcoming ECI events e.g. parent and teacher seminars, PTA meetings, national events.</p> <p>Information is up to date and is easily accessible, e.g. on a notice board, at a parent information desk or corner.</p> <p>There is a posted Calendar of events.</p>	The institution provides with a mechanism to circulate information to parents on an individual basis.
10.1.8	V	Provision of general information on child development	The institution does not provide any general parent information on a range of child development issues.	<p>The institution provides parent information leaflets and other materials in at least three different areas of child development, including:</p> <ol style="list-style-type: none"> <li>(1) health e.g. immunisation</li> <li>(2) nutrition</li> <li>(3) stimulation of physical development</li> <li>(4) stimulation of socio-emotional development</li> <li>(5) stimulation of cognitive, language and academic development</li> <li>(6) any other area of development.</li> </ol>	<p>Leaflets and other material address all areas of child development and are provided to parents on an individual basis.</p> <p>ECI provides parenting workshops.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
10.1.9	V	Provision of general information for parents	The institution does not provide any general information on a wide range of adult issues.	The institution provides general information on a range of adult issues e.g. adult health; educational, and social services information; birth registration, family planning, nutrition etc.	The institution provides parents with comfortable seating to read material or includes these in a regular parent newsletter.
10.1.10	V	Parenting Workshops	No parenting workshops provided.	Parenting workshops provided.  General parenting issues are discussed at PTA meetings.	Parenting workshops are specially designed to meet the needs of the community.
10.1.11	V	Parent teacher meetings	There are no scheduled general parent teacher meetings or meetings are held less frequently than once per term.	Parent teacher meetings are held at least once per term.  Meetings discuss institution matters and hear and address parental concerns.	Meetings are held more frequently.  Meetings often include guest speakers to educate the institution's community on child development and other child related matters.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
10.1.12	V	Parent evaluation of programme	Parents do not participate in programme evaluation.	<p>A meeting is held at least annually for the purpose of parental evaluation of the programme.</p> <p>Suggestion boxes or other mechanisms to receive comments are available to parents throughout the year.</p>	<p>Parents are given programme evaluation questionnaires at least annually.</p> <p>Parents participate in staff evaluation, and the institution's development plan.</p>
10.1.13	V	Transitioning to Primary Level	Staff do not assist parents and children in transitioning to the primary level.	Staff offer guidance on enrolment procedures for primary level schooling.	Staff help families prepare for their children's transitions and offer guidance on management of this process.

## 10.2 INTERACTIONS WITH THE COMMUNITY

The Act makes no specific comment on interactions with the community.

The Regulations make no specific comment on interactions with the community.

### 10.2 PERFORMANCE CRITERIA FOR INTERACTIONS WITH THE COMMUNITY

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
10.2.1	V	Provision of community information	The institution does not provide any information on community events.	The institution provides information on community events.	The institution provides parents with information on an individual basis.
10.2.2	V	Listing of services	The institution does not have a listing of community resources, relevant to early childhood.	The institution has a listing of community resources, relevant to early childhood.	The institution has current listings of community, regional and national resources relevant to early childhood.
10.2.3	V	Participation in community events	Staff and children do not participate in community events.	Staff and children attend community events.	Staff and children participate in community events e.g. performing.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
10.2.4	V	Visitation by community members	Community members do not participate in programme activities.	Community members are invited to visit the institution.	Community members actively participate in the developmental programme.
10.2.5	V	Staff participation	Staff do not attend community, regional or national events.	Staff attend community events as early childhood representatives.	Staff attend regional and national events as early childhood representatives.
10.2.6	V	Community Governance	ECI Board of Management, Staff and PTA are not members of community governance structures and/or programmes.	ECI Board, Staff and PTA are members of some community governance structures and/or programmes.	ECI Board, Staff and PTA are members of community governance structures and/or programmes.  ECI stakeholders contribute to the development and implementation of community development plan.

# STANDARD ELEVEN

## *Administration*



## STANDARD AND PERFORMANCE CRITERIA FOR ADMINISTRATION

**Standard:** Early childhood institutions have a management structure that ensures good administration. There are policies, procedures and programmes that ensure child, family and staff well-being.

**Rationale:** The delivery of a high quality early childhood development programme requires good governance and effective leadership, supported by policies, procedures and programmes. These systems ensure that national laws, regulations and standards for early childhood development are met, and also ensure that the workplace climate is supportive and enabling and that the needs and concerns of stakeholders, including parents, community members and donors, are addressed. Good governance includes performance evaluation at all levels in the system.

### **Other Related Standards:**

Staff qualifications and other staff requirements were previously discussed in Standard 1. Details of health, nutrition and safety requirements were previously discussed in Standard 6, 7 and 8.

### 11.1 MANAGEMENT

**The Early Childhood Act:** The Act indicates criteria that the applicant for registration must meet, within a more fulsome section on other criteria that must be met for registration. The Act states that the Commission shall register an early childhood institution based upon the written report of the prescribed authority, that:

- i) the applicant is eighteen years or over (Section 3, 3(a), pg.2)
- ii) the applicant is a fit and proper person to operate an early childhood institution (Section 3, 3(b), pg.2)
- iii) where the applicant is an individual, the applicant has not been convicted of an offence under the Dangerous Drugs Act, the Offences Against the Person Act or the Child Care and Protection Act, or an offence involving fraud, dishonesty or moral turpitude (Section 3, 3(c), pg.2)
- iv) where the applicant is a company, none of its directors or in the case of another body of persons, none of its members, has been convicted of an offence mentioned in paragraph (c) (paragraph above in this document). where the applicant is an individual, the applicant has not been convicted of an offence under the Dangerous Drugs Act, the Offences Against the Person Act or the Child Care and Protection Act, or an offence involving fraud, dishonesty or moral turpitude (Section 3, 3(d),

- pg.2)
- vi) the applicant or person to be employed by the applicant in the operation of the institution is not, by reason of infirmity of mind or body or otherwise, incapable of operating or being employed at the institution (Section 3, 3(f), pg. 3)

**The Early Childhood Regulations: The Regulations** state that “operator” means the person required to apply for registration of an early childhood institution under Section 3 of the Act (pg 1, General Section, Item 2).

**The Regulations** also state that upon the employment of a new employee, the operator shall submit forthwith to the Commission in relation to that employee, the matters referred to in paragraphs 1 (f) and (g) of the Second Schedule to the Act (health certification, food handler’s permit, name, job description and terms of employment) (Regulation 6 (4), pg. 3).

### ***11.1 PERFORMANCE CRITERIA FOR MANAGEMENT***

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.1.1	R	Designated Operator	There is either no designated operator or the operator does not have training in early childhood development.	There is a designated operator, with adequate training and experience who is responsible for the day to day management of the institution, including the developmental programme, administration of personnel and financial administration.	Additionally, there is another person on staff with administrative training and has at least five years experience in managing ECD programmes.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.1.2	V	Designated Operator: Training in administration	Operator does not have training in administration.	Operator has training in administration.	Operator has 5 years experience in the administration of ECD programmes.
11.1.3	V	Management body.	There is no management body.	Management body consists of Board of Directors, Advisory Body, Management Committee or similar group.  A chairman is clearly identifiable and there is a minimum of three persons forming the structure.	Management body includes operator, parent representative, teacher representative and community representative.
11.1.4	V	Management body: Personal suitability	A current police record or character reference is not available for all members of the management body.	Members supply 2 character references (e.g. work, church, doctor etc.).	A current police record is available for all members of the management body.
11.1.5	V	Management Policy	There is no management policy.	There is a management policy which identifies the roles and responsibilities of the chairman and other parties forming the management body.	The management policy is reviewed annually by the management body.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.1.6	V	Strategic Planning	There are no plans developed for the institution.	There are strategic plans developed to allow the institution to attain its vision and mission statement.	Strategic plans are reviewed annually by the management body to determine the institution's progress toward goals.  The institution's plans and policies are reviewed annually by the management body.
11.1.7	V	Management meetings	No regular management meetings are held.	The management team meets at least once per term.  Minutes are kept which indicate matters raised and actions taken.	The management team meets more frequently than three times per year.
11.1.8	V	Accident and Liability Insurance	There is no accident and liability insurance for the institution.	Accident and liability insurance are in place.	The institution has had accident and liability insurance for a minimum of 3 years.
11.1.9	V	Property Records	There are no property records.	Property records are available indicating the ownership of the property or the existence of a lease or rental agreement.	Property records show ownership or lease for a minimum of 3 years.

## 11.2 PLANS, POLICIES AND PROCEDURES

Many of the requirements for plans, policies and procedures have been addressed in earlier sections. The presence of policies for children's behaviour management was discussed in Standard 3, health and sanitation plans and reporting procedures for illness were discussed in Standard 6; the nutrition plan in Standard 7; emergency and fire safety plan, and reporting procedures for child abuse and injury in Standard 8 and policy for parental involvement in Standard 10.

**The Early Childhood Act: The Act** states that the Minister may, subject to affirmative resolution, make regulations generally for giving effect to the provisions of this Act (Section 23 (1), pg. 13). Without prejudice to the generality of subsection (1), the Minister may, subject to affirmative resolution, make regulations:

- i) prescribing entries to be made in the records kept pursuant to section 8 (i.e. Records of early childhood institutions to be kept) (Section 23 (2) (a), pg.13)
- ii) prescribing conditions for admission of children into early childhood institutions (Section 23 (2) (c), pg.13)
- iii) prescribing the forms of application, registration, reports and other documents to be used under this Act (Section 23 (2) (d), pg.13)
- iv) regulating the manner in which and the conditions subject to which the services of an early childhood institution shall be performed (Section 23 (2) (e), pg.13)
- v) prescribing the hours during which early childhood institutions may remain open (Section 23 (2) (f), pg.14)
- vi) prescribing the return, custody or disposal of registration certificates upon the suspension or cancellation of registration (Section 23 (2) (j), pg.14)
- vii) prescribing any other matter or anything, which may be or is required by this Act to be prescribed (Section 23 (2) (k), pg.14).

**The Regulations** further state that the operator of the institution shall ensure that any personal information kept by the institution in relation to any child is kept confidential and is not disclosed, whether or not the child is still at the institution, except as follows:

- i) to a member of staff at the institution for the purpose of enabling better understanding of, and care for, the child (Regulation 11(1) (a), pg. 5)
- ii) with the written consent of the parent or guardian (Regulation 11(1) (b), pg. 5) or
- iii) as required by Court or any law (Regulation 11(1) (c), pg. 5).

In paragraph (1) (the paragraph above in this document), "personal information" means medical records, academic records, the file mentioned in paragraph (4) or any information taken in confidence from, or in respect of, the child (Regulation 11 (2), pg. 5).

Where a child is no longer enrolled at the institution, all personal information relating to that child shall be given in its original form to that child's parent or guardian if that parent or guardian so requests. (Regulation 11 (3) pg. 6).

With regards to confidentiality of personnel records, **the Regulations** state that the personnel records referred to in paragraph (1) (a) shall be kept confidential and shall not be disclosed except as required by law or as directed by court (Regulation 12(5), pg. 9).

Finally, **the Regulations** state that the operator of an early childhood institution shall ensure that the provisions of the Policies and Standards for the Operation, Management and Administration of Early Childhood Institutions issued from time to time by the Minister are adhered to as closely as is reasonably attainable by that institution, taking into account the resources available to the institution. (Regulation 20, pg. 21).

### 11.2 PERFORMANCE CRITERIA FOR PLANS, POLICIES AND PROCEDURES

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.2.1	V	Mission and Vision statement	The institution does not have a mission or vision statement.	The institution has a written mission and vision statement.	The mission and vision statement are displayed for easy viewing by all.
11.2.2	V	Programme Philosophy	The institution does not have a written programme philosophy.	The institution has a written programme philosophy that includes the approach to the programme, programme content, resources and parental involvement.	The programme philosophy is displayed for easy viewing by all.
11.2.3	V	Method of Operation	There is no written method of operation of the programme.	There is a written method of operation that includes the nature of services offered, the age range served, the times when services are offered and the fee for services.	The method of operation is displayed for easy viewing by all.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.2.4	V	Health Policy	There is no written health policy.	<p>There is a written health policy, addressing health issues for children, staff and pets; emergencies; environmental and occupational hazards.</p> <p>The health policy is discussed with every new member of staff.</p>	<p>The health policy is reviewed annually with all staff members.</p> <p>The written policy is available to parents and other stakeholders.</p>
11.2.5	V	Nutrition Policy	There is no written nutrition policy.	<p>There is a written nutrition policy.</p> <p>The nutrition policy is discussed with every new member of staff.</p>	<p>The nutrition policy is reviewed annually with all staff members.</p> <p>The written policy is available to parents and other stakeholders.</p>
11.2.6	V	Safety Policy	There is no written safety policy.	<p>There is a written safety policy, addressing safety issues for children, staff and other visitors, including child abuse and neglect, outings and transportation and disaster preparedness.</p> <p>The safety policy is discussed with every new member of staff.</p>	<p>The safety policy is reviewed annually with all staff members.</p> <p>The written policy is available to parents and other stakeholders.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.2.7	V	Inclusion and Equality Policy	There is no written inclusion and equality policy.	<p>There is a written inclusion and equality policy, addressing inclusion of children with disabilities, HIV and other conditions which may lead to bias.</p> <p>The inclusion and equality policy is discussed with every new member of staff.</p>	<p>The inclusion and equality policy is reviewed annually with all staff members.</p> <p>The written policy is available to parents and other stakeholders.</p>
11.2.8	V	Critical Incident Policy	There is no policy to address critical incidents.	<p>There is a clear policy that addresses critical incidents (such as a missing child, serious illnesses requiring hospitalization or medical care and death of a staff member or child).</p> <p>The critical incident policy is discussed with every new staff member.</p>	<p>The critical incidents policy is reviewed annually with all staff members.</p> <p>The written policy is available to parents and other stakeholders</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.2.9	V	Employment Policy	There is no employment policy.	<p>There is an employment policy that addresses job descriptions, qualifications, salaries, reporting relationships, evaluations, benefits, discipline and dismissal, retirement, and professional development.</p> <p>The employment policy is discussed with every new member of staff and the discussion process is documented by signing.</p>	Staff members re provided with the written employment policy. The employment policy is reviewed annually with all staff members.
11.2.10	V	Record of policy discussions with Staff	There is no record of regular discussions of the institution's policy and procedures with staff.	There is a record of at least annual discussions of policy and procedures with all staff members and with all new staff members.	<p>Discussions of policy and procedures occur more frequently than annually with all staff members.</p> <p>Records indicate staff members present, their views and actions recommended and taken.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.2.11	V	Admission Procedure	There is no admission procedure.	<p>There is a written admission procedure that includes interview with parents, completion of a signed application form with child's demographic and health details, discussion of programme philosophy and curriculum and discussion of the institution's plans, policies and procedures (including safety, health and nutrition policy, equality and inclusion policy, parental rights, parental involvement policy, behaviour management policy, child abuse reporting policy, confidentiality policy, critical incidents policy and complaints procedures.</p> <p>Parents sign to verbal discussions on policies.</p>	<p>Parents provided with written policies and procedures.</p> <p>Admission procedure also includes parental signing of a contract, indicating parental responsibility and institution responsibility.</p>

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.2.12	V	Use of consent forms	No consent forms utilized or inadequate use of consent forms.	Consent forms for trips, release for participation in extra-curricular activities and use in photo/media releases signed on acceptance into school.  Consent for therapeutic treatment and prescription medication individualized.	Parents receive a signed copy of the consent form.
11.2.13	V	Confidentiality	There is no attention to confidentiality of records.  There is no confidentiality policy.	Access to confidential information for staff and children limited.  Where access is to be given, parents informed and consent form signed.  The institution's policy on confidentiality is discussed with all new staff members.	The institution's policy on confidentiality is reviewed annually with all staff members.
11.2.14	V	Staff meetings	No staff meetings held.	Monthly staff meetings are held.  Minutes kept.	Staff meetings include all staff members. Minutes indicate that problems identified are investigated and addressed.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.2.15	V	Professional Development / Evaluation: Staff	There is no professional evaluation for staff.	Staff participates in annual professional evaluations.	Staff participates in biannual evaluations.  Professional evaluations are used to identify and address training needs.  Parents participate in staff evaluation.
11.2.16	V	Programme Review and Development Meetings	No programme review or development meetings held.	Programme review and development meetings held at least once per term.  Minutes kept.	Minutes indicate that program strengths and weaknesses are discussed; problems identified are investigated and addressed.
11.2.17	V	Disciplinary Procedures: Staff	There are no clear procedures for disciplinary measures for staff who do not comply with the institution's policies and procedures.	There are clear disciplinary procedures.  Procedures are discussed with all new staff members.  Procedures in line with Ministry of Labour Regulations.	Disciplinary procedures are reviewed annually with all staff members.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.2.18	V	Complaints Procedure	There is no mechanism for investigating and responding to complaints made about the institution or its staff.	There is a clear mechanism for responding to complaints.  Complaints are documented with information on person making complaint, nature of complaint, investigation of complaint and outcome.	There is evidence of regular review of complaints with reports made to the management.

### 11.3 REGISTRATION DOCUMENTATION AND RECORDS

Many of the requirements for records have been addressed in earlier sections. The requirement for an illness log was discussed in Standard 6 and the requirement for an injury log in Standard 8.

**The Early Childhood Act: The Act** states that the operator of an early childhood institution registered under this section shall ensure that a valid registration certificate issued to the institution under subsection (4) is displayed in a conspicuous place on the premises of the institution (Section (6), pg.3). The Commission, may upon the recommendation of the prescribed authority, issue to an applicant for registration under section 3 a permit to operate the institution, pending the determination of the application (Section 5 (1), pg. 4).

**The Early Childhood Act: The Act** also states that an operator of an early childhood institution shall keep proper records showing the business conducted by him in respect of that early childhood institution and shall keep such other records as may be prescribed (Section 8, pg. 5).

**The Early Childhood Act: The Act** further states that the Minister may, subject to affirmative resolution, make regulations generally for giving effect to the provisions of this Act (Section 23 (1), pg. 13). Without prejudice to the generality of subsection (1), the Minister may, subject to affirmative resolution, make regulations:

- viii) prescribing entries to be made in the records pursuant to section 8 (i.e. Records of early childhood institutions to be kept) (Section 23 (2) (a), pg.13)
- ix) prescribing conditions for admission of children into early childhood institutions (Section 23 (2) (c), pg.13)
- x) prescribing the forms of application, registration, reports and other documents to be used under this Act (Section 23 (2) (d), pg.13)
- xi) regulating the manner in which and the conditions subject to which the services of an early childhood institution shall be performed (Section 23 (2) (e), pg.13)
- xii) prescribing the hours during which early childhood institutions may remain open (Section 23 (2) (f), pg.14)
- xiii) prescribing the return, custody or disposal of registration certificates upon the suspension or cancellation of registration (Section 23 (2) (j), pg.14)
- xiv) prescribing any other matter or anything, which may be or is required by this Act to be prescribed (Section 23 (2) (k), pg.14).

**The Regulations** also state that the operator of an early childhood institution shall notify the Commission in writing as to any

- i) change or proposed change in the structure or nature of the premises at which the institution is operated (Regulation 7 (1) (a), pg.3)
- ii) substantial change in the number of children enrolled at the institution (Regulation 7 (1) (b), pg.4)
- iii) other fact or circumstance reasonably likely to affect the operation of the institution or the welfare of any of the children enrolled thereafter (Regulation 7 (1) (c), pg. 4)

as soon as is reasonably practicable upon becoming aware of the change, fact or circumstance, as the case may be. In paragraph (1) (paragraph (i) above in this document), substantial change means an increase or decrease of more than 10 in the number of children enrolled.

**The Regulations** require that a child shall not be admitted to an early childhood institution, unless the child is certified:

- i) by a duly qualified medical practitioner to be in good health (Regulation 15 (1)(a), pg. 13) and
- ii) to be immunized against communicable diseases according to standards approved from time to time by the Minister for a child of that age (Regulation 15(1)(b)).

Nothing in paragraph (1) shall be construed as preventing a child with a disability from being admitted to an early childhood institution. Regulation 15(2)

With regards to children's records, **The Regulations** additionally state that the operator of an early childhood institution shall ensure that there is maintained as part of the records of the institution, a file in respect of each child enrolled at the institution, containing:

- i) the child's name, gender and date of birth (Regulation 4 (a), pg. 6)
- ii) a photograph of the child (Regulation 4 (b), pg. 6)

- iii) the child's immunization record (Regulation 4 (c), pg. 6) (see Standard 6)
- iv) a medical report in respect of the child, completed and signed by a duly qualified medical practitioner (Regulation 4 (d), pg. 6) (see Standard 6)
- i) the names, addresses and telephone numbers of the persons to be contacted in case of any emergency in respect of the child (Regulation 4 (e), pg. 6) (see standard 8)
- ii) a record of the child's daily attendance at the institution (Regulation 4 (f), pg. 6)
- iii) a medication and illness log (Section 4 (g), pg. 6) (see Standard 6)
- iv) accident and incident reports (Regulation 4 (h), pg. 6) (see Standard 6 and 7)
- v) Assessment reports done internally or obtained from other sources (Regulation 4 (i), pg. 6) (see Standard 2).
- vi) The names of persons authorized to collect the child from the institution (Regulation 4 (j), pg. 6) (see Standard 8)
- vii) a record of all known food or drug allergies affecting the child (Regulation 4 (k), pg. 6) (see Standard 6) (Regulations 13 (5) (a) (b), pg.13).

With regards to other records, **The Regulations** state that the operator of an early childhood institution shall ensure that the following records are kept and maintained up-to-date at the institution:

- i) personnel records in respect of each employee, including a job description, list of qualifications, the health certifications required under regulation 6 and the name of the party to be notified in case of any emergency (Regulation 12 (1) (a), pg. 6) (see Standard 2 and 8).
- ii) daily attendance records in respect of the children enrolled at the institution, including the times of arrival and departure of each child (Regulation 12 (1)(b), pgs. 6-7).
- iii) daily attendance records in respect of each employee (Regulation 12(1)(c), pg. 7).
- iv) a record of every incident or illness occurring while a child is attending the institution (Regulation 12(1)(d), pg. 7). (See Standard 6). Please see Section 6 for details to be included in the record.
- (v) an injury report log, containing every injury report required to be made under paragraph 2 (Regulation 12(1)(e), pg. 7). (See Standard 6).
- (vi) A daily record of the meals served at the institution (Regulation 12(1) (f), pg. 7) (see Standard 7)
- (vii) A record of every medication administered to child enrolled at the institution, including the name, the quantity administered and the date and time of administration (Regulation 12(1) (g), pg. 7). (See Standard 6).
- (viii) A time table showing the daily schedule of activities for children enrolled at the institution (Regulation 12(1) (h), pg. 7) (See Standard 2).
- (ix) Proper accounting records in respect of the financial activities of the institution, in accordance with recognized accounting standards (Regulation 12(1) (i), pg. 7). (See Standard 12).

With regards to injury occurring at the institution, **the Regulations** state that when an injury occurs at the institution, which requires first aid or medical attention for any child or other person at the institution, the operator shall ensure that an injury report is completed with particular information (Regulation 12(2)(a)-(i), pg. 8), (Regulation 12(3)(a)-(b), pg. 9). Please see Section 6 for details of the information to be included in the injury report, number of copies to be made, and distribution of copies.

With regards to length of time records are kept, **the Regulations** state that all information required to be kept under this Regulation (i.e. Section 12, Keeping of records) shall be kept by the institution for a period of not less than 7 years from the date on which the information is recorded (Regulation 12(4), page 9).

### 11.3 PERFORMANCE CRITERIA FOR REGISTRATION DOCUMENTATION AND RECORDS

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.3.1	A	Certificate of Registration	A valid certificate of registration or permit to operate is not available.	A valid certificate of registration or permit to operate is available and displayed conspicuously.  For institutions with a permit to operate, interim reviews undertaken within the permit period show good progress.	A valid certificate of registration is available.  Interim annual reviews show continued progress.
11.3.2	R	Records of Inspection	There are no available records of inspection by the Fire or Public Health Departments.	Records of inspection by the Fire and Public Health Departments are available, and indicate that requirements have been met.	Additionally, inspection records from other appropriate agencies available, e.g. ODPEM.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.3.3	R	Children's files: Existence	Each child does not have a separate file.	There is a separate file for each child enrolled at the institution.  Files are easily accessible.	Files are well organised in alphabetical order in safe, water-proof containers and stored in the administrative area.
11.3.4	R	Children's files: Demographic Information	Each child's file does not have the child's name, gender and date of birth.	Each file has the child's name, gender and date of birth.	Additionally, each child's file has other demographic information, including the child's address, the names, home and work addresses of the parents or guardians.  If the child's guardian is not a parent, the relationship to the child is documented.
11.3.5	R	Children's files: Photograph	Each child's file does not have a photograph of the child.	Each child's file has a photograph of the child.	Additionally, photographs are updated annually.
11.3.6	R	Children's files: Immunization Record	Each child's file does not have an immunization record.	Each child's file has an immunization record, certified by a health authority as adequate at the beginning of the academic year, or within the previous calendar year.	Child's immunization record is updated within 1 -2 weeks of each immunization.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.3.7	R	Children's files: Medical Report	Each child's file does not have a medical report.	Each child's file has a medical report obtained at the time of admission to the institution certifying that the child is in good health.	Each child's file has a current medical report, obtained at the beginning of the academic year, or within the previous calendar year.
11.3.8	V	Children's files: Medication Record	Each child who is receiving medication does not have a medication record.	Each child who is receiving medication (whether at the institution or not) has a medication record.  Record is completed at the time of admission to the institution giving the child's past history.  A current medication report documents medication being taken by the child at the institution and illnesses occurring while at the institution.	Each child's past medication/illness report completed at the beginning of the academic year, or within the previous calendar year.  Each child's past record of medication is also recorded.
11.3.9	V	Children's files: Illness Record	Each child who has an illness does not have an illness record.	Each child who has an illness has an illness record.	Each child's illness record is updated at the beginning of the academic year or within the previous calendar year.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.3.10	R	Children's Files: Food and Drug/Other Substances Allergy Record	Each child's file does not have a food and drug allergy record.	Each child's file has a food and drug allergy record, completed at the time of admission to the institution.	Each child's file has a food and drug allergy record, completed at the beginning of the academic year, or within the previous calendar year.
11.3.11	R	Children's Files: Special Dietary Needs	Each child who has special dietary needs does not have a written record.	Each child who has special dietary needs has a written record provided by the child's parent or guardian.	Each child who has special dietary needs has a written record completed at the beginning of the year or within the previous calendar year.
11.3.12	R	Children's files: Accident and Incident Reports (e.g. injury)	Each child's file does not have an accident and incident report form.	Each child's file has an accident and incident report form.	Files are reviewed periodically to identify children's with problems.
11.3.13	R	Children's files: Emergency Contact Numbers	Each child's file does not have names, addresses and telephone numbers of persons to be contacted in an emergency.	Each child's file has at least two separate names, addresses and telephone numbers of persons to be contacted in an emergency.	Additionally, names, addresses and telephone contact numbers are available for the child's usual health care provider.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.3.14	R	Children's Files: Persons authorized to collect	Each child's file does not have a listing of persons authorized to collect the child.	Each child's file has a listing of persons authorized to collect the child.	Each child's file has a listing of the address and contact numbers of persons authorized to collect the child.  Files also include those persons specifically denied access to child by Court.
11.3.15	R	Children's files: Daily Attendance Record	Each child's file does not have an attendance record.	Each child's file has an attendance record.	Additionally, files indicate the times of arrival and departure of the child.  Each child's file has reasons for non-attendance recorded.
11.3.16	R	Children's files: Assessment Reports	Each child's file does not have assessment reports or has assessment reports that are not current, i.e. within the previous term.	Each child's file has an assessment report, obtained within the previous term.	Additionally, the file indicates that the report was discussed with the parent; parents' concerns were documented and addressed.
11.3.17	R	Personnel Record: Existence	Each member of staff does not have a separate record.	There is a separate record for each member of staff at the institution, whether full time or part-time, temporary or volunteer staff.	Records are easily accessible and are well organized in alphabetical order in safe, water-proof containers and stored in the administrative area.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.3.18	R	Personnel Record: Job description	Each personnel record does not have a job description.	Each personnel record has a job description.	Additionally, record indicates that employee received and signed for a copy of the job description.
11.3.19	V	Personnel Record: Copy of Contract	Each personnel record does not have a signed copy of the employee's contract.	Each personnel record has a signed copy of the employee's contract.	Contracts are current.
11.3.20	R	Personnel Record: Qualifications	Each personnel record does not list the person's qualifications.	Personnel record has a list indicating the person's qualifications and has copies of certificates, diplomas, degrees and other qualifications.	Additionally, there is a full curriculum vitae or brief biographic data form for each member of staff.
11.3.21	R	Personnel Record: Health Certificate	Each personnel record does not have a medical certificate of health.	Each personnel record has a medical certificate of health obtained at the time of employment.	Additionally, each personnel record has a medical certificate of health obtained within the previous calendar year.
11.3.22	R	Personnel Record: Notification of Emergency Contact	Each personnel record does not identify a party to be notified in case of emergency.	Each personnel record has the name, address, and telephone contact number of a single party to be notified in case of emergency.	Each personnel record has the names, addresses and telephone contacts of at least two separate parties to be notified in case of an emergency.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.3.23	R	Personnel Record: Attendance	There is no daily attendance record for personnel.	There is a daily attendance record for personnel.	Attendance record shows time of arrival and departure.
11.3.24	R	Daily register of attendance for children	No daily register of children or the person(s) responsible for their supervision is available.	A daily register is available, indicating the names of all children present each day and the person(s) responsible for their supervision.	The daily register includes time periods for which persons are responsible.
11.3.25	V	Daily register of other persons present in the facility	No daily register of other persons present in the facility.	There is a daily register of all persons in the facility.	The daily register indicates arrival and departure, so that the number of persons in the facility at any one time can be easily determined.
11.3.26	R	Changes in Institution: Physical changes	Physical changes have been made or have occurred, without a report being made to the Early Childhood Commission.	There have either been no physical changes or physical changes have been reported to the Early Childhood Commission in a timely fashion i.e. within 30 days.	The operator has an up to date record of all past and recent physical changes to the institution, including copies of all reports made to the Early Childhood Commission.
11.3.27	R	Changes in Institution: Staff employment	There have been changes in staff employment, without a report being made to the Early Childhood Commission.	There have either been no staff employment changes or staff employment changes have been reported to the Early Childhood Commission in a timely fashion i.e. within 30 days.	The operator has an up to date record of all past and recent staff employment changes to the institution, including copies of all reports made to the Early Childhood Commission.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.3.28	R	Changes in Institution: Student Enrollment	Student enrollment changes (totaling more than 10 students) have been made or have occurred, without a report being made to the Early Childhood Commission.	There have either been no student enrollment changes, student enrollment changes have been limited to less than 10 students or changes involving more than 10 students have been reported to the Early Childhood Commission in a timely fashion i.e. within 30 days.	The operator has an up to date record of all past and recent student number changes to the institution, including copies of all reports made to the Early Childhood Commission.
11.3.29	A	Duration of Records	Child, staff and institution records are not kept for at least 7 years.	All child, staff and institution records kept for 7 years.	Additionally records are kept in a secure waterproof administrative area.

#### 11.4 FACILITATION OF INSPECTION PROCESS

**The Early Childhood Act: The Act** states that the holder of a permit under this section (i.e. section 5) shall allow an inspector entry onto the premises of the institution, at all reasonable hours, for the purpose of carrying out any inspection to ascertain whether or not the institution is in compliance with the conditions of the permit.

**The Act** further states that every operator and employee of an early childhood institution shall co-operate with an inspector executing his functions pursuant to section 18 (i.e. Assignment of officers and powers of entry and inspection) (Section 19 (1), pg. 12).

**The Act** also states that the Minister may, subject to affirmative resolution, make regulations generally for giving effect to the provisions of this Act (Section 23 (1), pg. 13). Without prejudice to the generality of subsection (1), the Minister may, subject to affirmative resolution, make regulations

- b. prescribing the frequency of inspections carried out under this Act (Section 23 (2) (i), pg.14)

**The Early Childhood Regulations: The Regulations** state that inspections under section 17 of the Act :

- i) shall be conducted at least twice yearly (Regulation 3 (a), page 1)
- ii) may be conducted with or without prior notice to the operator (Regulation 3 (b), pg. 3).

#### 11.4 PERFORMANCE CRITERIA FOR FACILITATION OF INSPECTION PROCESS

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.4.1	A	Operator's Interaction	Operator unwilling to provide information required	Operator co-operates with inspection process.	Operator facilitates inspection process and ensures that the process goes smoothly.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
11.4.2	R	Availability of records	Records not kept at the institution and unavailable to inspectorate at the time of visit.	Records kept at the institution are easily retrieved and presented to inspectorate.	Available records stored in a well organized manner in water-proof containers.  Records appear to always be in state of readiness for review in an administration area.
11.4.3	V	Parent Interviews	Parents are unwilling to communicate with inspectorate.	Parents co-operate with inspectorate.	Parents communicate freely and easily with inspectorate.
11.4.4	R	Staff Interviews	When interviews are deemed necessary staff at the institution is unwilling to communicate with inspectorate.	When interviews are deemed necessary staff at the institution cooperates with inspectorate.	Staff communicates freely and easily with inspectorate.
11.4.5	R	Classroom Observation	Staff is unwilling or unhappy to have inspectors observe classroom activities.	Staff co-operates with inspector's observation of classroom activities.	Staff very comfortable with observation process.

# STANDARD TWELVE

## *Finance*



## STANDARD AND PERFORMANCE CRITERIA FOR FINANCE

**Standard:** Early childhood institutions have sound financial practices and adhere to standard accounting principles.

**Rationale:** Purchasers of services need to have confidence that the institution has sound financial practices, if their investment is to be sustained. Stakeholders, including donors, are more likely to participate and invest in institutions that have sound financial practices.

### 12.1 FINANCE

**The Early Childhood Act: The Act** states that an operator of an early childhood institution shall keep proper records showing the business conducted by him in respect of that early childhood institution and shall keep such other records as may be prescribed (Section 8, pg. 5).

**The Early Childhood Act: The Act** further states that the Minister may, subject to affirmative resolution, make regulations generally for giving effect to the provisions of this Act (Section 23 (1), pg. 13). Without prejudice to the generality of subsection (1), the Minister may, subject to affirmative resolution, make regulations:

- i) regulating the manner in which and the conditions subject to which the services of an early childhood institution shall be performed (Section 23 (2) (e), pg.13)
- ii) prescribing any other matter or anything, which may be or is required by this Act to be prescribed (Section 23 (2) (k), pg.14).

**The Regulations** state that the operator of an early childhood institution shall ensure that the following records are kept and maintained up-to-date at the institution:

- i) Proper accounting records in respect of the financial activities of the institution, in accordance with recognized accounting standards (Regulation 12(1) (i), pg. 7).

## 12.1 PERFORMANCE CRITERIA FOR FINANCE

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
12.1.1	V	Budget	There is no annual budget.	An annual budget is prepared at least 3 months in advance at the beginning of the financial year, and approved by the managing body.	The annual budget is reviewed by the managing body 6 months into the financial year.
12.1.2	R	Financial Records	No financial records are kept, or financial records are incomplete	Financial records are kept, which include, income and expenses (e.g. invoices, receipts, authorization letters), cash book, and a fixed asset register	Financial records include balance sheets, income and expenditure statements, cash flow statements, and analysis of variances.  Additionally the records are audited annually and show year to date expenditure.
12.1.3	V	Accounts Receivable Record	There is no Accounts Receivable Record	Accounts Receivable Record indicates all income, including fees, government subsidies and donor support.  There is documented proof of all income received.	Accounts Receivable reconciled monthly. Payment delays and discrepancies followed up within a month.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
12.1.4	V	Accounts Payable Record	There is no Accounts Payable Record or record inadequately kept.	Record of accounts paid, indicating source of payment.  Supporting invoices present, with date of payment indicated on invoices.	Accounts Payable reviewed monthly, ensuring adequate income to make payments.
12.1.5	V	Monthly Cash Flows	No monthly cash flow forecasts prepared.  Monthly performance not recorded by an administrator of the institution.	Monthly cash flow forecasts prepared based on budget.  Monthly performance recorded by an administrator of the institution.  Performance compared with forecast.	Additionally, analysis of monthly performance reviewed by the administrator and management body, showing steps taken to address deficits and mechanisms to utilize surplus funds.  Monthly financial statement prepared.
12.1.6	V	Management of Petty Cash	No petty cash account available or petty cash accounts not adequately maintained.	Designated staff member with responsibility for petty cash.  All petty cash payments supported by receipts. Petty cash securely stored and replenished.	An additional staff member trained in handling of petty cash.  Petty cash reconciled upon each replenishment and charged to the correct account.
12..7	V	Management of Cash Received	Cash kept on site for more than five working days.	Cash deposited within two to three working days.	Cash deposited on the same day.

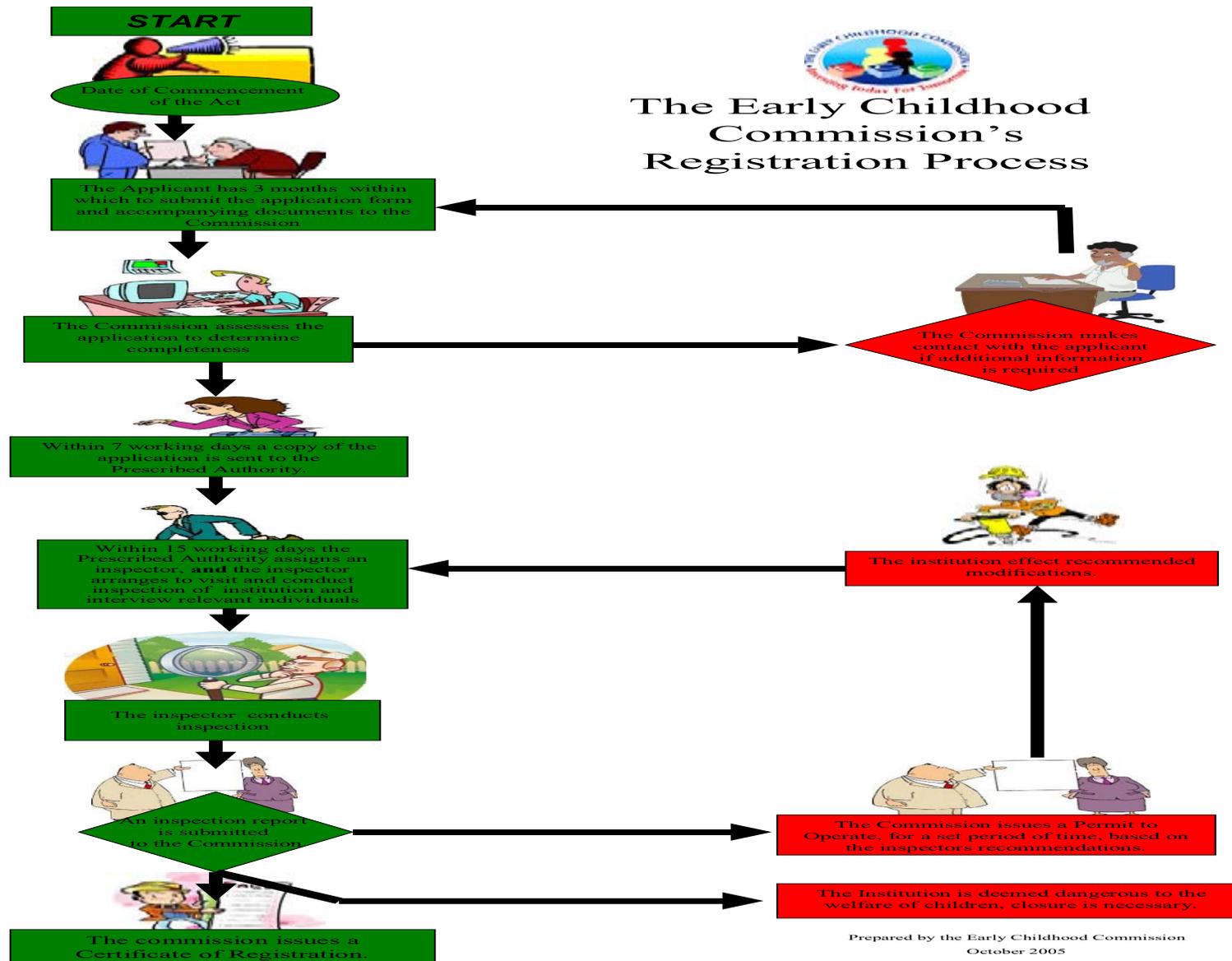
#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
12.1.8	V	School Fee Accounts Book	There is no school fee account book or the account book is not properly maintained.	<p>School fee account book records name of person making payment, child's name, date of payment, fee charged, amount paid, and any outstanding amounts.</p> <p>A stamped copy of receipt issued on payment is available.</p>	<p>There is a written record indicating that outstanding fees are reviewed monthly and information submitted to management body.</p> <p>Alternative payment arrangements well documented and signed by both parties.</p> <p>Outstanding amounts transferred to the account receivable list.</p>
12.1.9	V	Records of Salaries/wages	No records of payment of employee salaries/ wages.	Record of payment of employees salaries/wages kept, indicating statutory deductions paid.	Additionally all employees' salaries/wages are paid by cheque, with printed details of payment salaries/ wages and statutory deductions.

#		CATEGORY	NEEDS IMPROVEMENT	ACCEPTABLE	GOOD
12.1.10	V	Significant Purchases <i>(\$25,000.00 and above)</i>	Significant purchases made without prior approval by management body.	All significant purchases approved by the management body.	Significant purchases planned in advance.  Three quotes obtained for all significant purchases.  Government of Jamaica procurement guidelines applied where applicable.
12.1.11	V	Cheque Payments	All business conducted in cash.	Cheque payments used for significant purchases and employee payments.  Cheque payments require two signatures, supporting invoices reviewed carefully by signing officers and are never signed out to “Cash”	Cheque payments used for all transactions except petty cash.  Blank cheques are never signed.

# APPENDIX ONE

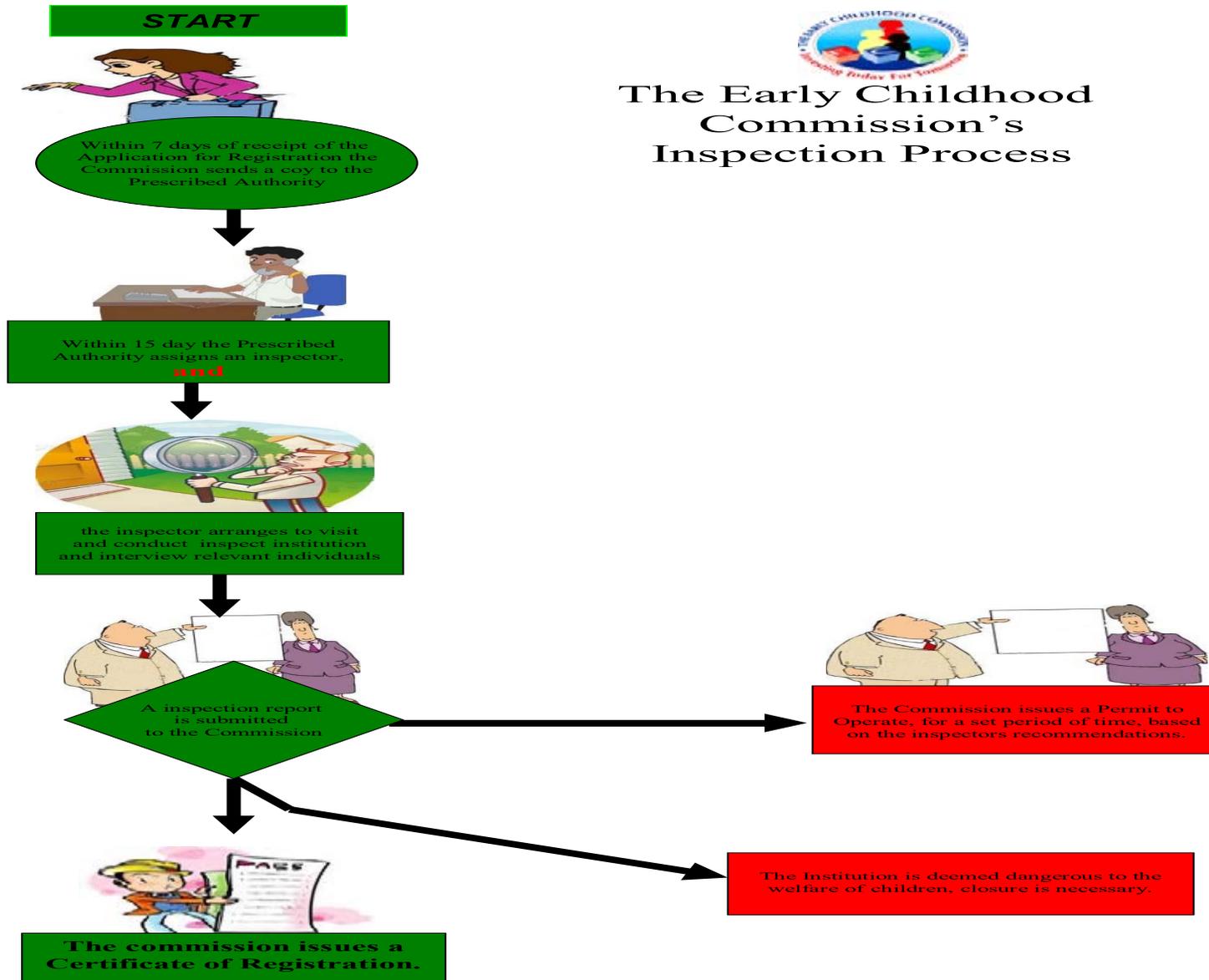


## The Early Childhood Commission's Registration Process





## The Early Childhood Commission's Inspection Process



Prepared by the Early Childhood Commission  
October 2005

# APPENDIX TWO

## ***CLASSIFICATION OF EARLY CHILDHOOD PRACTITIONERS***

<b>CURRENT (E.C. Regulations, Form 1, pg. 23)</b>		<b>**RECOMMENDED</b>	
<b>Title/Role</b>	<b>Qualification</b>	<b>Certification Level</b>	<b>Work Profile</b>
Director/Manager	NCTVET NVQ-J Level 4 Bachelor in Education or Diploma in Teaching, Certificate in Nursing or a degree in Social Work or Child Development related field.	Child Development Programme Administrator (B.Sc /B.Ed in Nursing, Education, Social Work plus ECI Administration Certification or Masters in ECD Leadership Level V	Child Development Programme Administrators are defined as adults who manage the programme as well as perform administrative functions in a medium to large early childhood institution. The Child Development Programme Administrator will plan, implement and monitor developmentally appropriate programmes for children birth to eight years with a range of abilities and needs.
Lead Teacher (Qualified Teacher)	Bachelor in Education (B. Ed.) or Diploma in Teaching.	Child Development Lead Teacher B.Sc /B.Ed. Level IV	<b>Lead Teachers</b> are defined as the adults with <u>primary</u> responsibility for curriculum implementation for multiple groups of children in an institution or a cluster of institutions. Lead Teachers will be supported by the ECD Supervisors to coordinate curriculum and staff development in early childhood development institution(s).
Associate Teacher	NCTVET NVQ-J Level 3 or Associate Degree in EC.	Child Development Teacher Level III (Joint Board of Teacher Education Diploma in Early Childhood Education)	<b>Teachers</b> are defined as adults with <u>primary</u> responsibility for supervising the curriculum implementation for a group of children. The teacher must spend the majority of time with one group of children who attend at the same time, rather than dividing time between classrooms or floating between groups. Teachers should not be assigned primary responsibility for multiple groups/classes of children.
		Early Childhood Development Supervisor (NCTVET NVQ-J Level III or its equivalent)	<b>Child Development Supervisors</b> are defined as adults who provide administrative and supervisory services for small ECIs/Kinder Departments. They will support the Trained

			Teacher or Lead Teacher to ensure appropriate curriculum implementation.
Assistant Teacher II	NCTVET NVQ-J Level 2 or equivalent qualification	Early Childhood Development (NCTVET NVQ-J Level II or its equivalent) Associate Teacher/Caregiver	<b>Assistant Teacher II</b> are defined as adults who work under the direct supervision of a Teacher. They will have <u>primary</u> supervisory responsibility for a group of children. That is, they may independently supervise the activities of a group of children including planning and implementing daily activities for children birth to 8 years old. Associate Teachers may work independently, however, curriculum implementation must be supervised by a Trained Teacher (Diploma or Bachelor's degree).
Assistant Teacher	NCTVET NVQ-J level 1 or equivalent qualification	Early Childhood Development (NCTVET NVQ-J Level I or its equivalent) Teachers' Aide	<b>Teachers' Aides</b> are defined as adults who work under the direct supervision of an Associate Teacher. Teachers' Aides can work independently in an emergency situation such as Associate Teacher's absence, but for the majority of the time, the Teachers' Aides must work directly with the Associate Teacher/Teacher in the same space with the same group of children. This certificate will allow students entry into the early childhood teacher professional development field.

\* A group or classroom of children is defined by the criteria for maximum group size for children of different ages/developmental levels.

\*\*Recommended by the Training and Development Subcommittee.

# APPENDIX THREE

## **LIST OF COMMON CHILDHOOD ILLNESS**

### **Illnesses Affecting the Ears, Nose & Throat**

- Eye Infections ( Pink eye/Conjunctivitis
- Ear Infections ( Otitis Media, Otitis Externa )
- Oral Thrush
- Sore Throat
- Runny nose/Allergies

### **Illnesses Affecting the Chest**

- Cough
- Colds
- Flu

### **Illnesses Affecting the Stomach and Intestines and other Organs**

- Vomiting
- Diarrhea
- Stomach Aches
- Worms

### **Illnesses Affecting the Skin**

- Diaper Rash
- Head Lice
- Ringworm and other fungus infections

### **Contagious Diseases**

- Diphtheria

- Measles
- Hepatitis B
- Meningitis
- Mumps
- Chicken Pox
- Rubella ( German Measles
- Pertussis ( Whooping Cough )
- Tuberculosis
- Tetanus ( lock jaw )

#### **Common Chronic Illnesses**

- Asthma
- Allergies

### ***When to Call the Doctor***

If these signs and symptoms are present, call the doctor immediately:

#### **Fever and Chills**

- High fever (temperature greater than 102°F, or ANY fever in an infant younger than 6 weeks
- Chills that make the child shake all over

#### **Breathing Problems**

- Has trouble breathing or is working hard to breathe; makes a whooping sound when he/she breathes after coughing; makes a wheezing sound when he/she breathes out.
- Loss of consciousness
- Extreme sleepiness or unexplained lethargy

- Listless or cranky
- Unusual excitement or hysterical crying
- Sudden weakness or paralysis of any part of the body

#### **Fits**

- Seizures (convulsions) or uncontrollable shaking of an arm or leg
- Severe headache

#### **Ear, Nose and Throat**

- Pain, heaviness, or stuffiness around the nose, eyes, or forehead
- Nasal fluid that is discolored, bad-smelling, or bloody
- Sudden hearing loss
- Earache
- Fluid discharge from the ear

#### **Eyes**

- Sudden decrease in vision
- Eyes that are red, swollen, and watery, with or without blurred vision.

#### **Stomach**

- Severe or prolonged episode of diarrhea, vomiting, or severe abdominal pain or if the diarrheal stools contain blood.
- Signs of dehydration including dry lips and tongue, skin that is pale and dry, sunken eyes, listlessness or decreased activity, and decreased urination.

#### **General Guidelines**

Children should not be admitted to/kept at/or sent to school if:

- They have a fever higher than 100 degrees. This is a rule used by many, schools because fever is a sign of potentially contagious infection, even if the child feels fine. Schools often advise keeping the child at home until he has been fever-free for 24 hours.
- They have a known contagious infection, such as chicken pox, strep throat or conjunctivitis.
- Children taking antibiotics for contagious bacterial infections should be kept at home until they have taken medicine for one or two days or longer
- The child is vomiting or has diarrhoea.
- The child looks and acts sick.

## APPENDIX FOUR

### SAMPLE PROGRAMME ACTIVITY SCHEDULE FOR 3 - 5 YEAR OLDS

TIME	ACTIVITIES
<b>AM</b>	
<b>7:30 - 8:30</b>	<b>Arrival, Greeting &amp; Free Play</b> – children arrive, adults greet warmly; they engage in Free play mainly indoors. In free play children choose freely to work with table top activities, Look at books, play with blocks, puzzles, shop or dress up corner etc.
<b>8:30 - 8:40</b>	<b>Clean - up and Transition to Devotion</b> – children put away toys etc while singing special songs e.g. Clean up, Clean up; they can also do toileting and hand washing as needed, then move to Devotion area
<b>8:40 - 9:00</b>	<b>Devotion</b> – children participate in devotion exercise; this should not be a long session; the emphasis should be on character development and building positive values and attitudes through sharing of appropriate Bible stories about, caring, sharing, kindness, honesty etc, singing appropriate songs/choruses

9:00 – 9:05	<b>Transition to Circle Time</b> – activities as for other transition times
9:05 – 9:20	<b>Circle Time/Group Time</b> – this a whole group session and a good time to introduce new concepts to all the children, for further follow- up in small group or individual activity; various strategies are appropriate e.g. show and tell, story , picture discussion and other such activities
9:20 – 9:40	<b>TRANSITION FROM GROUP INTO JUICE or SNACK TIME PERIOD</b> – this is a good time to focus on cleanliness e.g. children washing and drying hands; being kind and courteous to each other, sharing information about healthy foods etc; adults should sit with the children and have these conversations with them
9:40 – 9:45	<b>Transition to Guided Activity period</b> – children move into skill building session
9:45 – 11:00	<b>Guided learning/Creative Activity Time</b> – during this period children continue to engage in skill building activities to reinforce concepts and skills already learned or are introduced to new ones; grouping is appropriate for this session as the emphasis is on small group or individual child activity; e.g. one group is engaged in a numeracy development activity, another group in a literacy development activity, while another group is involved in an art/construction activity. Groups eventually rotate and experience all activities. This might carry over into the afternoon Guided Activity session
11:00 – 11:05	<b>Transition to Outdoor Play</b> – children clean up and go outdoors;
11:05 – 11:50	<b>Outdoor Play</b> – during outdoor play adults should encourage children to engage in active gross motor activities to help develop mastery in body control; adults should always be present to supervise children’s play; adults should also use this time to question children about various things in order to make them think critically and stretch their minds and their creative imagination

<b>PM</b>	
11:50 - 12:00	<b>Transitions to Lunch</b> – children move from the outdoor play area to the bathrooms to wash their hands and sit down for lunch
12:00 - 1:00	<b>Lunch Time</b> – adults should sit and eat with children in the classroom as much as possible. Children should not be allowed to sit idly waiting before lunch is served. Engage them in short stories, finger plays etc until lunch arrives Lunch time provides the opportunity to help children learn good table manners and use the social graces. It is also a good time to talk with children about healthy foods and good health practices
1:00 - 1:05	
1:05 - 1:45	<b>Transition to Rest Time</b> – children wash hands, toilet and prepare for the rest period
1:45 - 2:15	<b>REST TIME</b> - it is a good practice to play quiet soothing music at this time to help children rest and relax in preparation for the afternoon session
2:15 - 3:00	<b>Free Play</b> – children engage in free plays as they get up from their rest
3:00 - 3:30	<b>GUIDED LEARNING ACTIVITY</b> – as for the morning session; children can complete activities carried over from morning; this afternoon session is good time for completing carry over tasks from the morning session and/or engage in other creative activities e.g. singing and musical experiences
3:30	<b>STORY TIME</b> – before departure – children get the opportunity to develop language and communication skills by talking and telling their own stories, asking and answering question and listening to stories
3:30 - 5:30	<b>DEPARTURE</b> – children and adults take leave of each other in a warm and reassuring way.

<p><b>For longer programmes - FREE ACTIVITY</b> – children who participate in full day programmes can at time engage in quiet free play indoor or more active play outdoor until their parents/guardians arrive.</p>
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*Developed by the Technical Monitoring Committee for the Curriculum*

**SAMPLE SCHEDULE FOR INFANT/TODDLER PROGRAMME - DAILY ROUTINE**

a.m.	
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7:30 – 9:00	Children arrive and engage in free play; toileting or diaper changing; hand washing and transition to outdoor play
9:00 – 9:30	Breakfast and transition to outdoor play
9:30 – 10:00	Outdoor play
10:00 – 11:30	Guided by play; toileting or diaper changing; hand washing and preparation for lunch
11:30 – 12:30	Lunch; toileting or diaper changing; hand washing and preparation for nap
p.m.	
12:30 – 2:15	Naptime; toileting or diaper changing; hand washing and preparation for outdoor play
2:15 – 3:00	Outdoor play; toileting or diaper changing; hand washing and preparation for snack
3:00 – 3:30	Snack and gradual transition to free play
3:30 – 4:00	Inside or outside play or music
4:00 – 5:30	Guided play, creative activity; diapering and preparation for going home

Developed by the Technical Monitoring Committee for the Curriculum

**Term 1**

**Theme: Celebrations**

**4 year olds**

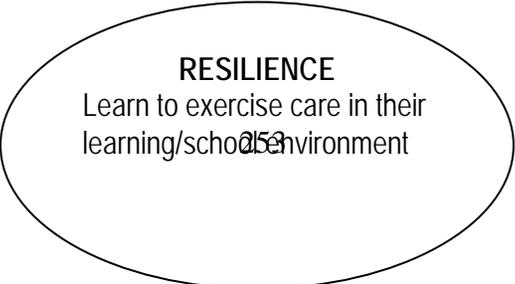
**Themes:** 1) \_\_\_\_\_; 2) \_\_\_\_\_; 3) \_\_\_\_\_

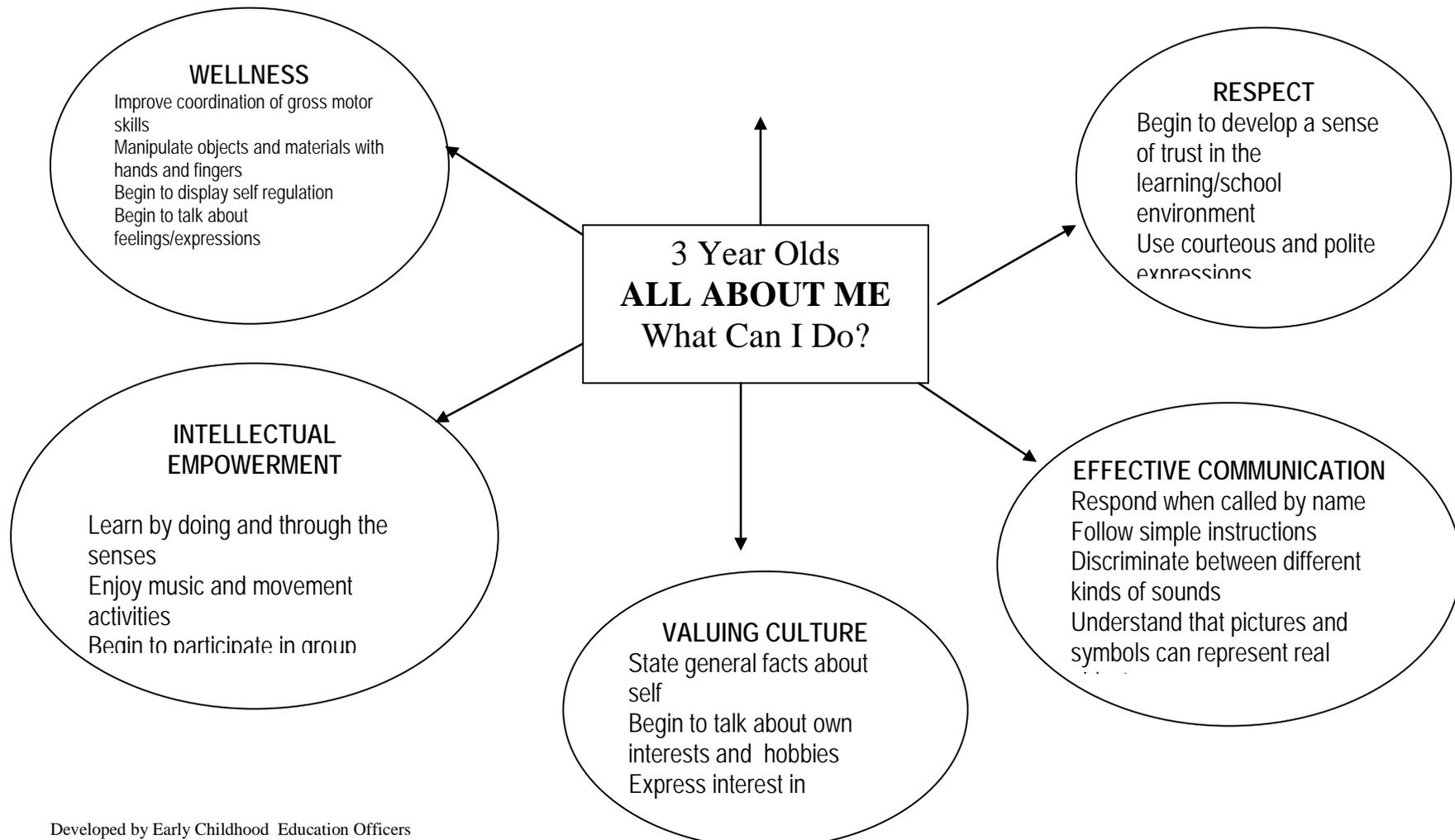
Curriculum Week: No \_\_\_\_\_ Date \_\_\_\_\_ 200\_\_ Sub-Themes \_\_\_\_\_

ACTIVITY – A.M.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival, Free Play					
Devotion					
Circle/Group Time (large group)					
Guided Learning/Creative Activity Time (small group)					

*Developed by the Technical Monitoring Committee for the Curriculum*

**UNIT PLAN or WEB**





Developed by Early Childhood Education Officers

**THEME: ALL ABOUT ME**

**Sub-Theme: What can I do?**

**3 Year olds**

ACTIVITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival, Free play	<i>Learning Centres and resources based on specific places of interest will be provided for Free Play e.g. home , school,</i>				

	<i>church, shop, supermarket, clinic, Doctor's Office</i>				
Devotion	<i>Bible Stories and other stories with focus on helpfulness, sharing and taking turns e.g. "The Good Samaritan", "The Feeding of the Five Thousand" and "Its' My Turn"</i>				
Circle/Group Time(large group)	Picture discussion based on home Identify objects in picture Focus on colours, size and shape Count objects	Explore Home Centre Discussion Identify and name different areas of the home	Discussion Share news Use picture schedule to indicate what is done each day of the week	Names of Days Revision of previous day's lesson	Discussion Share news on activities done before, on the way to and at school
Outdoor play	Ring Games: Pamella and Peter will soon come home	Hop Scotch Game to identify different areas of home and objects found	Play on outdoor equipment- swing, slide, crawl through tunnel, tyres hoops. Throw balls	Jump, hop, clap, run etc. on instruction e.g. "Jump to the shop", "Run to the shop" Include number	Ring games - Hokey Pokey - Punchinello - There's a Little Boy in the ring
Guided Learning/Creative Activity Time (Small Group)	Fitting puzzles, lacing, painting, creating collages based on house shapes	Role play home activities Poem: I Love You	Role play school activities Poem: I think its Fun to be Polite	Guided Imaginary Tour Discussion about journey	Create a collage
LUNCH /REST	WASHING OF HANDS	GRACE	EAT LUNCH	AND	REST TO LULLABIES
Guided Learning/ Creative Activity	Fitting puzzles, lacing, painting, creating collages based on house shapes continues	Guided tour of school compound Children draw objects seen on tour	Resource Books Act 1 – page 47 Matching and sorting Use playdough	Discussion Positional Concepts Inside/outside/near/far Dancing	Role play Taking care of self Song: This is the way we wash our hands
Story Time	Three little Pigs	The Big House	Repeat day 2 story using Puppetry	My School	Where is Joana?

*Developed by Early Childhood Education Officers*

**TERM 1**

**THEME:**

**ALL ABOUT ME**

**3 year olds**

**Sub-Theme: What can I do?**

ACTIVITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival, Free play	Learning Centres				

	Role Play, colouring, Dress-up, mirrors	Blocks, mirrors Role play	Blocks, mirrors Dolls, puppets	Blocks/ mirrors Dress –up/dolls Role play	Blocks, mirrors Role play/dress-up Dolls
Devotion	Feeding of the five Thousand Song: Watch your eyes	Kind deeds Being helpful	Giving Thanks	Jesus bids Us Shine	Obedience
Circle/Group Time(large group)	<b><u>Content: I can see with my eyes.</u></b> Here are my eyes Weather conditions Things are different/same Different shapes/colour Practice speech pattern	<b><u>Content: I can hear with my ears</u></b> Listening games Sounds in the environment – loud/soft Speech patterns	<b><u>Content: I can speak with my lips</u></b> Show and tell Speech patterns	<b><u>Content: I can taste with my tongue</u></b> Eat foods that are good Drink water and juices Speech patterns	<b><u>Content: I can breathe and smell</u></b> Speech patterns
Guided Learning/ Creative Activity Time (small group)	Group Rotation: Templates-inserting big/little eyes Tearing & pasting eyes Sorting eyes-colour/shape & Size Speech patterns	Identifying loud and soft sounds Sort, paste ears Count ears Speech patterns: I can	Show & tell Sort and paste lips Draw and colour lips Practice speech pattern	Making fruit salad Making fruit juices Speech patterns	Sort and paste nose Complete face Paste face in each given shape
Outdoor play	Game: run, jump, hop, skip, to” Pick up Red”	Music & Movement Follow instructions Hop to, skip to, jump to rhythm	Ring games - What can you do? Blue Bird	Treasure Hunt Hunting for fruits	Breathing exercises
LUNCH /REST	WASHING OF HANDS	GRACE	EAT LUNCH	AND	REST TO LULLABIES
Guided Learning/ Creative Activity	CONTINUATION Same	OF ACTIVITIES lesson	DONE IN THE Plan	FIRST GUIDED will be	LEARNING used
Story Time	One Eye Joey	Anancy story	The Boy Who Cried Wolf	Goldilocks and the Three Bears	Goldilocks and the Three Bears

Prepared by Early Childhood Education Officers

THEME: ALL ABOUT ME

SUB THEMES: What can I do?  
Where Am I?

AGE: 3 Year Olds

## ACTIVITIES

### WELLNESS

1. Demonstrate many skills done at school individually and in groups – sing, dance, say rhymes/jingles/poems
2. Listen to stories, look at books/pictures, use paints, play dough, crayons
3. Wash hands

### EFFECTIVE COMMUNICATION

1. Talk about, ask/answer questions and engage in role play about the places to which they go regularly
2. Talk about things done in the home, school, supermarket/shop/market, church etc.

### RESPECT

1. Repeating poems, rhymes, jingles and songs e.g. *I Think It's Fun To Be Polite, I Love You, You Love Me*
2. Learn and say short graces before and after meals
3. Show appreciation of/for others: stories, picture discussion

### INTELLECTUAL EMPOWERMENT

1. Manipulate various objects to count, stack and match
2. Learn to use materials provided in the learning environment in appropriate ways: care for the classroom by (keeping it clean) helping to keep it clean.

### VALUING CULTURE

1. Jane and Louisa
2. Hokey Pokey
3. What can you do Punchinello?

4. Participate in ring games

## **RESILIENCE**

1. Learn to use materials provided in the learning environment in an appropriate way
2. Participate in dramatic play
3. Care for the classroom by helping to keep it clean

*Developed by early Childhood Education Education Officers*

# APPENDIX FIVE

## APPROPRIATE METHODS OF RESTRAINING CHILDREN

Physical restraint involves the use of physical or mechanical devices to restrain an individual's movement. In the early childhood institution (ECI), restraint is usually used as a last resort. It is extremely important that each ECI staff trained in appropriate methods of physical restraint of children.

### ***Physical Restraint – When to restrain a child***

Physical restraints should be acts of care and control designed to ensure that the child and others are safe. Physical restraint of a child should only be used if it is the only means of securing the welfare of that child or the other persons present. In such circumstances it must be reasonably believed that:

- ❖ the child will cause physical harm to him/herself or another person;
- ❖ the child will run away and put themselves or others at serious risk of harm; or
- ❖ the child will cause significant property damage which may have a serious emotional effect or create physical danger.

### ***How to restrain a child***

Restraint of children must be done in such a way that the process does not harm the relationship between the caregiver and the child, but instead creates the possibility of making progress when the situation has passed.

There are three important factors involved in appropriately restraining children:

- ❖ How you think;
- ❖ How you act;
- ❖ What you do.

### ***How you should think***

How you think will affect, and dictate how you act. Therefore it is important to be in the right frame of mind.

- ❖ Set aside unhelpful thoughts;
- ❖ Think of the child as a unique individual and each occasion as a unique occasion;
- ❖ Be aware of your own emotional state and that restraint happens within the context of a relationship;
- ❖ Be aware of the child's medical history and of anything that may increase or reduce the likelihood of things getting worse;
- ❖ Try and work out the reason why the child is behaving in an unacceptable way;
- ❖ Think of violence and aggression as a form of strong communication and avoid becoming defensive;
- ❖ Consider how you speak with your co-workers. The way you do this can make your thinking clear to the child and help maintain a neutral viewpoint.

### **How you should act**

Physically restraining a child should be perceived as a way of managing their behaviour on the surface, which can pave the way for other therapeutic actions with them later. Consequently the way you act while restraining a child contributes significantly to maintaining the relationship you need for further work with that child.

### **While restraining a child:**

- ❖ always keep calm and be in control acting in a way that absorbs and responds to that aggression without retaliating;

- ❖ choose your words carefully, your tone of voice and pace of speaking should be sensitive to the needs of the child;
- ❖ convey a genuine willingness to help;
- ❖ acknowledge the feelings of the child;
- ❖ let the child know that you are concerned but do not use it as a play for power;
- ❖ always work with, and not compete with the child;
- ❖ Let the process take its time, do not rush, however be cognizant of the child's level of discomfort and the dangers of restraining him/her for too long.

# APPENDIX SIX

## EXAMPLES OF SMALL EQUIPMENT

### COOKING, PORTIONING & SERVICE UTENSILS NEEDED FOR EACH BASIC SCHOOL KITCHEN

No.	Cooking Utensils	# per school	Specification	Comments
1.	Cutting Boards	3	17" x 10½" - Plastic Colour coded red, blue, white	1 of each colour
2.	Measuring spoons	1 Nest	¼ tsp, ½ tsp, ⅓ tsp, 1 tsp, 1 tbsp, ½ tbsp,	
3.	Measuring Cups - Dry	1 Nest	¼ cup, ⅓ cup, ½ cup, 1 cup	
4.	Measuring Cup - Liquid	1	1000 mls or 1 litre Small gradation Stainless steel	
5.	Counter Top Scale	1	5 kilo Gradation of (gms)	
6.	Trolley	1	24" by 12" 2 Tier with casters Stainless steel	
7.	Food Thermometer	2	Refrigerator	

No.	Cooking Utensils	# per school	Specification	Comments
			Food	
8.	Spoodles	3	8 oz, 6oz & 4 oz	1 of each size
9.	Ladles	3	12 oz, 8 oz & 2 oz	2 of each size
10.	Scoops (Food Portioner)	1	size 16	
11.	Baking Trays	2	17½ x 12¾	
12.	Potato Mashers	1	stainless steel	
13.	Rubber Spatula/Scrapers	1	14"	all in one
14.	Mixing Bowls	3	16", 12 & 8	1 of each size
15.	Colanders	1	12" stainless steel	
16.	Service Trays	3	14" x 18"	
17.	Vegetable Peelers	1	stainless steel	
18.	Piano Whisks	1	10 " or 14 "stainless steel	For smaller & larger schools
19.	Pots - small;	1	10, 15, 20 quarts stainless steel	Each school should have at least one pot
20.	Pots - Large	1	20 , 24, 30 or 40 qrts. stainless steel	
21.	Sauce Pans	1	8" or 10" stainless steel	For smaller & larger schools
22.	Tumblers		5 ozs. (no larger than 8 oz)	# of students + 20%
23.	Plates		6.5 ozs.	# of students + 20%
24.	Bowls		11 ozs.	# of students + 20%
25.	Dessert Spoons			# of students + 20%
26.	Cook Knives	1	8" Blade stainless steel	
27.	Vegetable Knives	1	4 " Blade stainless steel	
28.	Cook Spoons	1	15" tall stainless steel	
29.	Cook Forks	1	15" tall stainless steel	

No.	Cooking Utensils	# per school	Specification	Comments
30.	Graters	1	9" x 4" stainless steel	square
31.	Strainers	1	8" circumference stainless steel	
32.	Slotted Spoons	1	12½" stainless steel	
33.	Perforated Spoons	1	12½" stainless steel	
34.	Fry Pans	1	12" or 18"	For smaller & larger schools
35.	Blenders	1		
36.	Mixers	1	1 stainless steel bowl	
37.	Can Opener	1	stainless steel	household type
38.	Aprons	2	Full white, cotton	
39.	Head Covering	1 box	Disposable with Elastic band	

# APPENDIX SEVEN

***PUBLIC HEALTH***

**THE PUBLIC HEALTH ACT**

**REGULATIONS  
(Under section 14)**

**THE PUBLIC HEALTH (IMMUNIZATION) REGULATIONS, 1986**

*(Made by the Minister on the 7<sup>th</sup> day of August, 1986.)*

L.N. 156 / 86

*[ 1<sup>st</sup> September, 1986.]*

1. These Regulations may be cited as the Public Health (Immunization) Regulations, 1986.
2. In these Regulations, unless the context otherwise requires \_\_\_\_  
“child” means a person who is, or in the case of a person whose age is uncertain, appears to be, less than seven years of age;  
  
“contra-indications” means any symptom which indicates that it is likely to be injurious to the health for a person to be immunized;

“immunization” means the process of developing in a person antibodies for protection against diphtheria, pertussis, poliomyelitis, tetanus, tuberculosis, measles or any other disease prescribed by the Minister, by the administering of any immunizing agent approved for the purpose by the Medical Officer (Health) and includes vaccinations and inoculations;

“parent” includes the guardian or person in charge of or having custody of a child;

“public immunization officer” means any Medical Officer or any other person authorized by the Medical Officer (Health) to perform immunizations;

“school” includes day nurseries, day-care centres and basic schools.

3. \_\_\_ (1) Immunization may be performed by a public immunization officer or by a medical practitioner.

(2) Immunization performed by a public immunization officer for the purpose of these Regulations and any examination or certificate issued in connection therewith, shall be free of charge.

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(The inclusion of this page is authorized by L.N. 76 / 1987)

*THE PUBLIC HEALTH (IMMUNIZATION) REGULATIONS, 1986*

4. Every public immunization officer and every medical practitioner shall use only such immunization agent as approved by the Medical Officer (Health).

5.- (1) It shall be the duty of every parent of any child to have the child immunized.

(2) Subject to paragraph (3), the parent of every child within the Island shall cause such child -

(a) to be immunized within one year of the child’s birth or soon thereafter; and

(b) to be re-immunized at such times as may be specified by the Minister or any Medical Officer authorized by him in that behalf, in respect of any disease

(3) Paragraph (2) shall not apply to any child in respect of whom there are contra – indications or if the child is not physically fit to be immunized, and a certificate has been issued by a public immunization officer or a medical practitioner in the form set out as Form A in the Schedule and is in effect.

6. --- (1) In any case where a public immunization officer or a medical practitioner is of opinion that a child examined by him for immunization shows signs of contra-indications or is not physically fit to be immunized, he shall issue a certificate to this effect and deliver it to the parent of the child.

(2) A certificate that a child is not physically fit to be immunized shall remain in force for three months, but shall be renewable for a like period from time to time until such time as the public immunization officer or the medical practitioner considers that the child is physically fit to be immunized

7. A certificate of immunization, together with the particulars set out in Form B in the Schedule, shall be issued by the public immunization officer or the medical practitioner who performed the immunization to any child who is fully immunized.

8. Any public immunization officer or medical practitioner who immunizes any child for the purpose of these Regulations, shall keep a record of the immunization which shall include the date the child was seen, the immunizing agent used and any other relevant information.

***9. (1) Subject to paragraph (2), the person authorized to admit pupils to any school shall not admit any child, or if already admitted, shall not permit any child to continue attending any such school, unless such child or his parent produces, after having been requested to do so, a certificate of immunization issued by a public immunization officer or a medical practitioner for the child.***

***(2) If a child or his parent produces a certificate of contra – indications or a certificate that the child is not physically fit to be immunized, signed by a public immunization officer or medical practitioner, a certificate of immunization is not required for the purpose of paragraph (1):***

***Provided that where there is an expiry date on the certificate, the child shall be requested to produce a fresh certificate on its expiration, and on failure to produce a certificate, the child shall not be admitted to the school until a certificate is produced.***

***10. Any person who contravenes or fails to comply with any of the provisions of these Regulations shall be guilty of an offence, and shall be liable on summary conviction thereof in a Resident Magistrate's Court to a fine not exceeding five hundred dollars, or in default of payment thereof, to imprisonment for a term not exceeding thirty days.***

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(The inclusion of this page is authorized by L.N. 76 / 1987)

THE PUBLIC HEALTH (IMMUNIZATION) REGULATIONS, 1986

SCHEDULE  
FORM A

(Regulation 5 (3) )

**THE PUBLIC HEALTH ACT**

*Certificate of Medical Contra – Indications  
Unfitness for Immunization*

I hereby certify that in respect of -----

(age -----) of -----

-----

there are medical contra- indications relative to immunization generally / immunization

against -----/

is physically unfit\*, and accordingly, he / she\* should not be immunized.

This certificate shall be valid until -----

Dated -----

-----

*Public Immunization Officer / Medical Practitioner*

\*Delete as appropriate

---

(The inclusion of this page is authorized by L.N. 76 / 1987)

THE PUBLIC HEALTH (IMMUNIZATION) REGULATIONS, 1986  
SCHEDULE

FORM B

(Regulation 7)

**THE PUBLIC HEALTH ACT**

*Certificate of Immunization*

Name -----

Date of Birth -----

IMMUNIZATION	AGE IMMUNIZATION GIVEN				
	1ST	2ND	3 <sup>RD</sup>	Booster	
				4 <sup>TH</sup>	5TH
DPT*					
Polio*					
DT					
Tet. Tox. (T. T.)					
Rubella					
Measles (Rubeola)					
BCG					
Other (Specify)					

(The inclusion of this page is authorized by L.N. 76 / 1987)

THE PUBLIC HEALTH (IMMUNIZATION) REGULATIONS, 1986

SCHEDULE *contd.*

FORM B *contd.*

(Regulation 7)

DATE	RESULT	DATE	RESULT
------	--------	------	--------

---

Diam. of Reaction

---

Tuberculin Test

---

Other (Specify)

---

I hereby certify that -----

(aged -----) of -----

-----  
has been fully immunized by me as is shown above.

Dated -----

-----  
*Public Immunization Officer /  
Medical Practitioner\*\**

\*These require 3 doses to be fully immunized.

\*\* delete as appropriate

---

(The inclusion of this page is authorized by L.N. 76 / 1987)

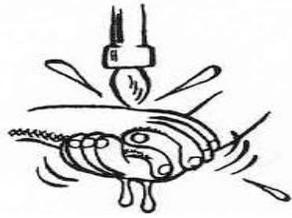
# APPENDIX EIGHT

## DIAPER CHANGE PROCEDURE

1. It is preferable to wear a new pair of disposable gloves prior to each diaper change. If you do not have disposable gloves, wash hands before diaper change.
2. Place child on a clean, disinfected, dry changing table.
3. Clean child's body with a pre-moistened disposable towelette or moist tissue.
4. Replace soiled diapers and clothing with clean items.
5. Place soiled clothes in a plastic bag. Place soiled diapers in a lined and covered trash receptacle.
6. Wash you hands.
7. Wash child's hands under running water with soap and dry their hands with a disposable towel.
8. Return the child to the crib or play.
9. Disinfect the following:
  - i. Diapering area
  - ii. Equipment and supplies
  - iii. Any other surface or furnishings contaminated with urine or feces
10. **WASH YOUR HANDS AGAIN.**

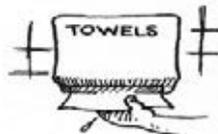


# APPENDIX NINE



## PROPER HAND WASHING

1. Wet hands with water; soap properly; soap back of hands, between fingers and up to elbows.
2. Scrub properly using a brush reserved for nails. Rinse.
3. Soap and rinse the pipe tap.
4. Re-soap hands up to elbows, and rub, for about 20 seconds.
5. Rinse properly under running water or fresh clean water in a clean basin.
6. Dry hands, using disposable towel or non-disposable rag/towel that is washed afterwards.



# APPENDIX TEN

## **APPROPRIATE MIXTURE FOR CLEANING SOLUTION - CLEANING AND SANITISING SURFACES**

One of the most important steps in reducing the spread on infectious diseases among children and child care providers is cleaning and sanitizing of surfaces that possibly pose a risk to children and staff.

Routine cleaning with detergent and water is the most useful method for removing germs from surfaces in the child care setting. However, some items and surfaces require an additional step after cleaning to reduce the number of germs on a surface to a level that is unlikely to transmit disease. This step is called sanitizing. Household bleach and water mixture, or one of a variety of other industrial products can be used.

Sanitizer solutions can be applied in various ways:

- Spray bottle, for diaper changing surfaces, toilets, and potty chairs;
- Cloths rinsed in sanitizing solution for food preparation areas, large toys, books, and activity centers;
- Dipping the object into a container filled with the sanitizing solution, for smaller toys.

The recommendation for the mixture is  $\frac{1}{4}$  to  $\frac{1}{2}$  cup of bleach with a gallon of water to make an effective cleaning solution. The mixture can then be used to disinfect non-porous surfaces like hard plastic, concrete, glass, metal, and solid wood, in order to eliminate mold and other contaminants. The area should be rinsed with clean water, and any excess water should be collected and removed.

Before applying the bleach solution, contaminated surfaces should be thoroughly scrubbed using a stiff brush, hot water and a non-ammonia-based soap or detergent, or a commercial cleaner. All mold and other visible contaminants need to be completely removed. Any excess cleaning liquid should be collected using a wet/dry vacuum, mop or sponge. The affected area

Once the contaminated surfaces or materials have been thoroughly cleaned, the bleach solution can be applied using a spray bottle, garden sprayer, sponge, or some other method of application. It may be desirable to apply the bleach solution to a small area first, to make sure it won't damage the material being disinfected.

When applying the bleach solution, any run-off should be collected using a wet/dry vacuum, sponge or mop. However, the surfaces or materials being disinfected should not be rinsed or wiped off. The bleach solution should simply be allowed to dry.

People using bleach for disinfection should always observe the following precautions:

- Never mix bleach or bleach solution with any product containing ammonia. That could cause the release of toxic chlorine gas.
- Bleach can irritate the eyes, nose, throat and skin. Always make sure the area where you are using it is properly ventilated – for example, by opening a door or window – and protect your skin and eyes from contact with the bleach solution.

*Approved by the Public Health Department*

# APPENDIX ELEVEN

## SUMMARY OF NUTRIENT REQUIREMENTS FOR CHILDREN 0-9 YEARS OLD

(Selected from the "Summary Of Recommended Dietary Allowances Of Nutrients For Use In The Caribbean," CFNI 1993)

Age		0-3 mths	4-6 mths	7-9 mths	10-11 mths	1-3 years		4-6 years		7-9 years		
Gender		MF	MF	MF	MF	M	F	M	F	M	F	
Body Weight		kg	4.5	7	8.5	9.6	13.5	12.9	19.7	18.6	26.7	26.6
Energy <sup>b</sup>		kcal	520	700	810	960	1390	1295	1800	1625	2070	1825
		MJ	2.18	2.9	3.4	4.03	5.81	5.42	7.53	6.79	8.66	7.64
<b>Protein<sup>c</sup></b>		g	9	13	14	14	16	15	22	21	27	27
<b>Fat-Soluble Vitamins</b>	<b>Vitamin A</b>	RE <sup>d</sup> µg	350	350	350	350	400	400	400	400	400	400
	<b>Vitamin D<sup>e</sup></b>	µg	10	10	10	10	10	10	5	5	2.5	2.5
	<b>Vitamin E<sup>f</sup> mg α-</b>	TE	3	3	4	4	6	6	7	7	10	10
<b>Water-Soluble Vitamins</b>	<b>Thiamine</b>	mg	0.3	0.3	0.4	0.5	0.6	0.5	0.7	0.7	0.8	0.7
	<b>Riboflavin</b>	mg	0.4	0.4	0.4	0.4	0.7	0.6	1	0.9	1.2	1
	<b>Niacin</b>	mg	4	5	5	7	9	9	12	11	14	12
	<b>Ascorbic Acid</b>	mg	25	25	30	50	60	60	60	60	60	60
	<b>Pyridoxine</b>	mg	0.1	0.1	0.2	0.2	0.3	0.3	0.3	0.4	0.4	0.7
	<b>Folacin<sup>h</sup></b>	µg	40	40	60	60	100	100	100	100	100	100
	<b>Vit.B<sub>12</sub></b>	µg	0.3	0.3	0.3	0.3	0.8	0.8	0.9	0.9	1	1
<b>Minerals</b>	<b>Calcium</b>	mg	400	400	500	500	500	500	500	500	600	600
	<b>Magnesium<sup>f</sup></b>	mg	50	50	60	60	150	150	200	200	250	250
	<b>Iron<sup>i</sup></b>	mg	6	6	10	10	10	10	10	10	10	10
	<b>Sodium<sup>j</sup></b>	mg	120	120	200	200	225	225	300	300	400	400
	<b>Potassium<sup>j</sup></b>	mg	500	500	700	700	1000	1000	1400	1400	1600	1600
	<b>Zinc</b>	mg	5	5	5	5	10	10	10	10	10	10

<sup>a</sup>The allowances represent daily amounts of energy and nutrients sufficient for the maintenance of health in nearly all people in the Caribbean.

<sup>b</sup>BMR x PAL (Physical Activity Level) for 10 year olds and above (therefore this is not applicable to selected age group)

<sup>c</sup>Adapted from WHO based on egg protein assuming complete digestibility, but adjustment may be necessary for diets based on high vegetable protein.

<sup>d</sup>R.E. = Retinol Equivalents. 1 µg RE = 1 µg retinol (3.3 IU) or 6 µg β carotene (10 IU)

<sup>e</sup>1 µg = 40 IU

<sup>f</sup>α-tocopherol equivalents; 1 mg d-α-tocopherol = 1 α-TE

<sup>g</sup>1 NE (niacin equivalent) = 1 mg Niacin or 60 mg tryptophan

<sup>h</sup>Expressed as free folate activity

<sup>i</sup>Based on 15% absorption for diets containing 14-20% of energy from food from animals

<sup>j</sup>NRC (USA) values. Sodium values are minimum requirements; total day's intake should not exceed 1600-2000 mg.

<sup>k</sup>Supplementation may be required.

# APPENDIX TWELVE

## BASIC PROTOCOL FOR THE TREATMENT OF FEVER AND GASTROENTERITIS

### ACUTE GASTROENTERITIS/DIARRHOEA

#### DEFINITION:

The passage of three or more loose/watery stools in a 24hr period. It usually lasts for less than 14 days. It may not be accompanied by vomiting and fever. In the young child it causes dehydration and when food intake is reduced, it contributes to under-nutrition. Acute dehydration can give rise to death.

**POLICY Re: USE OF ANTI-DIARRHOEALS AND ANTI-EMETICS IN CHILDREN**

*Anti-diarrhoeals (medicines to prevent diarrhoea) must NOT be used in children under the age of 12 years who presents with active diarrhoea. Anti-emetics (medicines that prevent vomiting) must NOT be used in children under 12 years who present with active vomiting. Both are rarely effective and can have serious and fatal side effects.*

#### MANAGEMENT OF ACUTE G.E. IN CHILDREN

**NB.** Never make the diagnosis of GE in infants less than 8 weeks old. Babies at this age presenting with diarrhea and vomiting should be regarded as having sepsis, or serious infections, and should be referred to the hospital for investigations and management.

#### (A) Assessment of Dehydration

	A (Mild)	B (Moderate)	C (Severe)
1. LOOK AT: 1. CONDITION 2. EYES 3. TEARS 4. MOUTH/TONGUE 5. THIRST	1. Well, alert 2. Normal 3. Present 4. Moist 5. Drinks normally, not thirsty	1. <b>Restless, irritable</b> 2. Sunken 3. Absent 4. Dry 5. Thirsty, drinks eagerly	1. <b>Lethargic or unconscious, floppy</b> 2. Very sunken and dry 3. Absent 4. Very dry 5. <b>Drinks poorly or not able to drink</b>
2. FEEL: SKIN PINCH	Goes back quickly	Goes back slowly	Goes back very slowly

3. DECIDE	The child has <b>NO SIGN OF DEHYDRATION</b>	If the child has two or more signs above, there is <b>SOME DEHYDRATION</b>	If the child has two or more of the signs above, there is <b>SEVERE DEHYDRATION.</b>
4. TREAT	Use Treatment Plan A	Weigh the patient, if possible, and use Treatment Plan B	Weigh the patient and use Treatment Plan C <b>URGENTLY</b>

The presence of the following signs will require additional investigations and treatment. Referral to Medical Officer/Nurse Practitioner/hospital as necessary (chronic diarrhea, high fever 101 ° F or 38.5 ° C, blood or mucous in stool etc.)

### Rehydration Therapy

Most patients with mild or moderate dehydration can be successfully rehydrated by mouth. The severely dehydrated child, who can drink should also be given oral re-hydration fluid, but will require IV fluids as well and must be referred to hospital for further management.

### Treatment Plan

Plan A	Plan B	Plan C
Give approx. 50mls /kg of fluids/ORF over 4 hours Reassess as outlined below (50mls. Is 10 teaspoons or almost 2 ozs.)	Give Approx 70ml/kg of ORF over 4hours. Reassess as outlined below	This child must go to hospital. However in the school setting, you may give ORF plan B initially if child can drink, while preparing to send to hospital.

Oral Fluid Replacement can be done with most fluids that the child normally takes, however the most appropriate fluids to give are breast milk, plain water, coconut water, diluted fruit juice, salted soup broth and oral rehydration fluids.

### Instructions for Oral Rehydration:

- Prepare mixture by adding one packet Oral Rehydration Salts (ORS) to one litre potable water.
- Use pre prepared solution where available (casualty or H/C)
- Initiate feeding and show mother how to feed using cup and spoon

- Give small amounts frequently 60 to 90 mls. (2-3ozs) every 30 minutes
- Give OR fluid as per Rehydration therapy”
- Continue breast feeding
- Discontinue infant formula for 6-12 hours, then restart with half strength milk feeds.
- DO NOT FORCE FEED ( The Dehydrated Child Will Drink))
- Do not use anti-diarrhoeal nor anti-emetics .
- Observe state of hydration between feeds.
- Observe child for 2-3 hours/until rehydration and feeds are being tolerated.
- Give caregiver instructions to continue feeding at home on the following:
  - ◆Preparation of O.R.F at home
  - ◆Recognition of danger signs of dehydration
  - ◆How to feed infant after rehydration.

If child is not responding, refer to hospital immediately.

## **EDUCATION TO CAREGIVER**

Give child as much as he/she will drink, but do not force feed.

1. Do not use anti-diarrhoeal nor anti-emetics .
2. Prepare the oral-electrolyte fluid (ORF) – one packet of salts to be added to one-quart clean water. Make fresh solution each day.
3. Feed from cup and spoon.
4. Continue breastfeeding – feed every hour. If not breastfeeding, restart half strength milk feeds; 1-2 cups every one to two hours. Give one feed of (ORF) each time the child has a large watery stool. In addition give drinks of coconut water, orange juice,
5. Let child drink a lot – give small amounts very frequently.
6. Restart on full strength milk feeds after 24-36 hours when stools are pasty and there are no more signs of dehydration.
7. Restart the child on semi-solid diet, eg. Porridge, thick soup.
8. Reintroduce soft blended foods such as crushed potatoes, bananas, etc. by the third day.
9. Once diarrhoea has stopped give 1 extra meal to the child each day.
10. Return with child if no signs of improvement, or child is getting worse – i.e. If signs of dehydration appears, or the child develops a fever.
11. Attend health centre for immunization and nutrition education.

12. Practice hygiene in child care. (proper disposal of faeces including children's faeces and diapers. Wash hand with soap and water after passing stool and after each diaper change and before preparing meals.

*N.B. This Guide does not apply to children with moderate or severe malnutrition. Fluid requirements must be modified in these children and volumes in excess of 150 ml/kg day should not normally be prescribed. Such children should be managed in hospital.*

*Adopted from the Family Health Manual, Ministry of Health*

# APPENDIX THIRTEEN

## **ROLE AND FUNCTION OF PRESCRIBED PERSONS**

The concept of the “village raising a child” extends to the professional arena as well and while some workers may have misgivings about the possible personal consequences of “blowing the while” on real or perceived child abuse, the Act does provide some safeguards.

### **Mandatory reporting**

Prescribed Persons are obliged to make a report to the Children’s Registry, if the information they may require due to their duties or occupations, they have good reason to suspect that a child has been or is in danger or being abandoned, neglected, physically or sexually ill-treated, or is otherwise in need of care and protection.

The Act defines Prescribed Persons as:

- (ii) Health professionals – physicians, nurse, dentist or other health or mental health professional;
- (iii) Hospital facility administrator;
- (iv) School Principal, teacher or other teaching professional
- (v) Social worker or other social service professional;
- (vi) Owner, operator or employee of a child day care centre or other child care institution;
- (vii) Guidance Counsellor; or any other person who by virtue of his employment or occupation has a responsibility to discharge a duty of care towards a child;

1. The Report must be made without delay at the offices of the Children’s Registry.
2. The penalty for not making a report is a maximum \$500,000 fine or six months imprisonment or both.
3. The person making the report cannot be sued for doing so if it is made in good faith, i.e. the person genuinely believed it to be true.
4. The penalty for knowingly making a false report to the Children’s Registry is a maximum fine of \$250,000.00 or three months imprisonment, in default of payment.

Health professionals should ensure that in exercising their duty to report, due care is taken to determine whether the child in question is in danger of being “sexually ill-treated” by virtue of her request for contraceptive advice, counseling and treatment, in accordance with provisions set out in the recently introduced Ministry of Health’s Policy Guidelines for Health Professionals. While the guidelines place an ethical obligation to provide confidential services to persons under age 16, it also allows for disclosure in the event of sexually transmitted infections, pregnancy and sexual violence. In every case, the best interest of the child is to be protected.

*(Taken from The Child Care and Protection Act 2004 – Implementation Handbook for Professionals. See also Section 6 of the Child Care and Protection Act.)*

***LIST OF CHILD DEVELOPMENT AGENCY OFFICES BY PARISH***

**Corporate Area**

2-4 King Street

80 Main Street  
Santa Cruz

Square One Plaza  
41 Main Street  
St. Ann’s Bay

**Parish Offices**

**St. Thomas**

4 ½ Mirmar Road  
Morant Bay

**Clarendon**

16a Manchester Ave  
May Pen

**Trelawny**

8 Duke Street  
Falmouth

**St. Catherine**

6 Nugent Street  
Spanish Town

**St. Mary**

Main Street  
Highgate

**St. James**

4 Kerr Crescent  
Montego Bay

**Manchester**

9 North Race Course  
Mandeville

**Portland**

Shop 42 West Palm Court Plaza  
17A West Palm Court  
Port Antonio

**Hanover**

United Church Building  
Church Street  
Lucea

**St. Elizabeth**

**St. Ann**

**Westmoreland**

United Church Building  
Beckford Street

Savannah-la-mar



# OFFICE OF THE CHILDREN'S REGISTRY

The Child Care and Protection Act, 2004

Form of Report to the Registry under Section 6 of the Act

*(Please complete in legible script using blue or black ink and submit forthwith to the office of the Children's Registry or to the nearest registration centre.)*

## PART 1

### PARTICULARS RELATING TO CHILD IN RESPECT OF WHOM THE REPORT IS MADE

*(All items in this Part are to be completed to the best of the reporter's knowledge)*

a. Name of child:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Nickname/Petname

b. Date of birth:

YY MM DD

or, if date of birth is unknown, estimated age: \_\_\_\_\_

c. Gender:

M F

d. Location -

Home address: \_\_\_\_\_

Name and address of school: \_\_\_\_\_  
\_\_\_\_\_

If home or school address is not available, or if the child is located elsewhere, please give other details that can be of help in locating the child: \_\_\_\_\_  
\_\_\_\_\_

e. Name (s) of parents or guardians: \_\_\_\_\_

f. Address of parent or guardian, if different from home address of child:  
\_\_\_\_\_

g. Number of siblings or other children living with the child, as well as their names and ages: \_\_\_\_\_  
\_\_\_\_\_

h. Impairment or disability affecting the child:

Physical  Mental

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# OFFICE OF THE CHILDREN'S REGISTRY

The Child Care and Protection Act, 2004

Form of Report to the Registry under Section 6 of the Act

## PART 2 - DETAILS OF THE INCIDENT BEING REPORTED

(ALL items in this part ***MUST*** be completed)

a. Does the child appear to have been, or is the child at risk of being, abused or ill-treated:

Physically  Sexually  Mentally

Give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Has the child been abandoned or neglected? Yes  No

Give details: \_\_\_\_\_  
\_\_\_\_\_

c. Give details of any other circumstances why it is believed or suspected that the child may be in need of care and protection: \_\_\_\_\_  
\_\_\_\_\_

d. Location where the abuse or relevant incident occurred: \_\_\_\_\_

e. Date on which the abuse or relevant incident occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

f. Date on which the reporter acquired the information: (if specific date is not known, give best estimate):

\_\_\_\_/\_\_\_\_/\_\_\_\_

g. Give details of any signs of previous abuse or neglect: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. Is the child in need of emergency assistance? \_\_\_\_\_

i. Give details of any other action taken in the matter, aside from this report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# OFFICE OF THE CHILDREN’S REGISTRY

The Child Care and Protection Act, 2004

Form of Report to the Registry under Section 6 of the Act

### PART 3 - DESCRIPTION OF SUSPECTED OFFENDER

*(ALL items in this Part must be completed to the best of the reporter’s knowledge)*

a. Name of the person suspected to have committed the act or omission leading to the child’s need for care and protection:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First Middle Nickname/Petname

If the name of the suspected offender is unknown, please give a description that can help in identifying offender:

\_\_\_\_\_

b. Relationship between the suspected offender and the relevant child:

\_\_\_\_\_

c. Estimated age of the suspected offender: \_\_\_\_\_

d. Gender: M  F

e. Home address of the suspect offender or, if unavailable, any other details that can help in locating the suspected offender: \_\_\_\_\_

\_\_\_\_\_

### PART 4 - REPORTER CONTACT INFORMATION

*(Completion of this Part is not mandatory, but if completed will facilitate –*

- *Reporter’s proof of compliance with the duty to report under the Act ;*
- *The receipt of any supplementary report that the reporter may file at a later date).*

a. Name of Reporter: \_\_\_\_\_ Signature: \_\_\_\_\_

b. Occupation: \_\_\_\_\_

c. Address and telephone number or email address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Relationship to the relevant child: \_\_\_\_\_



**OFFICE OF THE CHILDREN'S REGISTRY**  
**The Child Care and Protection Act, 2004**  
**Form of Report to the Registry under Section 6 of the Act**

*PART 5 –*  
*(To be completed by Registry Official)*

Date of submission of report: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Report identification number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Interviewer: *(where verbal report is made under regulation 3(4))*: \_\_\_\_\_

# *Notes*