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State of New Jersey,
Department of Institutions and Agencies,
Division of Public Welfare,



STANDARDS FOR GROUP DAY CARE OF INFANTS

Introduction

A person or group of persons planning to open or who operate a group day care center for children under the age of two must meet the following standards.

Although the notion of group day care of children from birth to two years of age is relatively new, such notion has as its base the newly emerging concept that some infants can, contrary to past professional belief, benefit greatly from a structured, controlled and professionally supervised group program. This concept suggests still another method or resource by which very young children may be exposed to a positive program of professional care geared toward their optimum social, emotional, intellectual and health needs.

New Jersey is a pioneer in this field. Through its Bureau of Children's Services, it tested such a program for the care of infants of migrant laborers with positive results. Subsequent and continuing studies throughout the nation have also produced positive findings.

Accordingly, these Standards for Group Day Care of Infants have been promulgated to assist interested groups in establishing and/or administering professional programs.

Definition and Objectives

Group Day Care of Infants is a service which provides, in a warm comfortable atmosphere, appropriate care, protection and opportunity for physical, emotional and intellectual stimulation on behalf of babies and toddlers up to two years of age for all or a major part of the day on a regular basis. Its purpose is to encourage a child's developmental process, provide protection, supervision and guidance.

Infants Who May Need Group Care

Day care should be available to all segments of the population and group day care of infants represents one specific approach to the needs of children. Children for whom this service may be used include:

1. Children where one or both parents are employed, studying, or in training.
2. Children from one-parent families.
3. Children in families where constant pressures hamper care of the child during the day.
4. Children in families where an illness of a family member may demand a great deal of the parent's time and attention.
5. Children with special needs.

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Space Requirements

Housing In General

Facilities may be constructed, designed, or adapted for infants to include adequate space for cribs, playpens, toilet care, and food service. No basement rooms shall be used. Rooms being used for family living accommodations shall not be used for infant care. Infants are to be in rooms separate from toddlers and older children.

Walls and floors shall be of such material that is easily cleaned and contain no toxic materials such as lead paint. An even temperature shall be maintained at 68°-72° from floor to ceiling, with good ventilation. Adjustable shades or curtains shall be provided and used for creating a restful atmosphere for napping.

Approval of housing must be obtained in writing before opening from local fire department for safety from fire hazards, safety equipment, two exits to outside, evacuation procedures, and other local regulations.

Housing must also be approved by local Health Department for sanitation, structure, absence of potential hazardous conditions and materials. This approval shall be in a written form.

There shall be facilities for proper sterilization of toys, equipment, and supplies used with this group, and/or proper refrigeration, storage, and preparation of formulas or other infant feeding according to public health standards.

Any centers which admit children under two years of age shall provide an area for them which is separate from the older children's area.

Sleeping Room

A maximum number of 12 babies shall be in one room, if other space requirements are met. Cribs may be placed end to end, if placed parallel or in another arrangement, sides must be three feet apart. Space shall be allowed for at least one adult chair and rocking chair, for activity of babies outside of cribs or playpens. Provision shall be made for changing positions of young infants at regular intervals.

Play Rooms

There shall be a minimum of 35 square feet per child of indoor, usable space. There shall be no more than 5 toddlers in one indoor play area. Rooms shall meet other housing requirements, be evenly heated, have floors that are easily cleaned. There shall be no hazardous objects such as heaters or exposed electrical outlets. Windows must be sturdily constructed, screened, lockable. Lighting shall be defused with a minimum of 40 candles of light in all areas.

Arrangement of room shall allow freedom of movement and of emerging skills in a safe, supportive atmosphere. Low, open shelves are recommended to allow free access by children to an adequate assortment of safe toys appropriate to age and stage of development.

Toilet Facilities

Provisions shall be made for keeping facilities hygienically clean and well ventilated. There shall be adequate counter space for bathing babies. There shall be one child-sized toilet training chair for every three toddlers. There shall be one toilet for every six children.

Toilet training, as appropriate, shall be undertaken only when staff and parents agree that the child is ready for such training.

Changing, storage, and laundering of diapers shall be handled with particular care and the following practices employed:

1. Diapers should be kept in a central place and children changed at a central table. Sheets of paper should be used on the table and disposed of after each child has been changed. (Disposable diapers as well as wash cloths are recommended.)
2. Persons changing diapers shall employ proper hand-washing techniques after each change and shall not go from one infant to another without having accomplished this.
3. Containers for soiled diapers shall be provided for each child's individual laundering unless a commercial diaper service is used by the center.

Adult toilet facilities shall be in a separate area.

Feeding Facilities

Equipment must be adequate to assure safe preparation and storage of formula and food. Food measures shall be adequate, balanced, attractive to support growth, health, and prevent illness. (See Nutrition Section) Drinking fountains are to be discouraged. Individual disposable cups are preferred.

Each child shall be removed from his crib and held or placed in a chair for all feedings, and removed from the crib at other intervals during the day for individual cuddling and permitted to crawl or toddle as age and development permit.

Equipment and Materials

All equipment to be used by children shall be sturdy, child-sized, including high chairs, small chairs, jump seats, rockers. Equipment shall be sufficient to offer variety of educational, physical and sensory experiences.

Playpens are not for sleeping or prolonged use. Provisions must be made for cleaning before being assigned to a different child.

Staff

It is imperative that staff be in good physical and emotional health.

The intent of the following staff pattern is to have the same persons regularly care for the same children. This fosters a warm permanent relationship. This

staff pattern is minimal. More staff is recommended as indicated. Every effort should be made to use the same substitutes in order to maintain continuity of staff. This is of great importance to the child's development.

Requirements

1. Director

The Director shall possess a baccalaureate degree plus five years of experience in child care with very young children. Up to two years of graduate education in the fields of Social Work, Early Childhood Education, Child Development, Pediatric Nursing, Psychology or Home Economics may be substituted for the experience requirement on a year to year basis.

The Director shall be a full-time employee.

2. Registered Nurse

A Registered Nurse, who shall be available to supervise the general care of children under two years of age and to instruct other staff in proper techniques required for the children's health and general welfare, must meet the requirements for such title. The Registered Nurse shall be on the premises a minimum of once a week, during the hours of operation, remaining as long as may be required to observe and assure that proper care of the children is maintained. Additional visits shall be made as often as circumstances require.

3. Child Care Worker (full-time)

A child care worker must be interested in and experienced in the care of children. Previous experience in a recognized child care agency would be helpful.

4. Assistant Child Care Worker (full-time)

The assistant child care worker must be interested in children and be capable of exercising good judgement.

The following child care staff must be maintained:

For each group of up to eight children, ages six months and older, there must be at all times:

- (a) one child care worker for the first three children
- (b) one assistant child care worker for the next three children
- (c) one additional assistant child care worker if there are more than six children

For each group of up to six children six months of age and under, there must be at all times:

- (a) one child care worker
- (b) one assistant child care worker

Performance of all staff working with children must be evaluated periodically.

All staff must have an annual physical checkup which should include a chest x-ray.

Recommended

Teacher (Part-time)

Certified by the Department of Education in early childhood education.

Consultant Services

Budget should give leeway to obtain any necessary consultant services, such as Nutrition, Pediatrics, Nursing with Pediatric or Public Health Orientation, Early Childhood Education, Social Work, Psychological or Psychiatric Services geared to children.

Some General Program Considerations

In order that the young child's basic needs may be met, consideration should be given to:

1. Careful planning with the parents for the baby's transition from home to the center in the morning and return to home in the afternoon.
2. Continuity and consistency of care for each baby; there should be one staff person to whom the baby relates and knows the baby and his requirements.
3. Development of sensitivity to each child's readiness for new experiences.
4. Individual attention, cuddling, "talking to" at feeding time, diapering time, play time.
5. A play environment that is appealing to children -- well equipped, orderly, protected, challenging, age-appropriate.
6. Parents as partners in planning and as the important and responsible figures in the baby's life.
7. Arrangement of space so that different children may concurrently participate in different activities. For example, this will permit those children to rest who need it while other children may have a need for active play or some quiet activity.
8. It shall be the responsibility of the staff in the program to encourage the development of:
 - (a) meaningful, trusting, and stable relationships;
 - (b) autonomy in children through self-help and self-initiated activity;
 - (c) exploration and curiosity.
9. Corporal punishment is prohibited. There shall not be any harsh, primitive methods of control and/or training of children. No type of mechanical restraint or forced training shall be used.

Any schedule of activities included in an overall program must of necessity be suggestive and used in a flexible manner by the staff as they individualize not only the needs of their particular age group but good planning must give due consideration to the differences of the children comprising the group. A guiding principle is that young children gain security from routines and consistency. A developmental program should be assigned to help the child to become maximally aware of the world around him, create a desire to participate in what's going on, and develop a confidence that what he does has some impact on it. This can be done through varied stimulation and by participating in varied and increasingly complex experiences. Activities planned for the child should be in consultation with the parent and the center's director.

Group Size

The maximum number of children registered in one group should not exceed eight of which no more than four should be from six months to one year. Children under six months shall be grouped together with a maximum of six in one group. Each unit shall consist of the same children regularly.

Group Composition

It is suggested that the upper age level not be set rigidly but that groups include an age range of six months to 30 months to provide more natural stimulation for each child. Whether groupings should cover a narrow or wide range will depend primarily upon the individual needs of children in the group and upon the availability of openings in the older age groups. Children not walking independently should be in one group. Children walking independently should be in another group.

Working With Parents

Working with parents is a very important part of a day care center program. Counseling of parents shall be available in the center or, where necessary, they should be referred to other community agencies. One person such as the director, head teacher, or social worker associated with the center may assume the major responsibility for working with parents.

It is essential that the parents be involved in all aspects of the center's program. There should be a Policy Advisory Committee consisting of parents and representatives from the general community. Parent activities should be planned in accordance with the individual needs and problems of the parents so as to support them in fulfilling their parental responsibilities, to enhance the parent-child relationship and help the parent to coordinate the child's home and center experiences.

The day care center should avoid taking over responsibilities which parents can continue to carry. The mother and father of each child should be helped to feel that they are a part of a cooperative process in which they, as well as their child, are involved as persons. From the casual daily contact, as well as in the planned interview or conference, their primary responsibility for the welfare of their child remains theirs.

Preparation of Child

The admission of the child into the center should be handled by the parents and

center staff in a manner that the child will anticipate his enrollment as appropriate and with as much feeling of security as possible. Preadmission visits by parents and child should be planned as required. The parent should accompany the child at the point of actual admission, and should stay in the center in a comfortable spot accessible to the child until it is agreed by the mother and center director that the child is able to have her leave. Opportunities must be provided the parents at times convenient to them to work with and observe their children in the day care facility. The mother through observation and tactfully guided participation learns about children and her own child in particular.

Records

A center cannot successfully operate and meet the needs of the children and the families served without records containing many kinds of information. To be useful, records shall be accurate and kept up-to-date. All records should be filed in specifically assigned places and always accessible to the persons needing to use them.

Individual records shall be kept of the personnel. These are confidential and should be treated accordingly. This information should include a current and past record of the following:

1. A health record.
2. Evidence of qualifications for the position held specifying training received subsequent to employment.
3. Periodic evaluations of job performance.

Individual records for the children should include the following information:

1. A pre-registration certified statement of health status and recommendation.
2. Plans and status on any needed health follow-up.
3. An emergency care plan.
4. Regular entries of observations by staff members.
5. Signed permission from parent for trips.
6. Summary of periodic parent conferences.
7. Description of any accidents.

The importance of administrative records is most obvious and are generally kept by child care programs to meet their specific operating needs.

Meeting Health Needs

Pre-Admission Procedure

This examination is required so that undue responsibility shall not be placed on the center staff. The center should receive for each child enrolled a report that includes an assessment of his present health status, explanation of any

current problems, level of development, dates of immunization, history of allergies, and the recommended feeding program. There shall be a tuberculin skin test at the appropriate age with adequate follow-up for positive reactors. During the intake interview, the staff member shall observe the child and obtain from the mother her estimation of the child's development in specific areas, such as communication, eating, sleeping, etc. Upon admission, the center shall initiate a daily record of child's activity and general development. Such information should be shared with the family along with remedial suggestions and/or a guide to available resources. For children needing special services or medication, a written order from a physician shall be required.

Emergency Procedures

All centers shall provide for emergency care needs, such as recommended in the American Academy of Pediatrics Emergency Care Chart. All employees shall be thoroughly instructed in rules and regulations in case of emergency. In each child's folder there shall be a signed consent slip for emergency treatment, the name of the hospital to be called and/or physician, the parent's phone number, and an emergency phone number, as well as the parent's hospital insurance policy number.

An isolation area will be provided for children who become tired, ill or upset, where ongoing care and observation will be provided.

First Aid supplies shall be available at all times. Meticulous concern for health care and protection/prevention shall be maintained.

Clothing

Provision and maintenance of clothing is the parent's or guardian's responsibility. A complete change of clothing shall be kept at the center. All clothing should be kept clean. Each child's clothing should be stored separately in a paper bag or appropriate container which is properly identified. All individual clothing items shall be labeled.

Infant's clothing needs to be safe, clean and protective. Infant's clothing should include enough diapers, shirts and bibs to provide for necessary changes. As a minimum, between 6-10 diaper changes a day is recommended. Diapers of light weight, moisture absorbent, non-bulky fabrics are best. Infant's clothing should be of soft cotton fabric that will not irritate tender skin. For bed time or naps, gowns or sacques, with drawstring closure at the bottom, and which are long enough to insure freedom of leg movement, plus light blanket when needed, are all that is necessary.

Food Planning

Introduction

Children, as adults, have varying food needs and preferences. Experiences show that children, when provided with a varied and adequate choice of foods, will tend to select an adequate diet to meet their individual nutritional needs.

If a child persists in refusing to eat or in selecting an unbalanced diet, this may be for physical, emotional or cultural reasons and should be investigated.

It should be recognized that eating habits of children are influenced by eating patterns at home. The adjustment of a child to new experiences in the day care center and new foods offered there may present temporary difficulties. By and large children enjoy eating.

In a five to seven hour day children in the center should be served food which will provide at least one-third to one-half of the Recommended Daily Dietary Allowances of the National Research Council in one meal and two snacks. Children receiving care longer than seven hours, at least two thirds of the Daily Dietary Allowances should be provided by serving two main meals and two snacks.

Feeding Infants Under One Year of Age

Prescribing of formula, type, amount and schedule of feeding, as well as of additional foods and vitamins is the physician's responsibility. Ready-prepared formulas may be used if prescribed by a physician. Where formula is used, it should be brought daily by the mother with the child to the center. The number of such bottles should be sufficient to meet the infant's need for the day plus an extra bottle, which could be used in case of accidental breakage or clogged nipple. (If not used, the mother can use this extra formula bottle for feeding the child on his return home.) The staff will place the prepared formula bottles immediately in the refrigerator, and will warm each bottle before use, as indicated.

The center staff shall be informed about the child's feeding schedule including what, how much, when and in which manner foods other than formula should be offered the infant. It is important for the staff to know the particular feeding habits and preferences of the baby. The serving of meals shall be individualized as each baby will be hungry on his own schedule.

As a rule, pasteurized whole cow's milk is given, instead of formula, by age of six months, cereals are introduced about the third month, sometimes in the second month. In the third month pureed fruit and vegetables may be introduced. By the fourth month meat may be fed in small quantities. In the fifth month, egg yolk may be started and mashed potatoes given. By the sixth month, crisp toast or infant biscuits can be offered. As the child grows older, a greater variety of foods should be introduced.

Before the age of one year, a gradual change should have been made from pureed foods to coarser, lumpier consistency. At this time, raw bananas, avocados, scraped apples can be offered. Between the ages of one and two years, raw vegetables can be introduced such as shredded carrots, peeled tomatoes, etc.

Suggested Daily Meal Pattern for
Day Care Centers with Special Food Service Programs for Children
to Meet Requirements

<u>Breakfast</u>	<u>Amount</u>			<u>Sample Menus</u>	
	Age 1-3 years	3-6 years	6-12 years		
Fluid Whole Milk	1/2 cup (4 oz.)	3/4 cup (6 oz.)	1 cup (8 oz.)	Milk	Milk
Fruit Full Strength Fruit or Veg. Juice	1/4 cup (2 oz.)	1/2 cup (4 oz.)	1/2 cup (4 oz.)	Orange Juice	Tomato Juice
Whole Grain or Enriched Bread or Cereal or Equivalent	1/2 slice bread or 1/4 cup cereal or equivalent	1/2 slice bread or equivalent or 1/3 cup cereal	1 slice bread or equivalent or 3/4 cup cereal	Roll	Wheat Flakes
Butter or Fortified Margarine (optional)	1/2 tsp.	1/2 tsp.	1 tsp.	Butter or Fortified Margarine	
<u>Lunch or Supper</u> Fluid, Whole Milk	1/2 cup (4 oz.)	3/4 cup (6 oz.)	1 cup	Milk	Milk
Protein Food	** 1 oz. (edible portion)	**1 1/2 oz. (edible portion)	**2 oz. (edible portion)	Hambur- ger	Baked Ham
Veg. or Fruit	2 T.	1/4 cup (4 T.)	1/4 cup (4 T.)	Mashed Potato	Green Beans
Veg. or Fruit	2 T.	1/4 cup (4 T.)	1/2 cup (4 oz.)	Spinach	Sliced Peaches
Enriched or Whole Grain Bread or Equivalent	1/2 slice	1/2 slice	1 slice	Bread	Corn Bread
Butter or Fortified Margarine	1/2 tsp.	1/2 tsp.	1 tsp.	Forti- fied Margar ine	Butter
Dessert (Optional)				Butter- scotch Pudding	Rice Pudding