

Standards for Ministry of Public Health Affiliated Nurseries in Lebanon



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Preamble

Nursery standards have become a critical quality assurance feature that guide early childhood education (Merrill et al., 2020). Standards are essential to warrant effective programming and delivery of services to improve child outcomes (ECQA, 2021). Moreover, the availability of early learning standards in nursery settings is a critical aspect at the level of the country as it ensures the protection of children in care and guides staff members and caregivers to comply with rules, laws, and regulations (Texas Health and Human Service Commission, 2021). Quality assurance provides a comparative database for nurseries to meet structure, process and outcome standards and apply “best practices” within their settings. Based on evidence, nurseries should apply minimum requirements that ensure the safety, well-being, and development of children (NAEYC, 2021). These standards include chapters related to governance, human resources, education, curriculum and play, health & safety, infrastructure and sanitization, inclusiveness and equal opportunities and working in partnership with parents, nutrition and physical activity.

These standards are developed as part of a partnership between the Knowledge to Policy (K2P) Center at the American University of Beirut and the International Rescue Committee (IRC) and in collaboration with the Ministry of Public Health (MOPH).

Standard Development Methodology

The standards were developed using a systematic and comprehensive approach that builds on evidence from international and regional standards from countries that include Dubai, Saudi Arabia, Nottingham, US – Philadelphia and Australia, as well as national guidelines and Lebanese laws and regulations (figure 1). An extensive review of current guidelines, regulations and policies was conducted whereby 59 reports, 49 single studies and 46 systematic reviews were screened for best practices. A local assessment was also conducted in nurseries based on a pre-determined survey, which informed the current situation of the nurseries in Lebanon. The survey

included sections on governance, human resources, health & safety, working in partnership with parents, inclusiveness and equal opportunities, nutrition and physical activity, infrastructure and sanitization, and education curriculum and play. Questions were divided among three surveys assessing the individual, institutional and onsite levels. The outcomes of the local assessment were compared with international best practices in nurseries. Three expert group meetings whereby participants assessed the standards and guiding measures based on their areas of expertise. Standards were revised and piloted in four nurseries. A workshop for training of trainers was conducted over two days to prepare participants to become trainers of the standards in nurseries in Lebanon.

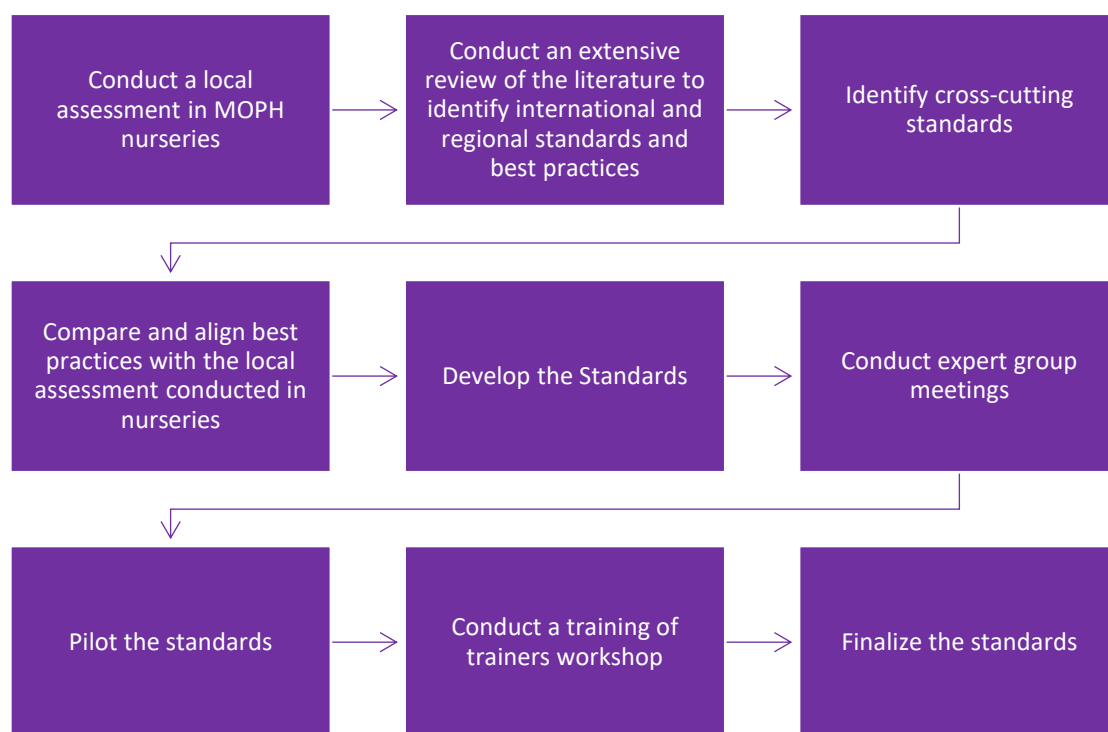


Figure 1: Standard Development Process

Standards

Governance

Introduction

The Governance Chapter ensures that the nursery is following all licensing laws and decrees required by the Ministry of Public Health (MoPH). This chapter also guides nurseries to achieving excellence in governing practices that include policies and procedures. It also tackles Children Group Size and Teacher-to-child ratio as essential components of effective early care and education. It ensures quality improvement and efficient financial management at the nursery.

The Governance Chapter targets the following sections:

- Licensure requirements
- Vision, mission, objectives, and plans
- Manager roles and responsibilities
- Child file
- Staff absence plan
- Children group size and teacher/child ratio
- Quality improvement plan
- Child transition plan
- Financial management system
- Advisory committee

Each standard was supported by a corresponding set of guiding measures that further clarify the standard. The guiding measures aim to facilitate the implementation of the standards and to guide the nursery in fulfilling the objective of the standard.

Standards

Standards and Guiding Measures	Level
1. The nursery's operational structure abides by relevant licensing laws and policies (licensure decree No. 4876)	
Guiding Measures:	
1.1. A documented license with an early care and education license from the Ministry of Public Health is issued to the nursery	1
1.2. The nursery has a license that complies with the licensure decree No. 4876 and its subsequent decisions from the Ministry of Public Health	1
1.3. The registered facility is only used during operating hours	1
1.4. The nursery abides by the decree No. 4876 and its subsequent decisions of the Lebanese Ministry of Public Health which indicates that the hierarchy of the human resources should consist of a director, teachers, teacher assistant, nurse, nurse assistant, and at least one helper available during operating hours	1
1.5. An organizational chart with clear lines of responsibilities and roles is implemented in the nursery	1
2. The nursery management develops and approves the vision, mission, objective, strategic and operational plans	
Guiding Measures:	
2.1. The nursery management develops and approves the vision, mission, and objective that guide the services provided at the facility	1
2.2. The nursery management develops a strategic and operational plan that is aligned with the vision, mission, and objective	2
2.3. The strategic plan is developed based on an assessment of the nursery's strengths, weaknesses, opportunities, and threats	2
2.4. The strategic plan is developed based on an assessment of the nursery's strengths, weaknesses, opportunities, and threats	2
2.5. The nursery engages and connects with its staff members to identify the service needs and their implementation plans	1
2.6. The nursery engages and connects with its extended community to identify the service needs and their implementation plans	2
2.7. The strategic and operational plans are developed and evaluated on an annual basis or when needed	2
3. The nursery is managed by a qualified person having clear roles and responsibilities	
Guiding Measures:	

3.1. The manager has a minimum of 2 years of experience working in a nursery or in the field of early childhood development	1
3.2. The education coordinator is responsible for the overall supervision of the nursery environment, staff and parents	2
3.3. The manager is responsible for the supervision of the program preparation, the assigned duties, and the set timetable for implementing activities in cooperation with the Education Coordinator	2
3.4. The manager is responsible for the supervision of the relationship between parents and staff	2
3.5. The manager is responsible to develop and approve the plans at the nursery (e.g., educational plans, developmental plans) in cooperation with the Program/Education Coordinator, when needed	2
4. A file for each child is documented in the nursery	
Guiding Measures:	
4.1. The child's file includes but is not limited to: 4.1.1. The attendance register application 4.1.2. The child's medical reports, vaccinations, and examinations 4.1.3. Parents' instructions related to the child's health 4.1.4. The child's progress report (e.g., learning process is observed and recorded by staff based on developmental outcomes)	1
4.2. Staff communicate with parents to ensure that information is provided for the child's record to ensure appropriate care	1
4.3. The individual child record and referrals are retained for a certain period after he/she leaves the provision	2
5. A staff absence plan is implemented in the nursery that covers for unexpected staff absenteeism	
Guiding Measures:	
5.1. The nursery management develops and implements a documented staff absence plan that covers for unexpected staff absenteeism	2
5.2. In the event where the manager is absent for any reason, a previously nominated representative takes charge	2
5.3. The staff absence plan is monitored and evaluated annually or as needed	2
6. Children groups enable safe, inclusive, and efficient supervision, education, and play	
Guiding Measures:	
6.1. Children are divided into groups according to their age range 6.1.1. Child groups aged between 0 to 18 months do not exceed 10 children 6.1.2. Child groups aged between 18 months and 3 years do not exceed 20 children	1
6.2. Specific staff-to-child ratios apply to different age groups	1

6.2.1. The staff-to-child ratio for children aged 0 to 18 months is 1:3	
6.2.2. The staff-to-child ratio for children aged 18 months and 3 years is 1:4	
7. There is a quality improvement plan for staff in the nursery	
Guiding Measures:	
7.1. A staff member is assigned for monitoring and evaluation of the quality improvement plan	2
7.2. A staff improvement plan is implemented based on pre-assessment of gaps and shortcomings	2
7.3. A delineated plan is developed and implemented to monitor staff improvement every 6 months	2
7.4. A delineated plan is developed and implemented to monitor and evaluate the quality of services provided on an annual basis	2
7.5. There is a quality management and improvement plan in the nursery	2
7.6. A quality improvement plan is developed based on a pre-assessment of quality improvement needs and services	2
7.7. The quality improvement plan is implemented, monitored, and evaluated on an annual basis	2
7.8. The quality improvement plan aligns with the strategic and operational plans of the nursery	2
7.9. On a regular (at least twice a year) basis, the nursery management reports on key performance indicators based on the quality improvement plan to the management at the Ministry of Public Health	2
8. The nursery has documented policies and plans that ensure a safe child transition and adaptation from home to nursery and from preschool to school	
Guiding Measures:	
8.1. A documented policy on the transition and adaptation of children from home to center is available in the nursery	1
8.2. A documented policy on the transition and adaptation of children from home to center is implemented in the nursery	1
8.3. A documented policy on the transition of children from preschool to school is available in the nursery	1
8.4. A documented policy on the transition of children from preschool to school is implemented in the nursery	1
8.5. The child transition plan indicates clear responsibilities of parents and staff	2
8.6. Children are transitioned among different activities based on their age groups, according to the child transition plan	3
9. An adequate financial management system that supports the services provided in the nursery is ensured	
Guiding Measures:	

9.1. The nursery management develops a capital and operational budget on an annual basis	1
9.2. The nursery management monitors and evaluates its budget and generates financial reports on an annual basis	1
9.3. A qualified individual leads on the accounting and financing system	1
9.4. The nursery keeps all records of financial transactions that include payments slips and receipts for a 5 year duration	1
9.5. The nursery management reports financial operations and transactions to its funders annually	1
10. An advisory committee is formed that provides guidance to the nursery	
Guiding Measures:	
10.1. There are clear roles and responsibilities provided to members of the advisory committee	2
10.2. The advisory committee members include key stakeholders such as parents, partner NGOs, and partner stakeholders that are involved in the nursery which includes lawyers, educators, psychologists, etc.	2
10.3. The advisory committee meets at least twice per year and as needed, and their meeting minutes are documented	2
10.4. The advisory committee meeting minutes are documented	2
10.5. The nursery plans are shared and approved by the advisory committee	2

Human Resources

Introduction

The Human Resources Chapter focuses on developing the capacity of staff members (e.g., director, teachers, nurse, and helper), including the knowledge, skills, and motivation of those responsible for delivering early care and education services to guarantee healthy, high-quality, inclusive, and safe services in nurseries. The standards tackle safe and effective childcare taking into consideration the nursery's human resources plan. The chapter addresses all care issues including continuous education, child protection, and stress management among others. This chapter warrants effective coordination and delivery of services through a multidisciplinary approach.

The Human Resources Chapter targets the following sections:

- Personnel file
- Staff roles and responsibilities
- Human resources and staffing plans
- Professional development
- Child protection policies and procedures
- Occupational Health and Safety
- Breastfeeding Practices

Each standard was supported by a corresponding set of guiding measures that further clarify the standard. The guiding measures aim to facilitate the implementation of the standards and to guide the nursery in fulfilling the objective of the standard.

Standards

Standards and Guiding Measures	Level
11. A file for each staff member is documented in the nursery in both hard and soft copies	
Guiding Measures:	
11.1. The personnel file is uniform for all staff member	1
11.2. The personnel's file includes the following but is not limited to: 11.2.1. ID 11.2.2. Full name and address 11.2.3. Full curriculum vitae 11.2.4. Contractual agreement 11.2.5. Continuing education, training records, work experience, and academic qualifications 11.2.6. Health reports and vaccination cards 11.2.7. Attendance register 11.2.8. Signed job description 11.2.9. Confidentiality agreement 11.2.10. Warnings 11.2.11. Evaluation reports 11.2.12. Work permit 11.2.13. Proof of residence 11.2.14. Police Records 11.2.15. A digital statement/reference from previous employers sent directly to the Human Resource department at the nursery 11.2.16. Previous national social security number 11.2.17. Release of single and family civil status record	1
12. Each staff member at the nursery has a delineated role and responsibility	
Guiding Measures:	
12.1. Staff members at the nursery are identified by name and position (that include the nurse, teachers, cleaners, etc.) in a documented format	1
12.2. Qualification, training, education, and experience of staff members match their job description	1
12.3. The roles and responsibilities of staff are clearly defined and outlined in the job description	1
12.4. Each staff member's performance is evaluated on a yearly basis and when necessary, especially during the trial period	1

13. A documented human resources plan that ensures continuous care is available at the nursery	
Guiding Measures:	
13.1. A human resources plan is developed and implemented	1
13.2. The human resource plan specifies the number and type of staff members needed to meet the child's need	1
13.3. The human resource plan includes but is not limited to: 13.3.1. A defined process for the recruitment of staff 13.3.2. A defined process for evaluating staff 13.3.3. A strategy for staff retention to ensure a consistent learning process for child 13.3.4. Pre-employment medical examinations and tests needed 13.3.5. Remuneration scales for staff 13.3.6. A defined process for staff negligence and malpractice 13.3.7. Incentives and motivation (e.g., promotions and salary increase) provided to staff who are qualified to encourage them	2
14. The nursery has a documented staffing plan	
Guiding Measures:	
14.1. A staffing plan is developed and implemented	1
14.2. The staffing plan includes but is not limited to: 14.2.1. The number of staff needed 14.2.2. Type of staff needed 14.2.3. The qualifications of staff needed	2
14.3. The staffing plan is evaluated and revised simultaneously with contract renewals on an annual basis	2
15. The education, skills, and knowledge of the staff are clearly outlined and supported by the management of the nursery	
Guiding Measures:	
15.1. The management conducts an annual assessment of the continuing education needs of staff	2
15.2. Staff attendance to educational activities is documented in the personnel's file	2
15.3. The staff education plan is developed, revised, and updated on an annual basis	2
15.4. Staff members undergo induction training upon employment on the following topics: 15.4.1. Pediatric first aid 15.4.2. Prevention and control of infectious diseases 15.4.3. Safe sleep practices	1

<p>15.4.4. Recognition and prevention of child neglect and abuse</p> <p>15.4.5. Use of medication</p> <p>15.4.6. Prevention and response to allergy emergencies caused by food</p> <p>15.4.7. Emergency preparedness</p> <p>15.4.8. Storage, handling, and disposal of hazardous material</p> <p>15.4.9. Indoor and outdoor safety</p> <p>15.4.10. Safety during outings</p> <p>15.4.11. Child development, nutrition, and physical activity</p> <p>15.4.12. Child protection procedures and policies</p>	
<p>15.5. All staff members are provided with educational training on topics such as:</p> <p>15.5.1. Child protection and referral</p> <p>15.5.2. Identification and management of child violence and abuse</p> <p>15.5.3. Social and emotional learning techniques</p> <p>15.5.4. Appropriate cleaning and disinfection techniques</p> <p>15.5.5. Spread infection control</p> <p>15.5.6. Hygiene practices</p> <p>15.5.7. Emotion-based preventive interventions for children</p> <p>15.5.8. Strategies to promote physical activity</p> <p>15.5.9. Strengthening teacher-child interactions</p> <p>15.5.10. The curriculum programs</p> <p>15.5.11. Classroom management</p> <p>15.5.12. Child mental health by a psychologist or a pediatric counselor</p> <p>15.5.13. How to deal with allergic reactions</p> <p>15.5.14. Screen time recommendations</p> <p>15.5.15. Health and safety</p> <p>15.5.16. Proper use of fire extinguishers by a professional</p> <p>15.5.17. Safe and healthy nutrition (e.g., quantity and quality of food needed for child development, healthy eating practices and behavior, Food preparation)</p> <p>15.5.18. Play (e.g., recommended frequency of outdoor playtime for preschool children, encouraging children's physically active play while using the outdoor play space)</p> <p>15.5.19. Nutrition education</p> <p>15.5.20. Bottle handling, storing, and feeding of infant formula and human milk</p> <p>15.5.21. Implementation of quality standards</p> <p>15.5.22. Communicating with caregivers about outdoor playtime and learning</p> <p>15.5.23. Policies, guidelines, and procedures of the nursery</p>	<p>1</p>

16. Child protection is ensured through documented policies and procedures	
Guiding Measures:	
16.1. The nursery has delineated policies and procedures to identify and manage children at risk of child violence, neglect, or abuse	1
16.2. Clear reporting pathways are developed and implemented in case of child violence, neglect, or abuse	1
16.3. Signs and symptoms of children at risk are recognized and kept confidential	1
16.4. Clear responsibilities for staff members are established towards children at risk of violence, neglect, or abuse	1
16.5. Staff do not use any form of physical intervention unless needed (e.g., holding a child to prevent an injury to an adult or a child, to prevent damage to the property, or to protect the child from any risk or harm)	1
17. Occupational stress and injuries are prevented through documented and implemented strategies and procedures	
Guiding Measures:	
17.1. Staff can identify risks associated with stress, ways to manage stress, and stressors that are specific to child caregiving	2
17.2. Staff are provided with delineated job descriptions to clarify their roles and responsibilities	3
17.3. Regular staff meetings are conducted to allow member staff to share their feelings and concerns	2
17.4. Staff are involved in the decision-making process to allow them to feel in control over the work environment	2
17.5. Staff are provided with training to prevent occupational stress and injuries which include but are not limited to: <ul style="list-style-type: none"> 17.5.1. Stress management (e.g., time management, relaxation exercises, the effect of stress on health, personal skills to reduce stress) 17.5.2. Safety training to prevent trips, slips, and falls in the workplace (e.g., proper posture for climbing, carrying, walking, descending ladders, and stairs, getting out and in of vehicles) 17.5.3. Training on hazard recognition (e.g., training on risk for pregnant staff) 	1
17.6. Clear action and documentation pathways are developed and implemented in case teachers exhibit any sign of depression	2
17.7. Clear management pathways are implemented to address the multiple aspects of the work environments that may threaten teachers' health and well-being	2
18. Breastfeeding practices are encouraged at the nursery	

Guiding Measures:	
18.1. Mothers are encouraged to breastfeed up until 6 months of age and briefed on the importance of breastfeeding for the child and the mother through regular awareness sessions	2
18.2. The nursery provides a space for the mother to breastfeed her child at any time	2
18.3. Mothers are encouraged to provide an additional supply of pumped breastmilk to cater for any delay or additional feeding needs	2

Education, Curriculum and Play

Introduction

The Education, Curriculum, and Play Chapter addresses curriculum-specific programs that promote children's developmental needs. This chapter focuses on the importance of engaging staff with children through interactions and activities enabling children to develop their skills and autonomy, encouraging them to express their feeling and promoting their exploration and discoveries. This chapter also tackles the critical need for assessing children's development when it comes to cognitive, language, physical, social-emotional, and personal adaptive skills.

The Education, Curriculum and Play Chapter targets the following sections:

- Child behavior management
- Teaching environment
- Learning Experience
- Communication and interaction between staff and children
- Early childhood development assessment (cognitive, language, social-emotional, physical, personal adaptive skills, and approaches to learning)
- Child-centered curriculum
- Screen time Policy
- Educational Programs
 - Physical activity
 - Fundamental and gross motor skills
 - Social and emotional learning
 - Environmental education program
- Outdoor and indoor play processes

Each standard was supported by a corresponding set of guiding measures that further clarify the standard. The guiding measures aim to facilitate the implementation of the standards and to guide the nursery in fulfilling the objective of the standard.

Standards

Standards and Guiding Measures	Level
19. Child behavior management processes are applied at the nursery	
Guiding Measures:	
19.1. A policy on behavior management is documented and implemented at the nursery	1
19.2. The policy on behavior management includes: 19.2.1. Methods used to manage the children's behavior 19.2.2. Physical, Psychological, and verbal punishment is never used to handle behavior	1
19.3. The policy on behavior management is clear and understood by all staff and volunteers	1
19.4. The policy on behavior management is communicated to parents and discussed with children	1
19.5. A nominated representative with relevant skills and experience, or the ability to consult with an expert is responsible for behavior management issues at the nursery	2
19.6. Positive behavior is enforced in the nursery by staff	2
19.7. Staff acknowledge appropriate behavior by providing positive feedback and appraisal	2
20. The classroom environment encourages positive behavior	
Guiding Measures:	
20.1. Child behavioral expectations are clearly defined and posted at the child's eye-level	2
20.2. The development of healthy behaviors in children is a focus at the nursery (e.g., hand washing, table manners)	2
20.3. Child behavioral expectations are communicated with parents through different communication channels such as letters, mobile applications, or agendas	1
20.4. Staffs are predictable in terms of following a schedule and preparing the activities ahead of time	2
20.5. Data related to the class environment such as child dynamics, teaching approach and the physical set-up is evaluated, and reviews are made accordingly by a multidisciplinary team	2
21. A stimulating environment that includes a variety of activities and materials is available at the nursery to ensure quality childhood education	

Guiding Measures:	
21.1. The nursery is divided into different activity areas that may include: an active zone (e.g., includes a block center, a dramatic play area, an active play area, or music and movement area), a quiet zone (e.g., includes a book corner or a table toy area with simple classification, sorting, and matching items) and a messy zone (e.g., art area, a discovery science area, a sand and water area, cooking area or a woodworking area)	2
21.2. Preschool children are provided with literacy materials which include written signs on nursery objects (e.g., Table, crib, chair), name tags, pictures and writing elements (e.g., markers, large crayons, papers, paint brushed, and poster boards) support children's learning experiences	2
21.3. Classrooms projects and artworks are exhibited at the nursery	3
22. Staff interacts and communicates with children at any point during their time at the nursery to support their growth	
Guiding Measures:	
22.1. Staff at the nursery support children in learning the rights and wrongs by giving feedback to the child and encouraging good behaviors	1
22.2. Children are encouraged to interact with one another, work together, learn from each other, and express their feelings and emotions	1
22.3. Staff respond to ideas conveyed by children, encourage, and promote children's exploration and discovery	1
22.4. Teachers stimulate children's learning through interactions, open-ended questions, and feedback	1
22.5. Staff encourage and promote each child's independence enabling them to interact with people and make their choices and decisions when appropriate	1
22.6. Children are engaged in activities such as daily greetings	1
23. An early childhood development assessment is regularly done at the nursery	
Guiding Measures:	
23.1. The nursery has an identified evidence-informed assessment tool delineated within its policies and procedure that is utilized to assess the child's development	1
23.2. The early childhood assessment is aligned with the activities, goals, and developmental milestones	1

<p>23.3. The following aspects of a child's development are assessed and include but are not limited to:</p> <p>23.3.1. Cognitive skills: a process by which knowledge is acquired and used which includes the child's memory, problem-solving, and analytical skills (e.g., problem-solving with objects, early understanding of math, sorting, or stacking objects, matching shapes, and colors)</p> <p>23.3.2. Language skills: verbal communication, understanding of words, listening abilities, identification of letters, familiarity with books</p> <p>23.3.3. Physical skills: fine motor skills (e.g., movement of fingers, using a pencil) and gross motor skills (e.g., movement of arms and legs including climbing, running, throwing, and jumping)</p> <p>23.3.4. Social and emotional skills: getting along with others, behavior management (e.g., following directions and cooperating with requests), social perception (e.g., identifying thoughts and feelings within self), self-regulatory abilities (e.g., emotional, and behavioral control)</p> <p>23.3.5. Personal adaptive skills: child's ability to execute daily-life skills including self-feeding, interacting with others, toilet training, dressing, and adjusting to new situations</p> <p>23.3.6. Approaches to learning: the way a child approaches the learning experience (e.g., excitement and curiosity about learning, ability to focus and engage in activities)</p>	1
23.4. Parents are engaged in the childhood development assessment through parent/teacher conferences where assessments are shared with parents	1
23.5. During the adaptation period, parents are asked about their child's development using a documented assessment criterion, or any childhood development screening that has been previously implemented by a physician	1
23.6. The early childhood assessment is documented in the child's file	1
24. The nursery has a documented and updated curriculum	
Guiding Measures:	
24.1. On an annual basis, the management and staff review and update (if necessary) the curriculum at the nursery and improve it according to needs	1
24.2. The curriculum and activities follow a specific flexible timeline with a predictable routine for children	1
24.3. Curriculum activities are documented to validate and give credit to teacher's practices and children's work and to allow parents to evaluate their child's learning experiences	2
24.4. The child is monitored and evaluated according to the learning outcome of the curriculum	1
25. A child-centered curriculum based on the child's experience and developmental needs is available at the nursery	

Guiding Measures:	
25.1. Health promotion, environmental awareness/cosmic education, and responsibility are addressed in the curriculum	2
25.2. The curriculum engages children in literacy activities (e.g., reading activities)	2
25.3. Healthy eating and nutrition education for children are included in the curriculum	2
25.4. Language arts (language, phonological awareness, writing, and vocabulary) and mathematics activities are focused on in the curriculum of children aged 3 and above	2
25.5. Children older than 2 years of age are engaged in psychosocial stimulation activities such as singing, talking, reading, and playing through social study books, educational projects, etc.	2
26. Reduction of screen time is encouraged by limiting screen time activities and providing alternative activities or launching events	
Guiding Measures:	
26.1. A documented and implemented screen time policy is available at the nursery	1
26.2. If screen time is available, it is only allowed for children older than 2 years of age for less than 20 minutes for purposes related to the activities and objectives specific to the curriculum and teachers engage with children by discussing the events that they are watching and ideas that they are learning	1
26.3. If screen time is provided, it is dedicated to educational and commercial-free content that is developmentally appropriate and supports children's learning goals	1
26.4. Screen time is never used as a reward for children	1
27. A physical activity program is developed and implemented at the nursery	
Guiding Measures:	
27.1. A documented and implemented physical activity program is available at the nursery as part of the curriculum	1
27.2. The physical activity program includes but is not limited to: 27.2.1. Brief physical activity sessions with different types of activities are provided to children at several intervals during the day 27.2.2. Structured and unstructured types of physical activity 27.2.3. Moderate-to-vigorous physical activity 27.2.4. Physical activity educational sessions, workshops, and awareness sessions	1
27.3. Staff are provided with hands-on workshops on physical activity which include challenges that might be encountered by staff while delivering the physical activity sessions	2

27.4. Staff are provided with professional development on physical activity for children at least 2 times per year	2
28. Fundamental movement and gross motor skills development are part of the physical activity program	
Guiding Measures:	
28.1. Fundamental motor skills and gross motor skills are developed through physical activity	1
28.2. Children are engaged in fundamental movement training at least three times per week	1
28.3. Physical exercise activities are focused on gross motor skills	2
28.4. Children with or at risk of motor impairment are supported through motor skill development and differentiated instructions	2
28.5. Preschool children are engaged in planned lessons that focus on building gross motor skills at least 1 time per week	2
28.6. Planned lessons on building gross motor skills might include jumping, throwing, catching, kicking, skipping, balancing, and stretching	2
29. A social and emotional learning program is developed and implemented at the nursery	
Guiding Measures:	
29.1. A documented social and emotional learning program is implemented in the nursery	2
29.2. Social interactions are ensured through building trusting relationships and conducting intentional teaching (e.g., encouraging curiosity, investigating and problem-solving in everyday situations)	2
29.3. Social and Emotional Learning activities could include but are not limited to: 29.3.1. Using children's books 29.3.2. Planning activities 29.3.3. Coaching on the spot 29.3.4. Giving effective praise 29.3.5. Modeling appropriate behavior 29.3.6. Providing Cues 29.3.7. Showing affection	2
30. An environmental education program is available at the nursery for children to explore the environment	
Guiding Measures:	
30.1. A documented environmental education program is implemented in the nursery	3

30.2. The nursery has a planting space in which children can grow their plants and flowers	3
30.3. When a garden is available, a shaded area is available in the garden	3
30.4. Children are engaged with nature through different activities such as planting flowers and vegetables, picking fruits and vegetables, cleaning the garden, picking leaves, digging soil in the garden, watching trees, flowers, and leaves	3
31. There are specific processes for outdoor and indoor playtime at the nursery	
Guiding Measures:	
31.1. The nursery has a documented and implemented policy on outdoor and indoor playtime	1
31.2. Children 13–24-month-old are provided with 60 minutes or more of playtime per day	1
31.3. Children 2-5 years old are provided with 90 minutes or more of playtime per day	1
31.4. Children’s creativity, learning, and development are encouraged through play opportunities that are inclusive, challenging, and with a variety of resources	2
31.5. Children are engaged in outdoor activities which include but are not limited to free play, structured learning opportunities, outdoor activities, and outdoor field trips	2
31.6. Educators are involved in daily play with children	1
31.7. The premises include an indoor play space in case the weather is too severe for outdoor play (e.g., rain, snow, storms, cold, high temperature)	2
31.8. In the event that the nursery does not have an outdoor space, children are escorted to safe playgrounds regularly or provided with seasonal activities and field trips (e.g., local parks, gardens, nature walks, farms)	2

Working in Partnership with Parents

Introduction

The working in Partnership with Parents Chapter focuses on providing quality early care and education services while ensuring that parents' rights are preserved. The chapter sheds light on the importance of an information exchange procedure between parents and staff that ensure parents are kept updated about their daily child's mood, food intake, sleep patterns, hygiene, and activities. The chapter tackles safeguarding and respecting parents' views and concerns and involving them in decision-making processes. This is complemented by assuring that parents have received adequate awareness regarding priority child development topics.

The Working in Partnership with Parents Chapter targets the following sections:

- Information exchange procedure
- Decision-making
- Parent awareness sessions

Each standard was supported by a corresponding set of guiding measures that further clarify the standard. The guiding measures aim to facilitate the implementation of the standards and to guide the nursery in fulfilling the objective of the standard.

Standards

Standards and Guiding Measures	Level
32. Staff and parents follow an information exchange procedure	
Guiding Measures:	
32.1. The activities and work of children are shared with parents (e.g., photographs, wall displays, and artwork) regularly	2
32.2. Parents are provided with written records with information that include their child's progress at least every three months	1
32.3. Food intake of children is recorded and communicated with parents daily	1
32.4. Bowel movement of children is recorded and communicated with parents daily	1
32.5. Nap time is recorded and communicated with parents daily	1
32.6. Concerned staff are briefed on the various child issues and the situation at home	1
32.7. Staff are aware of the importance of maintaining privacy and confidentiality	1
32.8. Parents are provided with recommendations on how to dress up their children for active play	1
32.9. One-on-one meetings are scheduled between staff and parents regularly (at least twice a year) and when needed	2
33. Parents are involved in decision-making processes to improve and tailor childcare services	
Guiding Measures:	
33.1. Parents fill out a satisfaction survey two times per year on the nursery's quality of care	2
33.2. Parents' views and concerns are shared with and respected by staff and administration	3
34. Regular awareness sessions are provided for parents on priority child development topics	
Guiding Measures:	
34.1. A developed and implemented awareness plan targeted at parents is available at the nursery	3
34.2. The awareness plan targeted for parents is reviewed and updated on a term basis based on a needs assessment	3

<p>34.3. Parents are engaged in the nursery by trained facilitators through modalities that include but are not limited to:</p> <p>34.3.1. Awareness sessions</p> <p>34.3.2. Group meetings</p> <p>34.3.3. The provision of materials (such as brochures)</p>	<p>3</p>
<p>34.4. Parents are provided with the following awareness sessions that include but are not limited to:</p> <p>34.4.1. Violence prevention</p> <p>34.4.2. Early childhood development</p> <p>34.4.3. Inclusion and diversity</p> <p>34.4.4. Screen time reduction</p> <p>34.4.5. Physical activity and play</p> <p>34.4.6. Nutrition (e.g., includes the provision of information on healthy eating, the importance of children's involvement in food preparation, breastfeeding, Infant and Young Child Feeding)</p> <p>34.4.7. Positive parenting</p> <p>34.4.8. Child's Health (e.g., vaccination, transmission of viruses, detection of sickness)</p>	<p>3</p>

Inclusiveness and Equal Opportunity

Introduction

The Inclusiveness and Equal Opportunity Chapter sheds light on the importance of having processes in place that promote equal opportunities and inclusivity in the nursery. This chapter encourages anti-discrimination practices all while taking into consideration special arrangements when assisting children with disabilities and/or developmental delays. The chapter also focuses on the need to have an appropriate information exchange procedure between staff and parents to tackle the effective provision of services to children with disabilities and/or developmental delays.

The Inclusiveness and Equal Opportunity Chapter targets the following sections:

- Equal opportunity processes
- Inclusive processes
- Professional development and logistic considerations when assisting children with disabilities and/or developmental delays
- Information exchange process to discuss special services and assistance of children with disabilities and/or developmental delay

Each standard was supported by a corresponding set of guiding measures that further clarify the standard. The guiding measures aim to facilitate the implementation of the standards and to guide the nursery in fulfilling the objective of the standard.

Standards

Standards and Guiding Measures	Level
35. Equal opportunity processes are ensured and respected in the nursery among children and staff	
Guiding Measures:	
35.1. The nursery has a documented and implemented policy on equal opportunity	1
35.2. The equal opportunity policy is reviewed yearly	2
35.3. The equal opportunity policy is understood and implemented by all staff and volunteers	1
35.4. The equal opportunity policy is communicated to parents and caregivers	1
35.5. The equal opportunity policy specifies that admission procedures do not discriminate against children and their families or prevent admission based on ethnicity, religion, social background, color, disability, or developmental delay respecting the ratio of inclusiveness of 10% within each class	1
36. Inclusive processes and procedures are established to ensure equal opportunities for children with disabilities and/or developmental delays	
Guiding Measures:	
36.1. Children at the nursery are assessed for special developmental needs using a documented assessment criterion	2
36.2. A specialized intervention plan is developed for each child with disabilities and/or developmental delays that takes into account his emotional, cognitive, and motor skills development	2
36.3. Staff facilitate the learning and play opportunities between developing children and children who have disabilities and/or developmental delays (Through the use of stories, puppets, songs, and others...)	2
36.4. Children with disabilities and/or developmental delay have access to the facilities, specialized furniture, class, materials, and equipment used for activities, and play opportunities and activities provided to promote their development and welfare	2
36.5. Play activities are inclusive (using adequate tools and taking into consideration the developmental level throughout the five developmental areas) and cater to children's disabilities and/or developmental delays	2
36.6. Children with disabilities and/or developmental delays are encouraged to participate in art activities and the materials used are adapted to their needs	2

36.7. Children with disabilities and/or developmental delays are supported during ongoing activities while giving them an equal chance to take the lead	2
37. Special arrangements are made to ensure professional development and logistic considerations when assisting children with disabilities and/or developmental delays	
Guiding Measures:	
37.1. Children with disabilities and/or developmental delays admitted do not exceed 10% of students at the nursery	1
37.2. Staff are trained on identifying red flags according to the child's developmental milestones and are aware of referral procedures	2
37.3. Staff are trained on supporting children with disabilities and/or developmental delays	2
37.4. The nursery communicates with an early childhood special education expert (e.g., speech therapist, occupational therapist, psychologist, psychomotor therapist etc...) that helps to understand children with disabilities and/or developmental delays and adapt the program and environment to their needs	2
37.5. An Individualized Education Plan (IEP) with set education and development goals is developed for each child with disabilities and/or developmental delays	2
37.6. The Individualized Education Plan (IEP) is set and updated regularly after discussions between parents, teachers, and a special education professional during collaborative quarterly meetings	2
37.7. Staff needs are adjusted according to the number of children with disabilities and/or developmental delays available at the nursery (e.g., increasing staff ratio, employing a shadow teacher)	2
38. Parents and management follow an information exchange process to discuss special services and assistance for children with disabilities and/or developmental delay	
Guiding Measures:	
38.1. The nursery management notifies parents whenever a child is suspected to have a developmental delay	1

<p>38.2. Delineated approaches are used to notify parents whenever a child is suspected to have a developmental delay:</p> <p>38.2.1. Discussing positive ideas about the child</p> <p>38.2.2. Discussing the child's situation, observations, and concerns face-to-face with parents</p> <p>38.2.3. Supporting and respecting parents' emotions and thoughts</p> <p>38.2.4. Answering questions and concerns related to the child's development</p> <p>38.2.5. Stressing on the importance to get help immediately</p>	2
<p>38.3. The used approaches for notifying parents whenever a child is suspected to have a developmental delay are documented</p>	2

Health and Safety

Introduction

The Health and Safety Chapter addresses the nursery facility structures that tackle the indoor and outdoor infrastructure and equipment safety. It provides a safe and effective medication management process to reduce any administration, storage, or disposal errors. It tackles staff and child safety measures and procedures and provides a ground for safety policies that are essential for nurseries. Staff involvement in and training on health and safety requirements and drills are specified. The management commitment is highlighted as a key component in the prevention of incidents and accidents at the facility through the implementation of an emergency plan. The chapter also incorporates the reduction of the risk of infection and tackles the proper development and implementation of cleaning, disinfecting, and pest control procedures.

The Health and Safety Chapter targets the following sections:

- Emergency plan and procedures
- Handover policy
- Safety Policy
- Safe sleep processes
- Staff supervision
- Outings Safety Procedures
- Cleaning, disinfecting and pest control procedures
- Safe Environment
- Indoor Infrastructure Safety (e.g., door, windows, holes and openings)
- Indoor Furniture and Equipment Safety (equipment, appliances, playpens, highchairs, and crib's, and diapering area safety)
- Safe storage and use of toxic materials
- Safe use of play equipment
- Playground Safety
- Safety of the outdoor area (e.g., outdoor infrastructure, environment and equipment safety)
- Fire and smoke containment plan
- Safe hygiene measures

- Medications administration, storage, and disposal procedures
- First aid procedures
- Choking prevention, identification, and management practices
- Sun protection procedures
- Safe trash disposal
- Child sickness and spread of infections procedure (e.g., sickness policy, plan for the management of hand, foot and mouth disease outbreaks, child health check-ups)
- Smoke prevention policy

Each standard was supported by a corresponding set of guiding measures that further clarify the standard. The guiding measures aim to facilitate the implementation of the standards and to guide the nursery in fulfilling the objective of the standard.

Standards

Standards and Guiding Measures	Level
39. Incidents and accidents are managed through an emergency plan	
Guiding Measures:	
39.1. The management of the nursery develops and validates an emergency plan for the management of incidents and accidents	2
39.2. The emergency plan for the management of incidents and accidents is developed	2
39.3. The emergency plan for the management of incidents and accidents is implemented and reviewed	2
39.4. Regular risk assessments are carried out and documented	2
39.5. Regular risk assessments are implemented and reviewed to effectively identify and manage risks	2
39.6. A representative is appointed to carry out the risk assessment at least twice a year and when needed	2
39.7. Staff are trained to identify risks on the premises	2
39.8. The nursery has an insurance that covers children and staff against all risks, incidents, and accidents	1
39.9. Records of all incidents and accidents occurring at the nursery are available and include but are not limited to: 39.9.1. The type of accident or incident 39.9.2. The cause of the accident or incident 39.9.3. The time at which the accident or incident occurred 39.9.4. The room in which the accident or incident occurred 39.9.5. The actions that are taken to prevent the reoccurrence of the incident or accident	2
39.10. Incidents and accidents occurring at the premises are always communicated to parents on the day of the incident or accident	1
40. An emergency plan is developed, implemented, and evaluated to respond to emergencies	
Guiding Measures:	
40.1. The emergency plan is set and validated by the management of the nursery	1
40.2. An emergency and evacuation plan is documented at the nursery	1
40.3. An emergency and evacuation plan is implemented at the nursery	1
40.4. A list of emergency phone numbers is available at the nursery	1

40.5. The emergency phone numbers of the children caregivers are posted near the manager's phone	1
40.6. An emergency exit door is available at the premises	2
40.7. Each classroom has a clear evacuation map posted	1
40.8. Furniture and toys are kept away from walkways to ensure a clear exit in case of emergency	1
40.9. The emergency plan is reviewed and updated on an annual basis	2
40.10. On a yearly basis a drill is implemented based on the evacuation plan and modifications are done accordingly	2
41. Staff at the nursery follow emergency procedures as per the emergency plan	
Guiding Measures:	
41.1. Staff are assigned to specific responsibilities in the case of fire or disaster	1
41.2. Staff are provided with documented training on health and safety requirements as delineated in policies	1
41.3. Staff start and end an emergency evacuation by counting children and matching them to the attendance sheet of the day	1
41.4. A phone is available for staff to contact emergency agencies	2
42. Handover processes are available at the nursery to ensure the safety of the child under the supervision of the manager	
Guiding Measures:	
42.1. The nursery has a documented and implemented handover policy	1
42.2. The handover policy specifies that parents should pick up their children and only upon parent's approval are other family members allowed to pick up the child	1
42.3. Parents sign in their children on a documented attendance sheet daily	1
42.4. Parents drop off their children inside the premises of the nursery at the door	1
42.5. Clear procedures are developed and implemented in the event that a child is not picked up or goes missing	1
43. Childhood injuries are prevented by following documented safety policies	
Guiding Measures:	
43.1. The nursery has a documented and implemented a safety policy that prevents childhood injury	1
43.2. Specific infrastructure that prevents childhood injury is implemented	1
43.3. Staff provide a high level of supervision to prevent childhood injuries	1

43.4. In the event of a child injury, a register of the details of the accident or illness (e.g., time, actions taken, and circumstances) is documented and communicated to parents	1
44. Safe sleep processes are implemented to ensure child safety at the nursery	
Guiding Measures:	
44.1. A documented and implemented safe sleep policy is available at the nursery	1
44.2. Staff are trained to implement the safe sleep policy	1
45. Staff supervision always ensures the safety of children	
Guiding Measures:	
45.1. Areas of supervision are documented and communicated with staff to ensure that children are supervised throughout all the activities during operating hours	1
45.2. Documented guidelines are communicated to teachers regarding the supervision of safe play and physical activity	1
45.3. Children are always supervised when using or are near water	1
45.4. Children are always supervised when on highchairs, changing tables and beds	1
45.5. Staff implement name-to-face headcounts in the morning	1
45.6. Staff are always positioned in a way that allows supervision of all children	1
46. Safety during outings follows documented operational procedures	
Guiding Measures:	
46.1. During outings, documented records are kept on the: 46.1.1. Driver's name 46.1.2. Name of children going to the outing 46.1.3. Supervisor's name 46.1.4. Vehicles that transport children 46.1.5. Insurance details on the vehicles as well as the children	1
46.2. Drivers using their cars have insurance	1
46.3. Cars transporting children are regularly maintained	2
46.4. Children are supervised at all times during outings	1
46.5. Staff implement name-to-face headcounts when arriving or leaving a public playground	1
46.6. Staff ratio is increased by 30% during outings	1
47. Proper cleaning, disinfecting, and pest control procedures are available at the nursery	
Guiding Measures:	

47.1. There are developed and implemented cleaning, disinfecting, and pest control procedures which include but are not limited to: 47.1.1. List of the used chemicals used 47.1.2. Cleaning & disinfecting schedule and forms 47.1.3. Pest control map, schedule and data	1
47.2. Cleaning material and products, disinfectants, or any material and tool that can pose a risk to children are labeled and stored in a safe place out of children's reach	1
47.3. Pest control is routinely implemented at the nursery by a certified pest control office	1
47.4. Pesticides are only applied during holidays, weekends and vacations	1
47.5. Rooms, equipment, furniture, and toys are routinely cleaned, sanitized, and kept pest-free	1
47.6. Carpets, rugs, and floors are mopped and vacuumed daily	1
47.7. Changing tables are disinfected and cleaned after each use	1
48. Safe environments are available for children	
Guiding Measures:	
48.1. Staff are aware of and comply with health and safety regulations indicated by the nursery to minimize indoor and outdoor hazards to children	2
48.2. The premise is welcoming and allows for the safe arrival and departure of children	2
48.3. The nursery has a safe environment where children can be physically active without being at risk of harm or injury	1
48.4. Animals available at the nursery do not pose any health risk and are safe to be in the proximity of children	2
48.5. Guardrails and protective barriers are available to ensure security and prevent unintentional falls	1
48.6. Stairways and hallways are always kept clear of objects that could cause a fall	1
48.7. Electrical outlets are covered to prevent small fingers from being caught or pinched	1
49. Door safety measures are implemented at the nursery	
Guiding Measures:	
49.1. Stairway gates are locked when children are nearby	1
49.2. The premises are secured with proper gates to prevent children from escaping and to prevent unauthorized access from strangers	1
49.3. Childproof self-locking devices are installed on all gates	2
49.4. Doorways leading to unsafe or unsupervised areas are always locked	1

49.5. Doors are equipped with slow closing devices or rubber gaskets on their edges to prevent finger pinching	1
50. Window and glass safety measures are implemented at the nursery	
Guiding Measures:	
50.1. Windows are always locked when the child is in the room	1
50.2. Windowsills are not more than 7 cm to prevent children from escaping	1
50.3. The glass on the premises is safe and has a visible strip that enables everyone to distinguish it	1
50.4. The nursery develops and implements a glass breakage policy	3
50.5. The glass in the nursery is tempered laminated or 3m	3
50.6. Rooms are fitted with glazed windows that always allow for children supervision	3
51. Floor and wall safety measures are applied at the nursery	
Guiding Measures:	
51.1. The nursery's flooring is of vinyl or wooden floor	2
51.2. All floors are smooth	2
51.3. All floors and rugs are skid-proof	2
51.4. Ceilings and walls are free from peeling paints or cracked or falling plaster	2
51.5. Handrails are securely installed at child height and attached to the walls on both sides	2
52. Holes and openings are narrow enough to prevent children entrapment	
Guiding Measures:	
52.1. Holes and openings are smaller than 7 cm or larger than 23 cm to prevent children entrapment	1
52.2. Gates's openings are small and do not fit the child's head	1
52.3. The opening of active play equipment is smaller than 8 cm or larger than 25 centimeters to prevent the child's head from getting entrapped	1
53. Furniture and equipment safety measures are implemented at the nursery	
Guiding Measures:	
53.1. Plants are not available in the indoor area	1
53.2. There are no hand drying machines installed on the premises	2
53.3. Movable furniture's are fitted with rubber feet	3
53.4. Commercial cover guards are mounted on all sharp furniture edges	2
53.5. Infant walkers or Youpala are not allowed	2
53.6. Inflatable Pools are not allowed	2
53.7. The use of trampoline without supervision is not allowed	2
54. Appliance safety measures are implemented at the nursery	
Guiding Measures:	

54.1. Gas and electrical appliances comply with safety standards and do not pose any risk to children	1
54.2. Furnaces and heat-generating appliances are mounted out of children's reach	1
54.3. Free-standing space heaters are not available at the nursery	1
54.4. Electrical outlets are covered with safety covers and are placed out of children's reach and placed at 1.5m	1
55. Playpens, highchairs, and Crib's safety measures are established at the nursery	
Guiding Measures:	
55.1. Playpens, cribs, and highchairs are used following the manufacturer's recommendations in terms of weight and age	2
55.2. Playpens, cribs, mattresses, and highchairs are cleaned after each use	1
55.3. Playpens, cribs, and highchairs are mounted away from electrical appliances	1
55.4. Playpen end panels and bars are not more than 5 cm apart	2
55.5. Cribs are mounted at 25 cm apart	2
55.6. Cribs and playpens are never used for the storage of toys or other supplies	2
56. Diapering safety processes and measures are applied at the nursery	
Guiding Measures:	
56.1. Changing pads are made of washable and non-porous material	1
56.2. Changing pads do not have any crack or tear	1
56.3. The diapering table is mounted with raised edges or side rails of at least 15 cm to prevent the child from falling	1
56.4. Diapering creams and ointments are stored out of reach of children	1
56.5. Dirty or spoiled clothes are put in plastic bags or separate containers	1
56.6. Soiled diapers are directly disposed into a plastic-lined foot-operated waste bin	1
56.7. The diapering table is disinfected after each use	1
57. Safety measures are implemented for the storage and use of toxic materials and products at the nursery	
Guiding Measures:	
57.1. Toxic materials and products including paint, medicines, mothballs, and cleansers, are stored, and locked in cabinets out of children's reach	1
57.2. Toxic products such as cleaners are stored in their original containers out of children's reach	1
57.3. Toxic products such as cleaners are stored in their original containers away from food	1

57.4. Non-toxic oven cleaners are used to clean the oven	1
57.5. Fresheners are not available at the daycare center	1
58. Safety measures ensure the safe use of play equipment and toys	
Guiding Measures:	
58.1. Play equipment and toys are age-appropriate, safe, washable, and non-toxic (lead-free)	1
58.2. Play toys do not have small parts that can be swallowed	1
58.3. Play toys are at least 3 cm in diameter and 6 cm in length to prevent swallowing	1
58.4. Play toys do not make loud noises that can damage a child's hearing	1
58.5. Play shelves are sturdy and cannot tip over if climbed	1
58.6. Projectile toys, guns, darts, and cap pistols are not available at the nursery	1
58.7. Play equipment and toys are regularly checked for potential hazards such as parts that are broken or can pinch small fingers	1
58.8. Battery-operated toys have battery cases secured with screws	1
58.9. Riding toys such as wagons and rocking horses are mounted with straps or safety harnesses to prevent the child from topping	1
59. Playground safety measures ensure the safety of the child at the nursery	
Guiding Measures:	
59.1. Fences are available in the playground to prevent exit or entry without supervision	1
59.2. Fences do not have any protrusion or entrapments	1
59.3. Shock-absorbing materials surface the playground	1
59.4. No thorn plants, low branches, tree roots, or animal feces are available in the playground	1
59.5. Grass areas are regularly cut to below ankle level	2
60. The outdoor environment is safe and free from hazards	
Guiding Measures:	
60.1. Walkways are kept free from snow, leaves, ice, and equipment	1
60.2. No animal feces or litter that may hide hazards, attract insects, or harbor infectious disease agents are available in the outdoor area	1
60.3. Climbing hazards such as trees are not accessible to children	1
60.4. No thorn plants, low branches, or tree roots are available in the outdoor area	1
61. The outdoor Infrastructure guarantees children safety	
Guiding Measures:	
61.1. Impact-absorbing materials are available on all surfaces underneath the outdoor equipment that are used by children	2

61.2. Metal edges are covered with a soft protective layer	2
61.3. Outdoor structures are sturdy	2
61.4. Hardware fasteners, connecting devices, and permanent covering are tight and cannot be removed without tools	2
61.5. When a sandbox is available, it is mounted in the shade and covered when not in use to prevent animals or insects from getting into it	2
62. Outdoor equipment is safe for usage	
Guiding Measures:	
62.1. Functional and age-appropriate equipment are available in the outdoor area	1
62.2. Documented routine maintenance is implemented for the outdoor area	1
62.3. Equipment in the outdoor area does not contain pieces that could catch clothing	1
62.4. Heavy swings or metal swings, wood or rigid materials, swings that have more than 2 swings per baby and rope swings,	1
62.5. Play equipment is kept at least 360 centimeters apart from each other	1
62.6. Outdoor climbing equipment has a maximum height of 92 cm for children younger than 3 years old and 122 cm for children older than 4 years.	1
62.7. Slides higher than 122 cm have guards on both sides	1
63. A Fire and smoke containment plan is developed, implemented, and evaluated	
Guiding Measures:	
63.1. A documented fire and smoke containment plan is available at the nursery	1
63.2. Documented fire risk assessments are implemented	2
63.3. Smoke and carbon monoxide detectors are installed, checked, and maintained functional	1
63.4. The nursery has at least two fire extinguishers, one in the kitchen and one next to the electricity outlet	1
63.5. Fire exits are unobstructed and unlocked	1
63.6. An identified fire escape route is available in each room	1
63.7. Rugs, pillows, curtains, cloth, blankets, and toys are flame-resistant	1
63.8. The fire and smoke containment plans are reviewed and updated on an annual basis	1
64. Staff at the nursery follow the fire and smoke containment plan	
Guiding Measures:	
64.1. Staff have clear responsibilities in response to fire, minimizing the fire, and reporting fire accidents	1

64.2. Staff are equipped with the proper knowledge on how to use the fire extinguisher and are provided with documented training on health and safety requirements	1
64.3. Fire drills are carried out regularly for all staff and corrective plans and improvements are documented and implemented accordingly	1
65. Safe hygiene measures are implemented at the nursery	
Guiding Measures:	
65.1. Hand washing procedures are posted next to the toilet, food preparation, and art sinks	1
65.2. Non-porous gloves are provided for caregivers and are available in all areas of childcare provision	2
65.3. When bathtubs are available, they are mounted with skid-proof stickers and mats	2
65.4. Children practice handwashing once they enter the classroom, before and after meals, and after toileting and/or diapering	1
65.5. Staff practice handwashing with liquid soap and running water after diapering and toileting children, before food preparation, and once they enter the classroom	1
65.6. Staff dry their hands after handwashing with disposable paper towels	1
65.7. Children take a bath if needed only in the presence of an adult	1
66. Safe medication administration is applied at the nursery	
Guiding Measures:	
66.1. Documented procedures on the safe administration of medication are available at the nursery	1
66.2. Procedures for the safe administration of medication are implemented at the nursery	1
66.3. Upon admission, parents' consent is taken for any necessary medical advice or treatment needed	1
66.4. Parents are requested to fill out a medication consent form upon each course of medication	1
66.5. Medications are administered only upon prescription by a treating physician	1
66.6. Staff that undergo medication administration document the administration of each dose by the amount and time given	1
67. Safe medication storage and disposal practices are applied at the nursery	
Guiding Measures:	
67.1. Documented procedures on the safe storage and disposal of medication are available at the nursery	1

67.2. Procedures for the safe storage and disposal of medication are implemented at the nursery	1
67.3. All medications to be provided for children are labeled with clear instructions that include but are not limited to: 67.3.1. Child's first and last name 67.3.2. Date of prescription 67.3.3. Name of prescribing health professional 67.3.4. Administration and dosage 67.3.5. Storage instructions 67.3.6. Expiry date and disposal instructions	1
67.4. Unrefrigerated and refrigerated medications are stored in an organized fashion, in closed containers that prevent spills, away from food, at the right temperature and out of reach of children	1
67.5. Staff regularly check the medications for expiry dates	1
67.6. The medication fridge is kept at a temperature between +2°C and +8°C	1
67.7. The medication minimum and maximum fridge temperature are checked with a thermometer and recorded daily	3
68. First aid procedures are in place to ensure readiness for any incident	
Guiding Measures:	
68.1. A fully equipped first aid kit is available at the nursery	1
68.2. Staff check the first aid kit supplies monthly and replace used or expired items accordingly	1
68.3. The first aid kit is checked and resupplied following each first aid incident	1
68.4. First aid kit inventory is conducted and documented with the date of inventory, name, and signature of staff who performed the inventory, verification that supplied and expiry dates were checked, location of the first aid kit	1
68.5. The first aid kit is stored out of reach of children, in a place that is identified and reachable by all staff	1
68.6. The first aid kit is transported with a staff member to every outing	1
68.7. Staff are provided with training on first aid with a certificate upon completion for each staff member	1
68.8. At least one staff member available on the premises is certified on children first aid	1
69. Choking prevention, identification, and management practices are ensured at the nursery	
Guiding Measures:	
69.1. Nursery staff are trained to identify and manage a choking child	1

69.2. Play toys are at least 3 cm in diameter and 6 cm in length to prevent choking	1
69.3. Coins, safety pins, and marbles balls (smaller than 4.4 cm) are not available to prevent choking	1
69.4. Children are not allowed to play with latex balloons or plastic bags	1
69.5. Pacifiers and rattles are not hung around infants' necks	1
69.6. Nursery staff are trained to identify and manage a choking child	1
69.7. Children are asked to remain seated while eating to prevent choking	1
70. Sun protection procedures are established at the nursery to protect children from sunburn	
Guiding Measures:	
70.1. Children are not exposed to direct sun during sun peak hours (10 am -12 pm)	2
70.2. Natural or built shades are available in the outdoor area	2
70.3. Staff apply sunscreen on children 30 minutes before going outdoors	2
71. Trash at the nursery is safely disposed	
Guiding Measures:	
71.1. Trash is stored away from storage areas, food preparation areas, stoves, water heaters, and furnaces	2
71.2. Garbage bins for waste disposal have a step pedal and firmly closed lids	1
71.3. Garbage bins are placed away from heat sources	2
71.4. The garbage is kept clean and emptied daily	1
71.5. Garbage bins for tissues, diapers, and other materials that can come in contact with body fluids are always opened with a step pedal and lined with a plastic bag	1
72. Child sickness is managed through specific procedures	
Guiding Measures:	
72.1. A documented and implemented sickness policy is available at the nursery	1
72.2. Parents are directly notified whenever symptoms of an illness appear on their child	1
72.3. Children with appearing symptoms of illness are kept under constant supervision in a separate room until parents arrive at the nursery	1
72.4. Children are required to remain at home until fully recovered from sickness	1
72.5. Parents are requested to provide the nursery with a medical report after recovery	2
73. The spread of infections is prevented at the nursery	
Guiding Measures:	

73.1. Infection prevention and control procedures and policies are documented, implemented, and accessible	1
73.2. Infection prevention and control procedures and policies are reviewed and updated every 3 years	2
73.3. Children are mandated to be always up to date with their vaccination	1
73.4. The nurse on duty immediately calls the parents to check with the child's pediatrician in case a child is suspected to have an infection	1
73.5. Infection prevention and control plan is developed, implemented, and updated regularly	1
74. A comprehensive plan to manage hand, foot, and mouth disease outbreaks is documented and implemented at the nursery	
Guiding Measures:	
74.1. A hand, foot, and mouth disease outbreak identification and response plan is documented and implemented at the nursery	1
74.2. Procedures and policies to manage hand, foot, and mouth disease outbreaks are documented, implemented, and reviewed every 3 years	1
74.3. Staff are trained to manage hand, foot, and mouth disease outbreaks	1
74.4. Hand, foot, and mouth disease outbreaks are communicated among management and staff	1
74.5. Early isolation of symptomatic children or individuals (within 24 hours) is implemented	1
74.6. Environmental disinfection of common areas, rooms, and shared objects is implemented after an outbreak	1
75. A practicing pediatrician is available on call and provides regular visits to the nursery	
Guiding Measures:	
75.1. A family doctor or a licensed pediatrician is always available on call	2
75.2. Each child undergoes a full health check-up by a doctor once a year and upon need	1
75.3. Health checkups include but are not limited to 75.3.1. Screening for developmental growth 75.3.2. Screening for any pending vaccinations 75.3.3. Weight and height measurements 75.3.4. Sensory screening for hearing and vision	1
76. Staff provide general checkups on the child upon arrival to identify any signs/ symptoms of illness	
Guiding Measures:	

76.1. Upon arrival to the nursery, each child undergoes a general check-up by staff which includes but is not limited to: 76.1.1. General mood 76.1.2. Unusual behavior (irritable, sleepy, sad, lack of appetite) 76.1.3. Temperature 76.1.4. Sign of rash, cuts, swelling, burns, bruises, scrapes, open sore 76.1.5. Pain's complaint or sign of diseases (e.g., runny nose, wheezing, cough)	1
76.2. General check-ups are documented in the child's file daily	2
76.3. Signs of illness or health concern are reported to the administration	1
76.4. Staff are trained to undergo general check-ups for children	1
76.5. If a child is suspected to be ill, parents are contacted to pick up their child	2
77. Strict measures prevent the exposure of children to smoking at the nursery	
Guiding Measures:	
77.1. The nursery abides by Lebanese Law #174 prohibiting smoking in all enclosed public places and enclosed workplaces	1
77.2. A no-smoking policy that addresses the use of tobacco or electronic cigarettes is developed and implemented at the nursery	1
77.3. The no-smoking policy applies to staff, volunteers, and parents	1
77.4. The no-smoking policy is discussed with staff, volunteers, and parents	1

Infrastructure and Sanitization

Introduction

The Infrastructure and Sanitization Chapter incorporates the standards for the indoor and outdoor infrastructure at the nursery to safeguard effective early childcare services. The chapter covers adequate use of Paint Types and Colors, Lighting, Ventilation, Heating and Air conditioning. It tackles proper space division at the nursery and adequate infrastructure, furniture, and supply

The Infrastructure and Sanitization Chapter targets the following sections:

- Nursery Infrastructure
- Adequate lighting
- Ventilating, heating, and air conditioning
- Paint types and colors
- Indoor Space Division (e.g., playing room, sleeping area, quiet area, staff room, storage space)
- Playground Infrastructure and Furniture
- Indoor Infrastructure and Furniture (e.g., infrastructure and furniture of the breastfeeding space, toilet and bathroom facilities, kitchen area, diapering room, health services room, and doors)
- Nursery supplies

Each standard was supported by a corresponding set of guiding measures that further clarify the standard. The guiding measures aim to facilitate the implementation of the standards and to guide the nursery in fulfilling the objective of the standard.

Standards

Standards and Guiding Measures	Level
78. Services are supported by safe, sufficient, and age-appropriate infrastructure	
Guiding Measures:	
78.1. The ceiling is at a minimum height of 275 cm	1
78.2. The total area of the nursery is at least 200m ²	1
78.3. The nursery is located on the ground floor or first floor	1
78.4. The nursery is divided into separate rooms and areas for different activities including	1
78.4.1. A playground area	
78.4.2. A clean eating area for children to consume their meals and snacks	
78.4.3. Separate rooms for different age groups	
78.4.4. An administration room	
78.4.5. A health service room	
78.4.6. A kitchen	
78.4.7. A bathroom for children	
78.4.8. A bathroom for staff	
78.5. The premises are inspected annually and are kept clean and in good repair	1
79. All rooms in the nursery have adequate lighting	
Guiding Measures:	
79.1. Natural lighting is provided in the nursery rooms	1
79.2. The stairways and halls are well-lit	2
80. A plan for ventilating, heating, and air conditioning is in place	
Guiding Measures:	
80.1. A documented preventive maintenance plan is implemented for ventilating, heating, and air conditioning	1
80.2. Rooms are air-conditioned when needed and naturally ventilated	1
80.3. Temperature control is always ensured in all rooms	2
80.4. Room temperature is always maintained at a minimum of 20 degrees Celsius	2
80.5. The temperature and relative humidity are measured with specific devices and documented daily	2
81. Child-friendly paint types and colors are used at the nursery	
Guiding Measures:	
81.1. The paint and finishing at the nursery are of premium grade, Master Painters Institute (MPI) approved, low odor, and contains low or no volatile organic compounds to prevent allergies or chemical sensitivity	2

81.2. Walls are painted with an easy-to-clean paint material	2
81.3. Walls are painted with pastel colors or white	3
81.4. Windows, door frames and walls are painted with similar pastel colors	3
82. The indoor room space aligns with the need of each child	
Guiding Measures:	
82.1. Each walking child has at least 1 sq. meters of personal space in the class and indoor playing room, given that the room is of a minimum of 12 sq. meters	1
82.2. Each non-walking child has at least 2 sq. meters of space in the nap room	1
83. A separate quiet area is provided for children under 1 year of age to facilitate sleeping patterns	
Guiding Measures:	
83.1. The sleeping area for children younger than 1 year of age is not less than 2 sq. for each child and 25 cm between cribs	1
83.2. The sleeping area is mounted with glazed windows for teachers to observe the infants from the activity playroom	2
84. Staff have access to a room away from children for breaks and activity preparation	
Guiding Measures:	
84.1. A pleasant, comfortable area equipped with adult-size furniture is available in the staff room to be used during breaks	2
84.2. The staff room is used for activity preparation and is mounted with free WIFI access	3
85. Storage space is available at the nursery	
Guiding Measures:	
85.1. A general storage area, inaccessible to children, is available for beddings and cots	2
85.2. A central storage area is available for bulky equipment and supplies which includes materials ordered in bulk and diapers	2
85.3. A special-purpose storage space near the entrance for the storage of wheelchairs, car seats, and strollers	2
85.4. Storage spaces for staff are equipped with locking devices	2
85.5. Storage space is available to accommodate the teachers' items and coats	2
85.6. A room where confidential information and record are kept is provided	2
85.7. The drawers at the nursery are always closed and locked	1
85.8. Each classroom has two different types of storage for learning materials which include low open shelf units that are accessible to children and other storage shelves	1
86. A well-equipped playground is provided for children's activities and play	
Guiding Measures:	

86.1. The playground play equipment and space focus on adventurous and environmental components	3
86.2. Various portable play equipment are available for children to use outdoors such as Jumping toys (e.g., jumping balls), push-pull toys (e.g., wheelbarrows, wagons, big dump trucks), ride-on toys (e.g., scooters, tricycles), twirling toys (e.g., ribbons, batons, scarves, parachutes, hula hoops), throwing, striking, or catching toys (e.g., balls, noodles, bean bags, rackets), balance toys (e.g., plastic river stones, balance beams), tumbling or crawling or equipment (e.g., portable tunnels, mats) or other loose items (e.g., shovels, sticks, pales)	2
86.3. The quantity of portable play equipment available for children during outdoor playtime permits each child to have something to play with	2
87. A spacious playground is provided for children's activities and play	
Guiding Measures:	
87.1. The outdoor play space includes different play areas that may include swing sets, a sandbox, climbing structures, pathways, a garden, a house or a tent, an easel, or outdoor musical instruments (e.g., pots, pipes, pans, and drumming)	1
87.2. When an outdoor play space is not available or too small (less than 7 square meters), a large indoor playroom that conforms to the same requirements of the outdoor play space is provided for children	1
87.3. The play area can be created by bringing needed equipment outside for outdoor playtime	2
88. Special accommodations support breastfeeding mothers	
Guiding Measures:	
88.1. The nursery has a space allocated for breastfeeding	1
88.2. The breastfeeding space is equipped with windows that allow natural or with artificial lighting	2
88.3. The breastfeeding space is equipped with air-conditioning to ensure suitable temperatures	2
88.4. The breastfeeding space undergoes routine daily maintenance and cleaning with odorless and food-safe products	1
88.5. The ceiling, floors, walls, and room dividers of the breastfeeding space are smooth and do not accumulate dirt	1
89. Well-equipped toilets and bathroom facilities are provided for children and adults at the nursery	
Guiding Measures:	
89.1. Toilet facilities include at least one flushing toilet for every 10 non- diapered children and one sink with running water for every 25 children	1

89.2. Toilet facilities include divisions between each flushing toilet for privacy	1
89.3. A bathroom that includes a shower with a head and hose is available in cases of emergency	2
89.4. A separate toilet is available for adults	1
89.5. Children's handwashing sinks are kids' size	1
90. A well-equipped and clean kitchen is available at the nursery	
Guiding Measures:	
90.1. The kitchen area is not accessible to children	1
90.2. Eating utensils are free of cracks, chips, or lead to avoid injury to the child	1
90.3. Cooking appliances and sharp and hazardous utensils are stored away from children	1
90.4. Pot handlers are always turned towards the back of the stove	1
90.5. Food preparation surfaces and equipment are kept clean and regularly disinfected	1
90.6. Children do not have access to the danger zone that is in front of the stove	1
91. The diapering room has a specific infrastructure	
Guiding Measures:	
91.1. A table suitable for diapering one child at a time is available in the diapering area	1
91.2. A sink is available within 90 cm of the diapering table	1
91.3. Diapering procedures are posted in the diapering area	1
91.4. Hygiene products and diapers are located near the changing table	1
92. A well-equipped area is available for safe and hygienic preparation of feeding bottles	
Guiding Measures:	
92.1. The bottle preparation area is located far away from toilet and diapering areas	1
92.2. The bottle preparation area has access to bottled water	2
92.3. The bottle preparation area ensures a hygienic preparation of the bottle	1
92.4. The bottle preparation area is equipped with sterilized equipment needed for the preparation of feeding bottles	1
93. A well-equipped room is provided for health services at the nursery	
Guiding Measures:	
93.1. The health services room has specific equipment for the temporary case or isolation of a sick child	1
93.2. The health services room contains a bed and cot for the sick child	2
93.3. The health services room is equipped with a first aid kit	1
93.4. Health visits are conducted at the health services room	1

94. The furniture accommodates the learning experiences of the child	
Guiding Measures:	
94.1. The nursery has a sufficient number of child-sized tables and chairs to allow children to eat and play together in groups	1
94.2. The furniture available at the nursery meets the following criteria: 94.2.1. Readily accessible 94.2.2. Child-sized 94.2.3. Comfortable for children 94.2.4. Easily movable 94.2.5. Durable 94.2.6. Easily cleaned 94.2.7. Easily maintained 94.2.8. Made of natural material when possible 94.2.9. Accommodate adults of short stature and wheelchair users 94.2.10. Constitute natural colors as much as possible	1
94.3. Non-allergenic rugs and carpets are available only to sit on during activities	2
95. The doors available at the nursery guarantee reduced background noise, easy access, and supervision	
Guiding Measures:	
95.1. Doors are easily accessed by children	1
95.2. Doors are easily openable from the outside by either a child or an adult	1
95.3. Doors have lever handles	3
95.4. Doors are solid to reduce background noise	3
96. Different supplies are available at the nursery	
Guiding Measures:	
96.1. Single service cups are dispensed by staff	2
96.2. Paper towel is readily available at the nursery	1
96.3. An adequate supply of blankets, clean sheets, and linen is provided	1
96.4. Microfiber cloths and mops are provided for cleaning	1

Nutrition and Physical Activity

Introduction

The Nutrition and Physical Activity Chapter focuses on providing safe and healthy food intake for children at the nursery. It provides specific policies and procedures to be followed regarding the nutrition content and type of food and beverages served at the nursery. The chapter sheds light on the importance of food safety and allergy prevention through quality food services. It tackles healthy mealtime practices and nutrition education. This chapter focuses as well on the importance of providing continuous support for breastfeeding mothers. Finally, the chapters focus on the importance of promoting and integrating physical activity within the classroom routine of preschool children at the nursery.

The Nutrition and Physical Activity Chapter targets the following sections:

- Specific policies and procedures for the nutrition content and type of beverages
- Specific policies and procedures for the nutrition content and type of food
- Policies and procedures related to kitchen staff and other food handlers (e.g., clothing, hygiene behavior, and food safety processes)
- Food allergy prevention policy
- Food safety standards and procedures
- Good dietary behaviors and practices (e.g., healthy eating policies, staff nutrition education)
- Children nutrition education
- Proper mealtime practices (e.g., role modeling and active feeding)
- Monthly menu
- Safe milk (e.g., pumped breast milk and formula milk) bottle preparation, administration, and storage procedures
- Breastfeeding support
- Physical activity practices



Faculty of Health Sciences
Knowledge to Policy - K2P - Center for Health



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

Each standard was supported by a corresponding set of guiding measures that further clarify the standard. The guiding measures aim to facilitate the implementation of the standards and to guide the nursery in fulfilling the objective of the standard.

Standards

Standards and Guiding Measures	Level
97. The nutrition content and type of beverages served at the nursery follow specific policies and procedures	
Guiding Measures:	
97.1. A documented and implemented beverage policy is available at the nursery	1
97.2. The beverage policy includes the following but is not limited to: <ul style="list-style-type: none"> 97.2.1. Beverages are offered to children who are developmentally ready (e.g., between 9 and 12 months based on each child) in an open, child-friendly cup 97.2.2. Drinking water is readily available at the nursery for children over 6 months of age 97.2.3. Beverages with added sugars and or/artificial sweeteners, colors, preservatives, flavor, thickeners, or flavor enhancers are not served to children 97.2.4. 100% fresh juice is served to children 2 times per week or less (e.g., a cup of fresh juice served to children should be between 120 and 170 ml) 97.2.5. Children 2 years and older are served fat-free (skim) and/or low-fat milk 97.2.6. Children aged between 12 months and 24 months are served whole milk 97.2.7. Flavored milk is never served to children 	1
98. The nutrition content and type of food served at the nursery follow specific policies and procedures	
Guiding Measures:	
98.1. The nursery has a documented and implemented nutrition policy that provides an overview of the nutrition content and type of food served at the nursery	1
98.2. The nutrition policy includes the following but is not limited to: <ul style="list-style-type: none"> 98.2.1. Never offering food items that contain trans-fat 98.2.2. Never offering high-fat, high-sugar foods such as cookies, doughnuts, muffins, cakes, pudding, and ice cream 98.2.3. The main oil that is served is monounsaturated (e.g., olive oil) 98.2.4. Offering fruits, vegetables and high-fiber, whole-grain foods at least 2 times per day every day 98.2.5. Offering a variety of vegetables from different colors (e.g., dark green, orange, red, or deep yellow) 	1

<p>98.2.6. Never offering food items that are cooked or flavored with meat fat, margarine, or butter to children</p> <p>98.2.7. Offering fried or pre-fried red meat, chicken, fish or potatoes 1 time every two weeks or never</p> <p>98.2.8. Offering high-fat meats such as high-fat lamb, hamburger patty and sausages 1 time every two weeks or never</p> <p>98.2.9. Offering sweets or salty snacks outside of meal and snack times a 1 time every two weeks or never</p> <p>98.2.10. Foods prepared at the nursery are nutritious, safely prepared, and conform to religious and dietary requirements</p> <p>98.2.11. Foods that can cause choking are not provided to children (e.g., soft round foods or hard pieces such as nuts and raw celery)</p> <p>98.2.12. Not offering the following food items to children younger than 12 months of age:</p> <p>98.2.12.1. Honey</p> <p>98.2.12.2. Cow-milk</p> <p>98.2.12.3. Whole nuts or peanuts</p> <p>98.2.12.4. Unpasteurized cheeses</p> <p>98.2.12.5. Low-fat foods</p> <p>98.2.12.6. Raw or undercooked meat, fish, poultry or/and eggs</p>	
99. Specific policies and procedures related to kitchen staff and other food handlers' clothing, hygiene behavior, and food safety processes are implemented	
Guiding Measures:	
99.1. The nursery has a documented and implemented policy specific to kitchen staff and other food handlers	1
<p>99.2. The policy for kitchen staff and other food handlers includes but is not limited to:</p> <p>99.2.1. Kitchen staff do not wear any jewelry in the kitchen</p> <p>99.2.2. Kitchen staff frequently wash their hands</p> <p>99.2.3. Kitchen staff and other food handlers implement safe food handling and storage procedures to prevent food contamination or poisoning</p> <p>99.2.4. Kitchen staff wear protective clothing while working in the kitchen</p> <p>99.2.5. Kitchen staff and other food handlers are aware of food allergens</p> <p>99.2.6. Kitchen staff and other food handlers comply with international guidelines and best practices related to food safety and hygiene</p> <p>99.2.7. Kitchen staff and other food handlers are provided with training on food safety and hygiene practice</p>	1
99.3. The policy for kitchen staff and other food handlers is shared with parents	2
100. Food allergy is prevented at the nursery	

Guiding Measures:	
100.1. A policy on the prevention of food allergies is documented and implemented at the nursery	1
100.2. Food allergies, dietary requirements, and preferences are reported in the child's file	1
100.3. Special care and food plans are implemented for children who suffer from food allergies	1
100.4. Care and food plans for children who suffer from food allergies are provided by a treating physician and include: <ul style="list-style-type: none"> 100.4.1. A list of foods to which the child is allergic 100.4.2. Steps to avoid allergic reactions to food 100.4.3. Symptoms that would indicate an allergic reaction and the need to intervene 100.4.4. A detailed treatment plan to be followed in case of an allergic reaction which includes the name, method of administration, and dosage of any medication that should be provided to the child in case of an allergic reaction 	1
100.5. The policy on the prevention of food allergies is shared with parents	2
100.6. Children's food allergies and plans are communicated to all nursery personnel (e.g., kitchen staff, other food handlers, nurse, teacher)	1
100.7. Allergy crisis that occurs on the premises are recorded and communicated to all staff and parents	1
100.8. Staff are trained on identifying main allergic food and allergic reactions and a main focal person is available at the nursery for reference	1
100.9. The following allergenic foods are not offered as part of the nursery menu as they account for most serious allergic reactions: <ul style="list-style-type: none"> 100.9.1. Eggs 100.9.2. Peanuts 100.9.3. Soy 100.9.4. Tree nuts 100.9.5. Sesame 100.9.6. Fish 100.9.7. Shellfish 	1
101. Food safety standards and procedures are established to reduce the risk of foodborne diseases	
Guiding Measures:	
101.1. Food safety standards are indicated and implemented in the nursery that includes but are not limited to: <ul style="list-style-type: none"> 101.1.1. Keeping the food preparation area in a hygienic condition to prevent food contamination 	1

101.1.2. Storing perishable foods in covered containers	
101.1.3. Keeping hot food at a minimum of 60 degrees Celsius until served	
101.1.4. Serving food immediately post-preparation	
101.1.5. Never heating food or drinks in plastic containers	
101.1.6. Never refreezing leftovers after thawing	
101.1.7. Keeping refrigerators at or below 2° or 4 °Celsius to limit bacterial growth	
101.1.8. Using colored chopping boards for different types of foods to avoid cross-contamination	
101.1.9. washing fruits and vegetables are washed in a separate sink	
101.2. A fridge is available at the nursery to store food brought from home	1
102. Good dietary behaviors and practices are enforced at the nursery through healthy eating policies, staff training, and children nutrition education	
Guiding Measures:	
102.1. A policy on healthy eating practices aligned with the Infant and Young Child Policy of the Ministry of Public Health is documented and implemented at the nursery	1
102.2. Staff are trained on healthy eating practices and on the complementary feeding training guideline provided by the Ministry of Public Health	2
102.3. Mealtime is used as an opportunity for teaching children about different food concepts and nutrition	2
102.4. Learning materials such as books, posters and play games are available at the nursery to display healthy foods (e.g., learning material do not include any book sponsored by a company)	2
102.5. Meals and snacks served at the nursery follow a specific schedule	2
102.6. Meal and snack time encourage interactions and group involvement	2
103. Children at the nursery are provided with nutrition education as part of the curriculum	
Guiding Measures:	
103.1. A document nutrition education plan for children is developed and implemented at the nursery	1
103.2. Planned nutrition education is incorporated into classroom activities at least 1 time per week through activities such as story time, circle time lessons, cooking activities, and gardening	2
103.3. The nutrition education plan is reviewed and approved by a nutritionist, dietitian, child health consultant, or infant and young child feeding specialist	1
104. Proper mealtime practices are implemented at the nursery to encourage a pleasant mealtime for children	
Guiding Measures:	

104.1. Teachers use role modeling to promote healthy eating during snack and mealtime such as:	
104.1.1. Teachers use enthusiastic role modeling of new and healthy foods during snack and mealtimes unless otherwise specified in their files	
104.1.2. Teachers sit with children during snack and mealtime and drink and eat the same beverages and foods as children	2
104.1.3. Teachers do not drink or eat unhealthy beverages or foods in front of children	
104.1.4. Teachers encourage active feeding (e.g., each child is provided with his/her serving of food) at the nursery	
104.2. Teachers assist children to determine their level of fullness through the following:	
104.2.1. Teachers ask children if they remain hungry whenever they request food refills	
104.2.2. Teachers do not require children to remain seated until they finish their plates or force or push children to eat more than they want	2
104.2.3. Teachers ask children if they are full once they have consumed half of their meal or snack	
104.3. Teachers apply healthy mealtime practices during mealtime and snack which includes but is not limited to:	
104.3.1. Turning off televisions and videos during snack and mealtimes	
104.3.2. Praising children for trying less preferred or new foods	1
104.3.3. Never using food as a reward or a punishment	
104.3.4. Encouraging self-dependency for children to eat	
105. The nursery abides by the nutrition requirements during events, class celebrations, and food brought from home	
Guiding Measures:	
105.1. Foods provided as part of class celebrations and events abide by all nutrition requirements of the nursery as specified by policies and procedures	2
105.2. Food brought from home abides by all nutrition requirements of the nursery as specified by policies and procedures	1
105.3. Nutrition requirements set by the nursery are communicated with parents and clarified or reinforced as needed	1
105.4. Parents are provided with recommendations on food and drinks to send in their child's lunchbox in terms of nutrition content and safe storage	1
106. A monthly menu is available at the nursery	
Guiding Measures:	
106.1. The monthly menu is prepared by a dietician or nutritionist	1
106.2. The monthly menu is overseen by a dietician or nutritionist	1

106.3. The monthly menu abides by nutrition requirements as specified by policies and procedures	1
106.4. A monthly menu is prepared, posted, and communicated with parents/guardians which includes foods and drinks that will be served to children	1
106.5. For children younger than 18 months of age, the type, frequency, and quantity of meals are communicated to the nursery by parents	1
107. When the nursery does not have an on-site kitchen and the nursery provides food as part of its services, specific arrangements are made for obtaining meals from an off-site location	
Guiding Measures:	
107.1. If the nursery does not have an on-site kitchen, collaborations with off-site kitchens are made	2
107.2. Food safety is taken into consideration during transport in clean and temperature-controlled containers	1
107.3. Food brought from off-site kitchens abides by all nutrition requirements of the nursery as specified by policies and procedures	1
107.4. The nutrition requirements set by the nursery are communicated with off-site kitchens and clarified or reinforced as needed	1
108. Specific procedures are implemented to ensure safe milk (e.g., pumped breast milk and formula milk) bottle preparation, administration, and storage	
Guiding Measures:	
108.1. Cans or containers for formula milk provided by parents are labeled with the child's name, feeding time, date, and methods of preparation	1
108.2. Cans or containers for pumped breastmilk provided by the mother are labeled with the child's name, feeding time, and milk expression date.	1
108.3. Feedings of pumped breast milk or formula milk are recorded daily and kept in the child's file	1
109. Continuous support for breastfeeding mothers is ensured to promote breastfeeding practices	
Guiding Measures:	
109.1. The nursery has a documented and implemented policy that promote and supports exclusive breastfeeding	1
109.2. The nursery accepts breastmilk	1
109.3. Parents are allowed to breastfeed their infants at the nursery	1
109.4. The nursery has a space allocated for mothers to breastfeed during working hours	3
109.5. A fridge is available at the nursery to store the pumped milk with clear instructions on how to feed the pumped milk to the child	1

110. Specific procedures are implemented to promote physical activity for preschool children	
Guiding Measures:	
110.1. The nursery has a documented and implemented physical activity policy	1
110.2. Preschool children are engaged in adult-led physical activity for 60 minutes or more every day	1
110.3. Children 2-5 years old are engaged in 120 minutes or more of indoor and outdoor physical activity each day	1
110.4. Toddlers 13-24 months are engaged in 90 minutes or more of indoor and outdoor physical activity	1
110.5. Tummy time activity is provided to non-crawling infants (0–12 months) for 20 minutes per day or more (can be divided over several sessions)	3
110.6. Physical activity is incorporated into the classroom routine and planned activities whenever there is an opportunity	2
110.7. A documented plan is developed and implemented to accommodate physical activity whenever the weather does not allow for outdoor activities (e.g., rain, snow, etc.)	3

Definitions

Governance

Law: Rules, usually made by the government, to order and govern the way a group of people/ society behaves

Policy: a set of plans and measures highlighting what needs to be done in a particular situation. Policies are officially agreed upon by a group of people

Organizational chart: a diagram that displays the structure of an organization and the relationships between the different departments, people, or jobs within that organization.

Strategic plan: the process of creating a business plan, implementing the plan, and evaluating the results of executing the plan, for the long-term sustainability of the company or organization. It outlines the mission, vision, and strategic goals to be achieved.

Operational plan: a practical document with key activities that the organization will accomplish during a specific period.

Quality improvement plan: a document containing focused targets and actions that the organization commits to achieve for enhanced quality

Capital budget: a set of financial inputs that help organizations financially plan for the future. Includes funding sources, facility, and infrastructure costs.

Operational budget: a budget for the organization to financially run its daily activities. Includes personnel costs and annual facility operational costs.

Advisory committee: a committee whose role is to guide program implementation, provide input on the services provided and assist in taking decisions at the nursery

Human Resources

Job description: a written document clearly defining the tasks, roles, and responsibilities of an employee at an organization.

Staffing plan: a process by which an organization assesses the personnel needs of the company

Social and emotional learning: the process through which people acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions, show empathy

for others, establish, and maintain supportive relationships, and make responsible and caring decisions

Emotional-based preventive interventions: a program aiming at teaching children skills allowing them to think in a problem-solving framework, improve interpersonal difficulties, and control aggression and frustration

Quality standards: a set of good and appropriate management practices, requirements, and specifications, established by an organization to help achieve quality services

Education, Curriculum and Play

Child behavioral expectations: a set of rules that teachers would like children to abide by such as how to react in a classroom setting

Behavior management: methods of modifying behavior to maintain order through less structured measures such as establishing rules and consequences

Early childhood development: a period of critical development providing essential health, nutrition, and early education opportunities for children

Early childhood development assessment: a tool for gathering information about a child that will allow educators and parents to be informed about the child's developmental process

Child-centered curriculum: a program implemented with a focus on children learning through play that is based on the child's strengths, needs and capacity

Moderate-intensity physical activity: activities that take some effort, but the child will still be able to talk while doing them (e.g., dancing, brisk walking, riding a bike)

Vigorous-intensity physical activity: activities that require more effort leading to faster and harder breathing (e.g., jumping, skipping)

Structured physical activity: an activity that is planned and supervised by an adult

Unstructured physical activity: activities that children can practice on their own, usually called "free-time" activity

Fundamental movement training: training that targets a set of gross motor skills involving different body parts

Motor impairment: partial or total loss of function of a body part

Health and Safety

Accidents: unexpected, unanticipated events that sometimes result in physical damage

Emergency plan: a set of measures that are pre-determined and should be followed for handling sudden or unexpected situations

Risk assessment: a process used to identify potential hazards and analyze their consequences

Handover policy: a policy that ensures children's safety upon pick up and drop off. The policy usually documents who is allowed to handover the child

Guidelines: information that intends to guide people on how something should be done

Impact-absorbing materials: a specific material that can absorb shock and reduce or annul damage

Infrastructure and Sanitization

Master Painters Institute (MPI) Approved: a rating that aims at improving the performance of paints used by manufacturers

Inclusiveness and Equal Opportunity

Disabilities and/or developmental delays: a group of conditions that are due to an impairment in physical, learning, language, or behavior areas

Equal opportunity: a policy aiming at giving everyone the same opportunities without discrimination

Working in Partnership with Parents

Information exchange procedure: a process allowing information sharing and establishing communication

Decision-making processes: the process of making choices by identifying a decision, gathering information, and assessing alternative solutions.

Nutrition and Physical Activity

Trans-fat: Unsaturated fatty acids that come from industrial (the process of adding hydrogen to vegetable oil to convert it into solid) or original sources (sheep or cow).

Monounsaturated Fat: Molecules that have one unsaturated carbon bond. Oils that contain this type of fat are liquid at room temperature but begin to turn solid when chilled (olive oil)



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Enthusiastic role modeling: a teaching approach to pass on knowledge and skills to children, whereby teachers behave the same way they expect children to behave

Active feeding: providing the child with his/her serving of food and encouraging him/her to eat by himself/herself

Adult-led physical activity: periods of activity in which adults play an active supporting role.

References

Adams, J., McNaughton, R. J., Wigham, S., Flynn, D., Ternent, L., & Shucksmith, J. (2016). Acceptability of Parental Financial Incentives and Quasi-Mandatory Interventions for Preschool Vaccinations: Triangulation of Findings from Three Linked Studies. PLoS One, 11(6), e0156843. doi:10.1371/journal.pone.0156843

Administration for Children & Families. (2014). CCDF HEALTH AND SAFETY REQUIREMENTS FACT SHEET: Reducing the Risk of Sudden Infant Death Syndrome and Using Safe Sleeping Practices. Retrieved from: https://childcareta.acf.hhs.gov/sites/default/files/public/259_1508_healthsafety_summary_sids_final.pdf

Alley Dog. (n.d.). Behavioral Management. Retrieved from: <https://www.alleydog.com/glossary/definition.php?term=Behavioral+Management>

Alupor. (n.d.). impact Absorption. Retrieved from: <https://alupor.com/impact-absorption>

American Academy of Pediatrics. (2012). A child Care Provider's Guide to Safe Sleep. Retrieved from: <https://idahostars.org/portals/61/Docs/Parents/HealthSafety/SIDSchildcaresafesleep.pdf>

American Academy of Pediatrics. (2021). Check-up Checklist: 1 month old. Retrieved from: <https://www.healthychildren.org/English/ages-stages/Your-Childs-Checkups/Pages/Your-Checkup-Checklist-1-month-old.aspx>

American Academy of Pediatrics. (2021). Recommendations for Preventive Pediatric Health Care. Retrieved from: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

American Heart Association. (2022). Monounsaturated Fat. Retrieved from: <https://www.heart.org/en/healthy-living/healthy-eating/eat-smart/fats/monounsaturated-fats>

ASQ. (2022). What are Quality Standards? Retrieved from: <https://asq.org/quality-resources/learn-about-standards>

Assessment_educators.ppt | Mass.gov. (2018). Early childhood assessment presentation for educators. Retrieved from: <https://www.mass.gov/doc/early-childhood-assessment-presentation-for-educators>

Australian Children's Education & Care Quality Authority. (n.d.). Quality Area 3- Physical Environment. Retrieved from: <http://www.acecqa.gov.au/nqf/national-quality-standard/quality-area-3-physical-environment>

Bakkaloğlu, H., Sucuoğlu, N. B., & Yılmaz, B. (2019). Quality of inclusive preschool classrooms: predictive variables. *Eğitim ve Bilim*, 44(199).

Bell, A. C., et al. (2015). An implementation intervention to encourage healthy eating in centre-based child-care services: impact of the Good for Kids Good for Life programme. *Public Health Nutr* 18(9): 1610-1619.

Bell, L. A., Fletcher, E. A., Timperio, A., Vuillermin, P., & Hesketh, K. (2019). Preschool children's physical activity and cardiovascular disease risk: A systematic review. *J Sci Med Sport*, 22(5), 568-573. doi:10.1016/j.jsams.2018.11.021

Benjamin Neelon, S. E., et al. (2013). Nutritional quality of foods and beverages on child-care centre menus in Mexico. *Public Health Nutr* 16(11): 2014-2022.

Benjamin Neelon, S. E., et al. (2016). Comparative Evaluation of a South Carolina Policy to Improve Nutrition in Child Care. *J Acad Nutr Diet* 116(6): 949-956.

Benjamin, S. E. (2012). Making food healthy and safe for children: How to meet the caring for our children: National health and safety performance standards; Guidelines for early care and education programs. The National Training Institute for Child Care Health Consultants, Chapel Hill/NC.

Bierbrauer, A. J. (2013). Early Childhood Nature Curriculum for the Formal Preschool Classroom (Doctoral dissertation).

Birmingham. (n.d.). What is the difference between the Operating Budget and the Capital Budget? Retrieved from: <https://www.birminghamal.gov/wp-content/uploads/2020/09/2020.Budget.Graphic.Difference-between-the-capital-and-operating-budgets.pdf>

Blewitt, C., et al. (2018). Social and Emotional Learning Associated With Universal Curriculum-Based Interventions in Early Childhood Education and Care Centers: A Systematic Review and Meta-analysis. *JAMA Netw Open* 1(8): e185727.

Blewitt, C., et al. (2020). Do Curriculum-Based Social and Emotional Learning Programs in Early Childhood Education and Care Strengthen Teacher Outcomes? A Systematic Literature Review. *Int J Environ Res Public Health*

Blewitt, C., O'Connor, A., Morris, H., Mousa, A., Bergmeier, H., Nolan, A., . . . Skouteris, H. (2020). Do Curriculum-Based Social and Emotional Learning Programs in Early Childhood Education and Care Strengthen Teacher Outcomes? A Systematic Literature Review. *Int J Environ Res Public Health*, 17(3). doi:10.3390/ijerph17031049

Bright Futures. (n.d.). Physical Activity Guidelines for Young Children. Retrieved from: <https://www.brightfutures.org/one-step/module-1/page-1-4.html>

Broekhuizen, K., Scholten, A. M., & de Vries, S. I. (2014). The value of (pre)school playgrounds for children's physical activity level: a systematic review. *Int J Behav Nutr Phys Act*, 11, 59. doi:10.1186/1479-5868-11-59

Brown, T., Moore, T. H., Hooper, L., Gao, Y., Zayegh, A., Ijaz, S., Elwenspoek, M., Foxen, S. C., Magee, L., O'Malley, C., Waters, E., & Summerbell, C. D. (2019). Interventions for preventing obesity in children. *The Cochrane database of systematic reviews*, 7(7), CD001871. <https://doi.org/10.1002/14651858.CD001871.pub4>

Brussoni, M., Gibbons, R., Gray, C., Ishikawa, T., Sandseter, E. B., Bienenstock, A., . . . Tremblay, M. S. (2015). What is the Relationship between Risky Outdoor Play and Health in Children? A Systematic Review. *Int J Environ Res Public Health*, 12(6), 6423-6454. doi:10.3390/ijerph120606423

Burchinal, M. R., Cryer, D., Clifford, R. M., & Howes, C. (2002). Caregiver Training and Classroom Quality in Child Care Centers. *Applied Developmental Science*, 6(1), 2-11. doi:10.1207/S1532480XADS0601_01

Bussell, K., et al. (2018). Examining Nutrition and Physical Activity Policies and Practices in Maryland's Child Care Centers. *Child Obes* 14(6): 403-411.

California Schools Boards Association. (2009). Moderate to Vigorous Physical Activity in Physical Education to Improve Health and Academic Outcomes. Retrieved from [https://www.csba.org/GovernanceAndPolicyResources/DistrictPolicyServices/~media/CSBA/Files/GovernanceResources/PolicyNews Briefs/StudentHealth/PhysEd Actviity/2009 11 FactShe et ModerateToVigorous.ashx](https://www.csba.org/GovernanceAndPolicyResources/DistrictPolicyServices/~media/CSBA/Files/GovernanceResources/PolicyNews%20Briefs/StudentHealth/PhysEd%20Actvitiy/2009%2011%20FactSheet%20ModerateToVigorous.ashx)

Camargo, S. P., et al. (2014). "A review of the quality of behaviorally-based intervention research to improve social interaction skills of children with ASD in inclusive settings." *J Autism Dev Disord* 44(9): 2096-2116.

Cambridge Dictionary. (n.d.). Accident. Retrieved from:
<https://dictionary.cambridge.org/dictionary/english/accident>

Cambridge Dictionary. (n.d.). Guideline. Retrieved from:
<https://dictionary.cambridge.org/dictionary/english/guideline>

Cambridge Dictionary. (n.d.). Law. Retrieved from:
<https://dictionary.cambridge.org/dictionary/english/law>

Cambridge Dictionary. (n.d.). Policy. Retrieved from:
<https://dictionary.cambridge.org/dictionary/english/policy>

Cambridge Dictionary. (n.d.). Organizational Chart. Retrieved from:
<https://dictionary.cambridge.org/dictionary/english/organizational-chart>

Cambridge Dictionary. (n.d.). Organizational Chart. Retrieved from:
<https://dictionary.cambridge.org/dictionary/english/organizational-chart>

Canadian Center for Operational Health and Safety. (2022). Emergency Planning.
Retrieved from: <https://www.ccohs.ca/oshanswers/hsprograms/planning.html>

Canadian Child Care Federation. (2003). Children at Play in the Great Outdoors.
Retrieved from: https://3c3uo993kq32frgqdtj53hhl-wpengine.netdna-ssl.com/wp-content/uploads/2020/05/RS_68-e.pdf

Canadian Child Care Federation. (2004). Exploring Nature with Children. Retrieved from:
http://3c3uo993kq32frgqdtj53hhl-wpengine.netdna-ssl.com/wp-content/uploads/2020/05/RS_43-epdf

Carson, V., Kuzik, N., Hunter, S., Wiebe, S. A., Spence, J. C., Friedman, A., . . . Hinkley, T. (2015). Systematic review of sedentary behavior and cognitive development in early childhood. *Prev Med*, 78, 115-122. doi:10.1016/j.ypmed.2015.07.016

CDC. (2020). Cleaning, Disinfection, and Hand Hygiene in Schools – a Toolkit for School Administrators. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>

CDC. (2020). Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools

Center for Disease Control and prevention. (2022). Facts About Developmental Disabilities.
Retrieved from: <https://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html>

Center for Health Promotion and Disease Prevention and Department of Nutrition,
University of North Carolina at Chapel Hill. Retrieved from:

https://gonapsacc.org/uploads/Go%20NAP%20SACC_B&IF_2020_Copyright_2.pdf

Center for Health Promotion and Disease Prevention and Department of Nutrition.
(2014). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care. (2014).

Retrieved from: https://gonapsacc.org/uploads/Go%20NAP%20SACC_CN_2020_Copyright.pdf

Center for Health Promotion and Disease Prevention and Department of Nutrition.
(2014). Go NAP SACC Child Nutrition Self-Assessment tool. Retrieved from:

https://gonapsacc.org/uploads/Go%20NAP%20SACC_CN_2020_Copyright.pdf

Center for Health Promotion and Disease Prevention and Department of Nutrition.
(2014). Go NAP SACC: Screen Time Self-Assessment. Retrieved from:

https://gonapsacc.org/uploads/Go%20NAP%20SACC_ST_2020_Copyright.pdf

Center for Health Promotion and Disease Prevention and Department of Nutrition.
(2014). Go NAP SACC: Outdoor Play & Learning Self-Assessment. Retrieved from:

https://gonapsacc.org/uploads/Go%20NAP%20SACC_ST_2020_Copyright.pdf

Centers for Disease Control and Prevention. (n.d.). Voluntary guidelines for managing
food allergies in schools and early care and education programs. Washington, DC: US
Department of Health and Human Services (2013): 49-51.

Central Keystone Council of Governments. (n.d.). UCC Occupancy Inspection (Pre-
inspection Checklist). Retrieved from: <https://www.ckcog.com/wp-content/uploads/Daycare-Facility-Checklist.pdf>

CFOC. (2021). CFOC Standards Database. Retrieved from:
<https://nrckids.org/CFOC/Database>

CFOC. (2021). Chapter 4: Nutrition and Food Service. Retrieved from:
<https://nrckids.org/CFOC/Database/4.7.0.1>

Chan, J. H., Law, C. K., Hamblion, E., Fung, H., & Rudge, J. (2017). Best practices to
prevent transmission and control outbreaks of hand, foot, and mouth disease in childcare
facilities: a systematic review. Hong Kong Med J, 23(2), 177-190. doi:10.12809/hkmj166098

Child Care Aware of North Dakota. Space & furnishing. Retrieved from:
<https://ndchildcare.org>

Childcare Center Design Guide Extension. (2020). Childcare Center Design for All. Retrieved from: https://fundforquality.org/wp-content/uploads/2020/02/Childcare-Center-Design-Guide-For-All_January2020.pdf

Chriqui, J. F., et al. (2018). Early Childhood Education Centers' Reported Readiness to Implement the Updated Child and Adult Care Food Program Meal Pattern Standards in the United States, 2017. *Child Obes* 14(6): 412-420.

Chriqui, J. F., et al. (2018). Food Purchasing and Preparation at Child Day Care Centers Participating in the Child and Adult Care Food Program in the United States, 2017. *Child Obes* 14(6): 375-385.

Christine, L.H., Deborah, R.C. (2016). Building Environments That Encourage Positive Behavior: The Preschool Behavior Support Self-Assessment. NAEC. Retrieved from: <https://www.naeyc.org/resources/pubs/yc/mar2016/building-environments-encourage-positive-behavior-preschool>

City of Vancouver. (2019). Child Care Technical Guidelines. Retrieved from: <https://vancouver.ca/files/cov/childcare-technical-guidelines.pdf>

Collins. (n.d.). Equal Opportunity. Retrieved from: <https://www.collinsdictionary.com/dictionary/english/equal-opportunity>

Community Child Care. (2011). Child-Centred Curriculum Planning (0-5 years). Retrieved from: <https://www.acecqa.gov.au/sites/default/files/2021-01/ChildCentredCurriculumPlanning%20-%200-5%20years.PDF>

Community Investment Collaborative for Kids. (2005). Equipment and Furnishing Early Childhood Facilities. Retrieved from: https://www.lisc.org/media/filer_public/de/b0/deb03f6a-804e-4a0a-8a70-44a99f55c6a3/2005_cick_guide_vol3_equipping.pdf

Cooper, C. C. and I. R. Contento (2019). "Urban Preschool Teachers' Nutrition Beliefs, Mealtime Practices, and Associations With Training." *J Nutr Educ Behav* 51(9): 1047-1057.

Corporate Finance Institute. (2022). Strategic Planning. Retrieved from: <https://corporatefinanceinstitute.com/resources/knowledge/strategy/strategic-planning/>

Cosco, & Moore. (2019). Creating Inclusive Naturalized Outdoor Play Environments. Retrieved from <http://www.child-encyclopedia.com/sites/default/files/textes-experts/en/5223/creating-inclusive-naturalized-outdoor-play-environments.pdf>

Cradock, A. L., Poole, M. K., Agnew, K. E., Flax, C., Plank, K., Capdarest-Arest, N., & Patel, A. I. (2019). A systematic review of strategies to increase drinking-water access and consumption among 0- to 5-year-olds. *Obes Rev*, 20(9), 1262-1286. doi:10.1111/obr.12833

Department for Education and Skills. (2003). National Standards for under 8s day care and childminding. Retrieved from:

<https://lx.iriss.org.uk/sites/default/files/resources/Full%20day%20care.pdf>

Department for Education and Skills. (2006). Risk Assessment. Retrieved from: http://resources.hwb.wales.gov.uk/VTC/2008-09/key_skills/disc1/KSCHIL/KSCHIL12.pdf

Dev, D. A., et al. (2018). Improving the nutrition and screen time environment through self-assessment in family childcare homes in Nebraska. *Public Health Nutr* 21(13): 2351-2359.

Dinkel, D., et al. (2018). Improving the Physical Activity and Outdoor Play Environment of Family Child Care Homes in Nebraska Through Go Nutrition and Physical Activity Self-Assessment for Child Care. *J Phys Act Health* 15(10): 730-736.

Division of Child Development. (n.d.). Chapter 2: Safety. Retrieved from: https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/fcch_chp2.pdf

Division of Early Care and Education. (2013). Child Care Emergency Plan Guidelines. Retrieved from: https://www.scchildcare.org/media/30383/Emergency-Plan-Guidelines_FEB2016.pdf

DIY Committee Guide. (n.d.). Operational Plans and Budgets. Retrieved from: <https://www.diycommitteeguide.org/code/principle/operational-plans-and-budgets>

Donna, S, Grace, C, Matt, C. (n.d.). 10 Ideas to Get You and Your Child Exploring Outdoors. Retrieved from: <https://www.naeyc.org/our-work/families/ideas-exploring-outdoors>

Dooyema, C., Jernigan, J., Warnock, A. L., Dawkins-Lyn, N., Harris, C., Kauh, T., . . . Young-Hyman, D. (2018). The Childhood Obesity Declines Project: A Review of Enacted Policies. *Child Obes*, 14(S1), S22-s31. doi:10.1089/chi.2018.0021

Douthwaite, W., Nixon, C. A., Gibson, E. L., ToyBox-study Grp, & ToyBox-study group. (2012). Evidence-based recommendations for the development of obesity prevention programs targeted at preschool children. *Obesity Reviews*, 13(1), 129-132. <https://doi.org/10.1111/j.1467-789X.2011.00940.x>

Drugli, M. B., & Undheim, A. M. (2012). Partnership between parents and caregivers of young children in full-time daycare. *Child Care in Practice*, 18(1), 51-65.
doi:10.1080/13575279.2011.621887

Early Learning Quality Fund. (2018). Design Recommendations. Child Development Center. Retrieved from: http://bainumfdn.org/wp-content/uploads/2018/03/ELQF_Design-Recommendations_Center_Feb-2018.pdf

Engel, A. C., Broderick, C. R., van Doorn, N., Hardy, L. L., & Parmenter, B. J. (2018). Exploring the Relationship Between Fundamental Motor Skill Interventions and Physical Activity Levels in Children: A Systematic Review and Meta-analysis. *Sports Med*, 48(8), 1845-1857.
doi:10.1007/s40279-018-0923-

Erinosho, T., et al. (2018). "The quality of nutrition and physical activity environments of child-care centers across three states in the southern U.S." *Prev Med* 113: 95-101.

Extension Alliance for Better Child Care. (2019). Adapting the Child Care Environment for Children with Special Needs. Retrieved from: <https://childcare.extension.org/adapting-the-child-care-environment-for-children-with-special-needs/>

Extension Alliance for Better Child Care. (2019). Creative Art Activities for Children with Special Needs. Retrieved from: <https://childcare.extension.org/creative-art-activities-for-children-with-special-needs/>

Extension Alliance for Better Child Care. (2019). Peer Support for Children with Special Needs. Retrieved from: <https://childcare.extension.org/peer-support-for-children-with-special-needs/>

Extension Alliance for Better Child Care. (2019). Tips for Child Care Providers to Communicate with Parents Their Concerns about a Child's Development. Retrieved from: <https://childcare.extension.org/tips-for-child-care-providers-to-communicate-with-parents-their-concerns-about-a-childs-development/>

Extension Alliance for Better Child Care. (2019). Toy Safety in Child Care. Retrieved from: <https://childcare.extension.org/toy-safety-in-child-care/>

Extension Alliance for Better Child Care. (2019). What is Inclusive Child Care?. Retrieved from: <https://childcare.extension.org/what-is-inclusive-child-care/>

EYFS. (2014). Equal Opportunities Policy and Procedure. Retrieved from:
<https://www.wigan.gov.uk/Docs/PDF/Business/Professionals/Childminders/Equality-and-Diversity.pdf>

Falenchuk, O., Perlman, M., McMullen, E., Fletcher, B., & Shah, P. S. (2017). Education of staff in preschool aged classrooms in child care centers and child outcomes: A meta-analysis and systematic review. *PLoS One*, 12(8), e0183673. doi:10.1371/journal.pone.0183673

Fernald, Lia CH, et al. (2017). A toolkit for measuring early childhood development in low and middle-income countries.

Finlon, K. J., et al. (2015). "Emotion-based preventive intervention: Effectively promoting emotion knowledge and adaptive behavior among at-risk preschoolers." *Dev Psychopathol* 27(4 Pt 1): 1353-1365.

Finlon, K. J., Izard, C. E., Seidenfeld, A., Johnson, S. R., Cavadel, E. W., Ewing, E. S., & Morgan, J. K. (2015). Emotion-based preventive intervention: Effectively promoting emotion knowledge and adaptive behavior among at-risk preschoolers. *Development and psychopathology*, 27(4 Pt 1), 1353–1365. <https://doi.org/10.1017/S0954579414001461>

García-Hermoso, A., Alonso-Martinez, A. M., Ramírez-Vélez, R., & Izquierdo, M. (2020). Effects of Exercise Intervention on Health-Related Physical Fitness and Blood Pressure in Preschool Children: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Sports Med*, 50(1), 187-203. doi:10.1007/s40279-019-01191-w

Gerritsen, S., et al. (2016). Child-care nutrition environments: results from a survey of policy and practice in New Zealand early childhood education services. *Public Health Nutr* 19(9): 1531-1542.

Give Well. (2020). Early Childhood Psychosocial Stimulation. Retrieved from:
<https://www.givewell.org/international/technical/programs/psychosocial-stimulation>

Government of Dubai. (2019). National Child Care Standards. Retrieved from:
<file:///C:/Users/sn68/Downloads/En%20National%20Child%20Care%20Standards.pdf>

Government of Manitoba. (n.d.). Materials/equipment List for Preschool Child Care Centers. Retrieved from:
https://www.gov.mb.ca/fs/childcare/resources/pubs/equipment_preschool.pdf

Government of Nunavut. (n.d.). Understanding Nunavut's Child Day Care Regulations: A Manual for Early Childhood Programs: Parental Involvement. Retrieved from https://www.gov.nu.ca/sites/default/files/daycare_handbook_eng_section_11_parental_involvement.pdf

Griffith, S. F., Hagan, M. B., Heymann, P., Heflin, B. H., & Bagner, D. M. (2020). Apps As Learning Tools: A Systematic Review. *Pediatrics*, 145(1). doi:10.1542/peds.2019-1579

Gubbels, J. S., Gerards, S. M., & Kremers, S. P. (2015). Use of food practices by childcare staff and the association with dietary intake of children at childcare. *Nutrients*, 7(4), 2161–2175. <https://doi.org/10.3390/nu7042161>

Hashikawa, A. N., Newton, M. F., Cunningham, R. M., & Stevens, M. W. (2015). Unintentional injuries in child care centers in the United States: a systematic review. *J Child Health Care*, 19(1), 93-105. doi:10.1177/1367493513501020

Heiskanen, N., Alasuutari, M., & Vehkakoski, T. (2018). Positioning children with special educational needs in early childhood education and care documents. *British Journal of Sociology of Education*, 39(6), 827-843.

Henderson, K. E., et al. (2011). "Validity of a measure to assess the child-care nutrition and physical activity environment." *J Am Diet Assoc* 111(9): 1306-1313.

Hodder RK, O'Brien KM, Tzelepis F, Wyse RJ, Wolfenden L. Interventions for increasing fruit and vegetable consumption in children aged five years and under. *Cochrane Database of Systematic Reviews* 2020, Issue 5. Art. No.: CD008552. DOI: 10.1002/14651858.CD008552.pub7

Hwang, S. H., Seo, S., Yoo, Y., Kim, K. Y., Choung, J. T., & Park, W. M. (2017). Indoor air quality of daycare centers in Seoul, Korea. *Building and Environment*, 124, 186-193.

iEduNote. (n.d.). Job Description. Retrieved from: <https://www.iedunote.com/job-description>

Inter-Agency Network for Education in Emergencies. (2022). Early Childhood Development. Retrieved from: <https://inee.org/collections/early-childhood-development>

International Neuro Modulation Society. (2012). Motor Impairment. Retrieved from: <https://www.neuromodulation.com/motor-impairment>

Iris Center. (n.d.). How can teachers help young children learn expected behaviors? Retrieved from: <https://iris.peabody.vanderbilt.edu/module/ecbm/cresource/q1/p02/>

Islam, M. T., Rashid, F., & Hossain, S. A. (2016). Early Childhood Care and Development: An Investigation into a Day Care Center in Bangladesh. *American Journal of Educational Research*, 4(4), 338-346.

Jeannie, H, Suzanne, F. (2018). Promoting Young Children's Social and Emotional Health. NAEYC. Retrieved from: <https://www.naeyc.org/resources/pubs/yc/mar2018/promoting-social-and-emotional-health>

Jeon, L., et al. (2014). Pathways from teacher depression and child-care quality to child behavioral problems. *J Consult Clin Psychol* 82(2): 225-235

Johnson, B. J., Hendrie, G. A., & Golley, R. K. (2016). Reducing discretionary food and beverage intake in early childhood: a systematic review within an ecological framework. *Public health nutrition*, 19(9), 1684–1695. <https://doi.org/10.1017/S1368980015002992>

Khamal, R., et al. (2019). "Indoor Particulate Matters, Microbial Count Assessments, and Wheezing Symptoms among Toddlers in Urban Day Care Centers in the District of Seremban, Malaysia." *Ann Glob Health* 85(1).

Kim, J.-S. (2012). Health Issues and Management for Children with Disabilities attending Daycare Centers. *Journal of Korean Academy of Child Health Nursing*, 18(3), 127. <https://doi.org/10.4094/jkachn.2012.18.3.127>

Kingsley, K., et al. (2020). Interventions Supporting Mental Health and Positive Behavior in Children Ages Birth-5 Yr: A Systematic Review. *Am J Occup Ther* 74(2): 7402180050p7402180051-7402180050p7402180029

Lady Birds Day Nursery. (2016). Safeguarding and Welfare Requirement: Child Protection. Retrieved from: <https://www.ladybirdsdnursery.co.uk/wp-content/uploads/2016/02/Information-sharing.pdf>

Landry, S. H., et al. (2014). "Enhancing early child care quality and learning for toddlers at risk: the responsive early childhood program." *Dev Psychol* 50(2): 526-541.

Lebanese Ministry of Public Health. (2010). Decree No. 4876 Licensing conditions to open a private nursery. Retrieved from: <https://www.moph.gov.lb/userfiles/files/HealthCareSystem/Mother%26ChildHealth/Decree4876-2010.pdf>

Lebanese Ministry of Public Health. (2020). إرشادات وزارة الصحة العامة لإعادة فتح دور الحضانة بعد COVID-19. Retrieved from: <https://www.moph.gov.lb/userfiles/files/HealthCareSystem/Mother%26ChildHealth/Instructions.pdf>

Lebanese Ministry of Public Health. (2020). تعهد بتنفيذ الشروط و الإرشادات لإعادة فتح دور الحضانة بعد انتهاء التغطية جراء ال COVID-19. Retrieved from: <https://www.moph.gov.lb/userfiles/files/HealthCareSystem/Mother%26ChildHealth/Nurseries%20Owners%20Approval%20Form.pdf>

Lero, D. S. (2010). Assessing Inclusion Quality in Early Learning and Child Care in Canada with the SpecialLink Child Care Inclusion Practices Profile and Principles Scale. Retrieved from: <https://speciallinkcanada.org/about/pdf/SpecialLink%20Research%20Report%20on%20Inclusion%20Quality%20Rating%20Scale.pdf>

Ling, J., Robbins, L. B., & Wen, F. (2016). Interventions to prevent and manage overweight or obesity in preschool children: A systematic review. *Int J Nurs Stud*, 53, 270-289. doi:10.1016/j.ijnurstu.2015.10.017

Little Owls Nursery. (n.d.). Equality of Opportunities Policy. Retrieved from: <https://www.littleowlsnursery.org.uk/policies/equal-opportunities>

Lucid Chart. (2022). How to Develop a Staffing Plan. Retrieved from: <https://www.lucidchart.com/blog/how-to-develop-a-staffing-plan>

Luybli, M., Schmillen, H., & Sotos-Prieto, M. (2019). School-based interventions in low socioeconomic settings to reduce obesity outcomes among preschoolers: A scoping review. *Nutrients*, 11(7), 1518. <https://doi.org/10.3390/nu11071518>

Maalouf, J., et al. (2013). Assessment of mealtime environments and nutrition practices in child care centers in Georgia. *Child Obes* 9(5): 437-445.

Maniccia, D. M., Davison, K. K., Marshall, S. J., Manganello, J. A., & Dennison, B. A. (2011). A meta-analysis of interventions that target children's screen time for reduction. *Pediatrics* (Evanston), 128(1), e193-e210. <https://doi.org/10.1542/peds.2010-2353>

Manitoba Family Services and Housing. (2005). Best Practices Licensing Manual for Early Learning and Child Care Centers. Retrieved from: https://www.gov.mb.ca/fs/childcare/resources/pubs/elcc_manual.pdf

Marshland St James Primary and Nursery School. (2021). Hand Over Protocols. Retrieved from: <https://www.marshlandprimary.norfolk.sch.uk/handover-protocols/>

Maryland Public Schools. (2016). Child Care Center Licensing Manual. Retrieved from https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/08_child_supervision.pdf

McLean, C. L. (2018). Co-construction of Pedagogical Documentation by Children and Educators in Early Learning Environments.

Mehtälä, M. A. K., Sääkslahti, A. K., Inkinen, M. E., & Poskiparta, M. E. H. (2014). A socio-ecological approach to physical activity interventions in childcare: A systematic review. The International Journal of Behavioral Nutrition and Physical Activity, 11(1), 22-22. <https://doi.org/10.1186/1479-5868-11-22>

Mikkelsen, M. V., Husby, S., Skov, L. R., & Perez-Cueto, F. J. A. (2014). A systematic review of types of healthy eating interventions in preschools. Nutrition Journal, 13(1), 56-56. Retrieved from: <https://doi.org/10.1186/1475-2891-13-56>

Ministry of Education (2020). Saudi Early Learning Standards. Retrieved from: <file:///C:/Users/sn68/Downloads/%D9%85%D8%B9%D8%A7%D9%8A%D9%8A%D8%B1%20%D8%A7%D9%84%D8%AA%D8%B9%D9%84%D9%85%20%D8%A7%D9%84%D9%85%D8%A8%D9%83%D8%B1%20%D8%A7%D9%84%D9%86%D9%85%D8%A7%D8%A6%D9%8A%D8%A9%20%D8%A7%D9%86%D9%82%D9%84%D8%B4.pdf>

Ministry of Health and Long-Term Care (MOHLTC). (2014). Quality Improvement Plan (QIP). Guidance Document for Ontario's Health Care Organizations. Retrieved from: https://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/qualityimprove/qip_guide.pdf

Ministry of Public Health. (2014). National Guidelines for Early Childhood Care Toolkit. Retrieved from: <https://www.moph.gov.lb/userfiles/files/HealthCareSystem/Mother%26ChildHealth/Toolkit-NationalGuidelinesforEarlyChildhoodCare-Feb24.pdf>

Ministry of Public Health. (n.d.). Nursery Registration Process. Retrieved from: <https://www.moph.gov.lb/en/Pages/0/8419/nurseries>

Moynihan, P., Tanner, L. M., Holmes, R. D., Hillier-Brown, F., Mashayekhi, A., Kelly, S. A. M., & Craig, D. (2019). Systematic review of evidence pertaining to factors that modify risk of early childhood caries. SAGE Publications. <https://doi.org/10.1177/2380084418824262>

MPI. (2022). About MPI. Retrieved from: http://mpi.net/n/about_mpi.html

Mullick, A. (2013). Inclusive indoor play: An approach to developing inclusive design guidelines. Work, 44(Supplement 1), 5-17.

Munn, Z., Tufanaru, C., Lockwood, C., & Stern, C. J. (2017). Rinse-free hand wash for reducing absenteeism among school- and preschool-aged children. Cochrane Database of Systematic Reviews, 2017(2)<https://doi.org/10.1002/14651858.CD012566>

National Center on Child Care Quality Improvement, (2014). Bureau of Child Care Sanitation Inspection Guidelines for Licensed Group Child Care Homes, Licensed Child Care Centers and License-Exempt Child Care Facilities. Retrieved from: https://childcareta.acf.hhs.gov/sites/default/files/public/1408_inspection_policies_final.pdf

Nekitsing, C., Blundell-Birtill, P., Cockcroft, J. E., & Hetherington, M. M. (2018). Systematic review and meta-analysis of strategies to increase vegetable consumption in preschool children aged 2–5 years. Appetite, 127, 138-154. <https://doi.org/10.1016/j.appet.2018.04.019>

Nemours children's Health. (2018). Choosing Safe Toys for Toddlers and Preschoolers. Retrieved from: <https://kidshealth.org/en/parents/safetoys-young.html>

Nemours Children's Health. (n.d.). Food Allergies. Retrieved from: <https://kidshealth.org/en/parents/food-allergies.html>

Nemours Health & Prevention Services. (2013). Best Practices for Physical Activity. Retrieved from: https://d3knp61p33sjvn.cloudfront.net/media-resources/ECELC/C2P2/LS3/ECE_Program_Participants/English_PhysicalActivityGuide_FINAL.pdf

NHS. (n.d.). Good Practice Guidance for Refrigerated Medicines in Care Homes. Retrieved from: <https://www.buckinghamshireccg.nhs.uk/wp-content/uploads/2017/09/Refrigerated-Medicines.pdf>

NICHQ. (n.d.). Safe Sleep in Child-Care Setting. Retrieved from: https://www.nichq.org/sites/default/files/resource-file/Safe%20Sleep%20FAQ_NAPPSS_FOR%205.21.pdf

Nupponen, H. (2005). Leadership and management in childcare services: Contextual factors and their impact on practice (Doctoral dissertation, Queensland University of Technology).

O'Brien, K. T., O'Brien, K. T., Vanderloo, L. M., Vanderloo, L. M., Bruijns, B. A., Bruijns, B. A., Truelove, S., Truelove, S., Tucker, P., & Tucker, P. (2018). Physical activity and sedentary time among preschoolers in centre-based childcare: A systematic review 11 medical and health sciences 1117 public health and health services. *The International Journal of Behavioral Nutrition and Physical Activity*, 15(1), 117.

Obeng-Gyasi, Emmanuel, et al. Teachers' Strategies in Combating Diseases in Preschools' Environments. *Children* 5.9 (2018): 117.

Open EDU. (2022). Integrated Management of Newborn and Childhood Illness Module: 11. Infant and Young Child Feeding Recommendations. Retrieved from: <https://www.open.edu/openlearncreate/mod/oucontent/view.php?id=256&printable=1>

Palumbo, J. R., Shao, L., Lin, Z., Neamtii, I. A., Zhang, W., Csobod, E., & Gurzau, E. S. (2018). Assessing associations between indoor environment and health symptoms in romanian school children: An analysis of data from the SINPHONIE project. *Environmental Science and Pollution Research International*, 25(9), 9186-9193.
doi:<http://dx.doi.org.ezproxy.aub.edu.lb/10.1007/s11356-018-1568-3>

Paringa Park Primary School. (2019). Preschool to School Transition Policy and Procedures. Retrieved from: <http://www.paringpkps.sa.edu.au/wp-content/uploads/2019/11/Preschool-to-school-transition-policy-Procedures.pdf>

Pate, R. R., Hillman, C. H., Janz, K. F., Katzmarzeyk, P. T., Powell, K. E., Torres, A., Whitt-glover, M. C. (2018). Phys Activity Guidelines, & 2018 PHYSICAL ACTIVITY GUIDELINES

Perlman, M., et al. (2016). "A Systematic Review and Meta-Analysis of a Measure of Staff/Child Interaction Quality (the Classroom Assessment Scoring System) in Early Childhood Education and Care Settings and Child Outcomes." *PLoS One* 11(12): e0167660.

Petcharoen, H., et al. (2018). "Participatory capacity building for improving quality of childcare centers in Thailand." *Rural Remote Health* 18(2): 4570.

Puhakka, R., Rantala, O., Roslund, M. I., Rajaniemi, J., Laitinen, O. H., Sinkkonen, A., & Group, A. R. (2019). Greening of Daycare Yards with Biodiverse Materials Affords Well-Being,

Play and Environmental Relationships. *Int J Environ Res Public Health*, 16(16).
doi:10.3390/ijerph16162948

Razak, L. A., Clinton-McHarg, T., Jones, J., Yoong, S. L., Grady, A., Finch, M., Seward, K., D'Espaignet, E. T., Ronto, R., Elton, B., & Wolfenden, L. (2019). Barriers to and facilitators of the implementation of environmental recommendations to encourage physical activity in center-based childcare services: A systematic review. *Journal of Physical Activity & Health*, 16(12), 1175-1186. <https://doi.org/10.1123/jpah.2019-0050>

Ready. (2022). Risk Assessment. Retrieved from: <https://www.ready.gov/risk-assessment>

Redsell, S. A., Edmonds, B., Swift, J. A., Siriwardena, A. N., Weng, S., Nathan, D., & Glazebrook, C. (2016). Systematic review of randomised controlled trials of interventions that aim to reduce the risk, either directly or indirectly, of overweight and obesity in infancy and early childhood. *Maternal and Child Nutrition*, 12(1), 24-38. <https://doi.org/10.1111/mcn.12184>

Reinvestment Fund. Public Health Management Corporation. (2020). Child Care Center Design For All. Retrieved from: https://www.fundforquality.org/wp-content/uploads/2020/02/Childcare-Center-Design-Guide-For-All_January2020.pdf

Resources for Early Learning. (n.d.). Early Childhood Assessment. Retrieved from: <http://resourcesforearlylearning.org/fm/early-childhood-assessment/>

Robbins, L. B., & Wen, F. (2016). Interventions to prevent and manage overweight or obesity in preschool children: A systematic review. *Int J Nurs Stud*, 53, 270-289.
doi:10.1016/j.ijnurstu.2015.

Schmidt, M. E., Haines, J., O'Brien, A., McDonald, J., Price, S., Sherry, B., & Taveras, E. M. (2012). Systematic review of effective strategies for reducing screen time among young children. *Obesity (Silver Spring, Md.)*, 20(7), 1338-1354. <https://doi.org/10.1038/oby.2011.348>

School Guide. (2022). What is Social and Emotional Learning? Retrieved from: <https://schoolguide.casel.org/what-is-sel/what-is-sel/>

Sisson, S. B., Krampe, M., Anundson, K., & Castle, S. (2016). Obesity prevention and obesogenic behavior interventions in child care: A systematic review. *Preventive Medicine*, 87, 57-69. <https://doi.org/10.1016/j.ypmed.2016.02.016>

Skouteris, H., McCabe, M., Swinburn, B., Newgreen, V., Sacher, P., & Chadwick, P. (2011). Parental influence and obesity prevention in pre-schoolers: A systematic review of

interventions. *Obesity Reviews*, 12(5), 315-328. <https://doi.org/10.1111/j.1467-789X.2010.00751.x>

Southern Health: NHS Foundation Trust. (2017). Safeguarding Supervision Policy. Retrieved from: <file:///C:/Users/K2PG/Downloads/SH%20CP%20202%20Safeguarding%20Supervision%20Policy%20V4.pdf>

Srbely, V., Janjua, I., Buchholz, A. C., & Newton, G. (2019). Interventions aimed at increasing dairy and/or calcium consumption of preschool-aged children: A systematic literature review. *Nutrients*, 11(4), 714. <https://doi.org/10.3390/nu11040714>

Stanton-Chapman, T. L., & Hadden, D. S. (2011). Encouraging peer interactions in preschool classrooms: The role of the teacher. *Young Exceptional Children*, 14(1), 17-28.

Summerbell, C. D., Moore, H. J., Vögele, C., Kreichauf, S., Wildgruber, A., Manios, Y., Teach Early Years. (n.d.). Being a positive role model. Retrieved from: <https://www.teachearlyyears.com/positive-relationships/view/being-a-positive-role-model>

Temple, M., & Robinson, J. C. (2014). A systematic review of interventions to promote physical activity in the preschool setting. *Journal for Specialists in Pediatric Nursing*, 19(4), 274-284.

Timmons, B. W., Leblanc, A. G., Carson, V., Gorber, S. C., Dillman, C., Janssen, I., Kho, M. E., Spence, J. C., Stearns, J. A., & Tremblay, M. S. (2012). Systematic review of physical activity and health in the early years (aged 0–4 years). *Applied Physiology, Nutrition, and Metabolism*, 37(4), 773-792. <https://doi.org/10.1139/h2012-070>

Trafialek, J., Domańska, A., & Kolanowski, W. (2019). Analysis of food safety compliance in Warsaw nurseries. *Food Control*, 96, 421-431

Tucker, P., & Tucker, P. (2018). Physical activity and sedentary time among preschoolers in centre-based childcare: A systematic review 11 medical and health sciences 1117 public health and health services. *The International Journal of Behavioral Nutrition and Physical Activity*, 15(1), 117.

Twinkl. (n.d.). Adult-led Play. Retrieved from: <https://www.twinkl.com/teaching-wiki/adult-led-play>

U.S. General Services Administration. (2003). Child Care Center Design Guide. Retrieved from <https://www.gsa.gov/cdnstatic/designguidesmall.pdf>

UMass. (2022). Decision-making process. Retrieved from: <https://www.umassd.edu/fycm/decision-making/process/>

University of Idaho. (2022). Nursery Advisory committee. Retrieved from: <https://www.uidaho.edu/cnr/center-for-forest-nursery-and-seedling-research/pitkin/nursery-advisory-committee>

Vallberg-Roth, A.C. (2015). Quality, Assessment, and Documentation in Swedish Preschools. Regulations, Practices and Concepts.

Van Capelle, A., Broderick, C. R., van Doorn, N., E.Ward, R., & Parmenter, B. J. (2017). Interventions to improve fundamental motor skills in pre-school aged children: A systematic review and meta-analysis. *Journal of Science and Medicine in Sport*, 20(7), 658-666. <https://doi.org/10.1016/j.jsams.2016.11.008>

Victoria State Government. (2021). Natural Environment. Retrieved from: <http://www.education.vic.gov.au/childhood/providers/regulation/Pages/naturalenvironments.aspx#link91>

Vitiello, Virginia E et al. "Variation in children's classroom engagement throughout a day in preschool: Relations to classroom and child factors." *Early childhood research quarterly* vol. 27,2 (2012): 210-220. doi:10.1016/j.ecresq.2011.08.005

Wahi, G., Parkin, P. C., Beyene, J., Uleryk, E. M., & Birken, C. S. (2011). Effectiveness of interventions aimed at reducing screen time in children: A systematic review and meta-analysis of randomized controlled trials. *Archives of Pediatrics & Adolescent Medicine*, 165(11), 979-986. <https://doi.org/10.1001/archpediatrics.2011.122>

Wang, Y., Allen, K. J., & Koplin, J. J. (2017). Dietary intervention for preventing food allergy in children. *Current Opinion in Pediatrics*, 29(6), 704-710. <https://doi.org/10.1097/MOP.0000000000000552>

Ward, D. S., Welker, E., Choate, A., Henderson, K. E., Lott, M., Tovar, A., Wilson, A., & Sallis, J. F. (2016;2017). Strength of obesity prevention interventions in early care and education settings: A systematic review. *Preventive Medicine*, 95, S37-S52. <https://doi.org/10.1016/j.ypmed.2016.09.033>

Ward, S., Bélanger, M., Donovan, D., & Carrier, N. (2015). Systematic review of the relationship between childcare educators' practices and preschoolers' physical activity and eating behaviours. *Obesity Reviews*, 16(12), 1055-1070. <https://doi.org/10.1111/obr.12315>

Western Sydney Local Health District. (n.d.). Fundamental Movement Skills. Retrieved from: <https://www.wslhd.health.nsw.gov.au/Healthy-Children/Our-Programs/Munch-Move/Fundamental-Movement-Skills>

WHO. (2018). Nutrition: Trans-fat. Retrieved from: <https://www.who.int/news-room/questions-and-answers/item/nutrition-trans-fat>

WHO. (2018). Nutrition: Trans-fat. Retrieved from: <https://www.who.int/news-room/questions-and-answers/item/nutrition-trans-fat>

Wick, K., Leeger-Aschmann, C., Monn, N. D., Radtke, T., Ott, L. V., Rebholz, C. E., . . . Kriemler, S. (2017). Interventions to promote fundamental movement skills in childcare and kindergarten: A systematic review and meta-analysis. *Sports Medicine*, 47(10), 2045.

Wood, A. P., Nocera, V. G., Kybartas, T. J., & Coe, D. P. (2020). Physical Activity and Cognitive Aspects of Self-Regulation in Preschool-Aged Children: A Systematic Review. *International journal of environmental research and public health*, 17(18), 6576. <https://doi.org/10.3390/ijerph17186576>

Yale Rudd Center for Food and Obesity. (n.d.). Wellness Child Care Assessment Tool (WellCCAT). Retrieved from: <http://www.uconnruddcenter.org/resources/upload/docs/what/communities/WellnessChildCareAssessmentToolForResearch.pdf>

Young, I., Waddell, L. A., Wilhelm, B. J., & Greig, J. (2020). A systematic review and meta-regression of single group, pre-post studies evaluating food safety education and training interventions for food handlers. *Food Research International*, 128, 108711.

Zalewski, B. M., Patro, B., Veldhorst, M., Kouwenhoven, S., Crespo Escobar, P., Calvo Lerma, J., Koletzko, B., van Goudoever, J. B., & Szajewska, H. (2017). Nutrition of infants and young children (one to three years) and its effect on later health: A systematic review of current recommendations (EarlyNutrition project). *Critical Reviews in Food Science and Nutrition*, 57(3), 489-500. <https://doi.org/10.1080/10408398.2014.88870>

Zalewski, B. M., Patro, B., Veldhorst, M., Kouwenhoven, S., Crespo Escobar, P., Calvo Lerma, J., Koletzko, B., van Goudoever, J. B., & Szajewska, H. (2017). Nutrition of infants and



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young children (one to three years) and its effect on later health: A systematic review of current recommendations (EarlyNutrition project). *Critical Reviews in Food Science and Nutrition*, 57(3), 489-500. <https://doi.org/10.1080/10408398.2014.888701>

Zeng, N., Ayyub, M., Sun, H., Wen, X., Xiang, P., & Gao, Z. (2017). Effects of Physical Activity on Motor Skills and Cognitive Development in Early Childhood: A Systematic Review. *BioMed research international*, 2017, 2760716. <https://doi.org/10.1155/2017/2760716>

Zhou, Y. E., Emerson, J. S., Levine, R. S., Kihlberg, C. J., & Hull, P. C. (2014). Childhood obesity prevention interventions in childcare settings: Systematic review of randomized and nonrandomized controlled trials. *American Journal of Health Promotion*, 28(4), e92-e103. <https://doi.org/10.4278/ajhp.121129-LIT-579>