



ILLUSTRATIVE NATIONAL NORMS AND STANDARDS FOR CHILDCARE FACILITIES AND HOME-BASED CHILDCARE PROVIDERS IN KENYA



**ILLUSTRATIVE
NATIONAL FRAMEWORK FOR NORMS AND STANDARDS
FOR CHILDCARE FACILITIES
(INCLUDING HOME-BASED CHILDCARE CENTRES)
IN KENYA**

**Technical Working Group
Localizing Women's Economic Empowerment
and Childcare in Kenya**

Final Draft: December 2025

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PREFACE

Constitutional and legal disposition

The 2010 Constitution of Kenya (Article 53) recognizes the right of all children in Kenya to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhumane treatment and punishment, and hazardous or exploitative labour. Furthermore, the Fourth Schedule to the Constitution assigns the functions of “[p]re-primary education, village polytechnics, homecraft centres and childcare facilities” to county governments.

In line with the Constitution and the Intergovernmental Relations Act (Rev. 2022), the Intergovernmental Relations Technical Committee (IGRTC) has delineated the functions relating to childcare facilities between the national government and county governments by assigning the responsibility to “[d]evelop national policy, norms and standards on childcare facilities” to the National Government (The Kenya Gazette 16th December 2024).

At the national level, the Children Act of 2022 was adopted by Parliament to give effect to Article 53 of the Constitution by making provision for children rights, parental responsibility, alternative care of children including guardianship, foster care placement and adoption, and to make provision for care and protection of children. The Children Act (2022, Section 61) states that “[i]n the discharge of the functions specified in Part II of the Fourth Schedule to the Constitution, every county government shall— ... (1)(b) provide or facilitate the provision of childcare facilities. (2) Every county government shall, in consultation with the Cabinet Secretary, develop policies and guidelines for the better carrying out of the functions specified in subsection (1).”

Under IGRTC’s delineation of constitutional functions, county governments are assigned the responsibilities to: (a) implement national framework for norms and standards for childcare facilities; (b) formulate and implement policies and legislation to regulate childcare facilities; (c) establish and manage childcare facilities; (d) register and regulate childcare facilities; and (e) enforce norms and standards and quality assurance and standards in childcare facilities.

County application and enforcement of national norms and standards

Although it is understood that the national government has the power to establish national norms and standards for childcare provision, county governments have the constitutional power and responsibility for implementing ‘childcare facilities’.

Some counties have understood this mandate to mean that they are responsible for the construction of childcare facilities and the public provision of childcare services, much in the same way that counties establish and operate county-owned Early Childhood Development and Education (ECDE) centres. Instead of (or in addition to) public provision of childcare services, the more important role of county governments can play in the realm of childcare is to provide for the registration and licensing of all (public and private) childcare facilities and home-based childcare providers and the enforcement of the national norms and standards through announced and unannounced inspection visits.

Once in place, every effort should be made by county governments to enforce the norms and standards using discretion and judgment, to protect the rights of children in care, as well as the rights of licensees. When appropriate, technical experts may be consulted to assure accurate compliance determination with the standards.

Current lack of national norms and standards for childcare facilities

Currently, there are no national norms or standards for childcare facilities. It is difficult to predict when authoritative national norms or standards for childcare facilities might be established at the national level.

In the absence of a national regulatory framework and standards, it is nearly impossible for county governments to perform their constitutional functions with respect to the registration, regulation, oversight, and support of (public or private) childcare facilities and home-based childcare providers.

Illustrative national policy, norms and standards on childcare facilities

In order for county governments to be able to fill in their constitutional responsibilities, this document presents an illustrative set of norms and standards for childcare facilities and home-based childcare providers in Kenya. Although these illustrative standards cannot replace policy decisions and regulations established by the Government of Kenya, these standards provide a reasonable framework for county governments that wish to meaningfully pursue their constitutional responsibilities in the childcare sector by ensuring that the activities, services, and facilities of childcare facilities (both centre based and home-based) are conducive to the wellbeing of children.

These standards set expectations in the different areas of organisation and operation to ensure that the activities, services, and physical spaces of childcare facilities (including home-based childcare centres) are conducive to the well-being of children, including:

1. Licensed childcare facilities must be able to document that they are able to safely supervise children, keep them safe, and give them the attention they need (Part II).
2. Licensed childcare providers and their staff must meet minimum qualifications and receive ongoing training to provide appropriate care (Part III).
3. Licensed childcare providers and caregivers (as well as household members in home-based childcare facilities) must be screened to ensure that they do not present a risk to the health or safety of children (Part IV).
4. Licensed childcare facilities must ensure enough adults are present to safely supervise the children in their care and give them the attention they need (Part V).
5. Licensed childcare facilities must ensure that the physical equipment and environment is safe, hygienic, and conducive to the well-being of children (Part VI).
6. Childcare licensing requires facilities to support children's development and learning (Part VII).
7. Licensed childcare providers and their staff must take steps to prevent the spread of disease (Part VIII).
8. Licensed childcare programs must be able to administer prescription and non-prescription medications to the children in their care, with written authorisation from the child's parent or physician (Part IX).
9. Licensed childcare facilities must take steps to prepare for emergency situations (Part X).
10. Licensed childcare facilities must serve nutritious meals and snacks in accordance with the times children are in their care (Part XI).
11. Licensed childcare facilities must observe specific requirements when transporting children in their care (Part XII).
12. Licensed childcare facilities must observe specific requirements when providing nighttime care (Part XIII).
13. Licensed childcare facilities must observe specific requirements when providing care to children with special needs (Part XIV).

The illustrative set of regulatory standards contained in this document may also form a useful input for the national government in the development of the national policy, norms or standards for all childcare facilities.

As most of the regulatory provisions for childcare would apply equally to both centre-based and home-based childcare settings, there may be reasonable differences in standards and regulations between facility-based versus home-based childcare services. The Government of Kenya may opt to develop two separate (albeit largely similar) sets of regulatory standards to be established for facility-based versus home-based childcare providers. This illustrative set of standards, however, intends to cover both centre-based and home-based childcare providers, with an emphasis on home-based provision of

childcare, as this appears to be the predominant approach to providing childcare service in Kenya today.

It should be noted that care provided to children in a domestic setting—for instance, care provided by a nanny or domestic employee within the child’s own home—is not covered by these norms and guidelines. The relationship between a family and household employees is a private contractual relationship. While counties might facilitate the training of household employees who provide care to children, or make resources available to them as part of the county’s efforts to strengthen childcare provision in the county, the county government’s constitutional mandate with respect to childcare focuses specifically on childcare facilities.

Disclaimer

This set of illustrative national standards for the licensing of childcare facilities in Kenya was delivered for the primary purpose of informing policy deliberations. They are not intended to provide specific legal guidance or authoritative guidance on the appropriate level of care that would be appropriate in the Kenyan context.

Although these standards are intended to convey a reasonable standard of care to ensure that the activities, services, and physical settings of childcare facilities are conducive to the well-being of children, it is the function of national and county governments in Kenya—in light of their respective constitutional and legal functions and responsibilities—to mutually determine the appropriate nature and level of regulation of the childcare sector, and the manner in which childcare standards will be enforced.

The process of childcare registration and licensing aims to set minimum health and safety requirements that childcare programs must meet to legally operate. These requirements help ensure that children are healthy and safe in a childcare facility. Although childcare registration and licensing cannot guarantee the quality of care provided, it does set minimum health and safety requirements for childcare programs. In addition, licensing requires that childcare programs are monitored to ensure they meet those requirements.

Constructive engagement *versus* punitive regulation and enforcement

The illustrative standards presented in this document highlight the complex regulatory environment that childcare facilities operate in, with licensed childcare providers required to observe and comply with over 100 specific regulatory sections, many of which impose multiple standards or requirements.

Ideally, all childcare providers in Kenya would be able to meet all standards of care for licensed childcare providers. Upon meeting all the conditions and standards, they would be issued a county business license or single business permit as a formally licensed childcare facility or provider.

In practice, however, childcare in Kenya is currently primarily provided by thousands of informal childcare providers that are not able to meet the illustrative set of standards in the foreseeable future to be fully licensed childcare facilities. It is likely to take numerous years for informal childcare providers—many of which are home-based—to be able to meet the requirements of licensed childcare facility.

While it is a policy option available to county governments, pursuing a punitive approach to regulation and shutting down informal childcare providers that fail to meet the (illustrative) national norms and standards would likely not be in the interest of any county or its residents, as it would remove childcare options from parents and families requiring such services. Instead, constructive engagement by the county government with informal childcare providers should be considered as a more appropriate policy option.

Constructive engagement provides for a path whereby all childcare facilities—including those that currently do not meet the national standards to operate as *licensed* providers of childcare services—would be required to *register* with the County Childcare Unit under the relevant County Department (e.g., the County Department of Education, County Department of Social Protection). Such an approach would provide multiple benefits. Whereas county governments currently do not have even the most basic information on the number and location of childcare providers in their jurisdiction, requiring childcare providers to operate as registered providers would have the benefit of giving the county government insight into the number and location of childcare providers. In addition, registration would allow county officials to constructively engage with the (previously informal) childcare providers; to help build their capacity to come into compliance with the licensing standards; and to support the emergence of a healthy childcare ecosystem in the county.

In pursuit of full licensing, *registered* childcare facilities: both centre-based and home-based providers could be allowed to operate under specific conditions set by the county government, while compliance with the national norms and standards would be monitored and publicly reported—thus providing parents public access to each provider’s inspection report. This scenario would be a preferred option compared to the current situation where informal childcare providers are unknown to county authorities, and parents have no information on the quality of care that their children receive.

A county government might host orientation sessions for all individuals interested in registering as childcare providers. County government might further establish an online registration portal that would enable childcare providers to register as a childcare provider. The same portal would allow parents and families in the county to find registered childcare providers and access their inspection reports.

In addition to registration through an online county childcare portal, in order to complete registration, a county government may require providers, staff, and family members (for

home-based childcare centres) to obtain a certificate of good conduct and undergo medical screening. The registration and approval process could further include the successful completion of an approved (in-person or online) ECD training program and a building inspection of the (centre or home).

The initial (and subsequent periodic) inspection itself could be conducted by officials from the County Childcare Unit itself, or could be conducted by one or more certified non-governmental partners, such as one of Kenya's existing childcare networks. The registration status could potentially be time-delimited (e.g., five years), allowing both childcare providers and county officials to work collaboratively towards a situation in which most childcare providers in a county are able to meet the standards.

Since county governments and their residents benefit from having a well-regulated childcare ecosystem, county government pursuing a developmental approach to childcare regulation should be encouraged to keep fees associated with childcare registration and related inspections as low as possible.

Enforcements of additional standards and regulatory requirements

Primary enforcement of the (illustrative) norms and standards for licensed childcare facilities and home-based childcare providers in Kenya is expected to be the responsibility of a County Childcare Unit that is formed as part of a County Department, such as the County Department of Education or the County Department of Social Protection.

In addition, childcare facilities or providers may need to interact with numerous other authorities or organisations in order to obtain the necessary certifications or permissions to meet the (illustrative) norms and standards set for childcare facilities and home-based childcare providers.

Inspection	Statutory Basis
Childcare Registration / Licensing Inspection	County legislation may require registered childcare facilities and home-based childcare providers to undergo initial and periodic inspection visits. These may be conducted by officials from the County Childcare Unit or certified partners. Inspection reports for both centre-based and home-based facilities should be made public via the county childcare registration portal. Certificates of registration or licences must be displayed on the premises.
Zoning Certificate	County legislation may require zoning approval for the operation of a childcare facility or home-based childcare service, in line with the County Spatial Land Use Plan.
Building Inspection Report or Occupancy Certificate	County governments may require a Building Inspection Report or Occupancy Certificate to ascertain their structural safety and suitability for use as a childcare facility.
Fire Inspection Certificate	Conducted by the County Fire Department to ensure compliance with fire safety requirements. Section 616 (i) stipulates that the provider must comply with the recommendations of fire prevention or building officials to eliminate hazards.
Public Health Certificate	Issued by the County Public Health Department following inspection of the premises. Confirms that the facility meets minimum public health and hygiene standards, including cleanliness, safe water, waste disposal, pest control, sanitation, ventilation, and lighting.
Food Handling / Food Preparation Certificate	Issued by the County Department of Health (Public Health Office). May be required for staff involved in food preparation or handling.
Medical Fitness / Health Certificates for Caregivers	A general medical check-up is mandatory for all caregivers working with children. This includes tuberculosis screening and obtaining a Medical Certificate of Good Health, as prescribed under the Public Health Act (Cap. 242).
Good Conduct Certificate	Required for all staff aged 18 and above. Applications are made online via the eCitizen platform. For persons aged 16-17, parents may apply on their behalf.

CPR Certification	Training and certification offered by accredited organisations such as the Kenya Red Cross or St John Ambulance.
First Aid Certification	Training and certification offered by accredited organisations such as the Kenya Red Cross or St John Ambulance.
Medication Administration Training	Training that may be provided for individuals administering medication within the facility. Training must be provided by a recognised institution or professional (e.g., registered nurse, doctor, or pharmacist) in accordance with the Pharmacy and Poisons Act (Cap. 244).
Childcare Giver Training	Child caregiver training prepares individuals for a career in child care through various courses. Caregivers may be required to hold a certificate, diploma, or qualifications covering the main tenets of the Nurturing Care Framework - good health, adequate nutrition, security and safety, responsive caregiving, and early learning opportunities.

**ILLUSTRATIVE
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IN KENYA**

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PART I. GENERAL PROVISIONS

Section 100. Definitions

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Accessible" means capable of being entered, reached, or used.

"Adult" means any individual 18 years of age or older.

"Age-appropriate" means suitable to the chronological age and individual needs of a child.

"Assistant" means an individual who helps the provider or substitute provider in the care, protection, supervision, and guidance to children in the home.

"Body fluids" means urine, faeces, vomit, blood, saliva, nasal discharge, and tissue discharge.

"Caregiver" means an individual who provides care, protection, supervision, and guidance to children. In a home-based childcare centre, this includes the provider, substitute provider, and assistant. In a centre-based childcare facility, this term includes any staff member or volunteer that interacts with children.

"Child" means an individual under 18 years of age.

"Childcare" means a regularly operating service with the primary objective of caring for children for less than a 24-hour period while parents and other guardians are working, studying or otherwise unavailable, primarily catering to children from birth up to pre-primary-school-entry age. Childcare services can include after-school care for children up to the age of 13.

"Childcare facility" is a place where care is provided in a safe and structured environment to more than 5 children at any time all of whom are less than six years of age and who are not related to the caregiver. These facilities are designed to support the developmental, educational, and social needs of children while their parents or guardians are unavailable, often due to work or other commitments. Childcare facilities include day care centers, nurseries, preschools, home-based childcare centres, after-school programs, and other similar establishments.

"Child with special needs" means a child with developmental disabilities, intellectual disabilities, emotional disturbance, sensory or motor impairment, or significant chronic

illness who requires special health surveillance or specialised programs, interventions, technologies, or facilities.

"Cleaned" means treated in such a way as to remove dirt and debris by scrubbing and washing with soap and water or detergent solution and rinsing with water.

"Department" means the County Department primarily responsible for the registration, regulation, oversight, and support of childcare facilities and home-based childcare providers.

"Department's representative" means an employee or designee of the County Department primarily responsible for the registration, regulation, oversight, and support of childcare providers, acting as the authorized agent of the County Department.

"Evacuation" means movement of occupants out of the building to a safe area near the building.

"Home-based childcare" is as a form of childcare provided to a group of children, that takes place within the home of the Provider. Home-based childcare centres are informally known as children's day care centres.

"Good character and reputation" means knowledgeable and objective people agree that the individual (i) maintains business, professional, family, and community relationships that are characterized by honesty, fairness, and truthfulness; and (ii) demonstrates a concern for the well-being of others to the extent that the individual is considered suitable to be entrusted with the care, guidance, and protection of children. Relatives by blood or marriage, and people who are not knowledgeable of the individual, such as recent acquaintances, shall not be considered objective references.

"High school program completion " means an individual has earned a high school diploma or has completed a program of home instruction equivalent to high school completion.

"Inaccessible" means not capable of being entered, reached, or used.

"Infant" means a child from birth up to 16 months of age.

"Licensee" means any individual, corporation, partnership, association, or other legal or commercial entity that operates or maintains a child day centre to whom a license, registration certificate or permit is issued.

"Nighttime care" means care provided between 7 p.m. and 6 a.m.

"Parent" means the biological, foster or adoptive parent, legal guardian, or any individual with responsibility for or custody of a child enrolled in or in the process of being enrolled in a childcare facility.

"Physician" means an individual licensed to practice medicine in Kenya.

"Private childcare facility" means private childcare facility owned or operated by private individuals, entrepreneurs, religious institutions, social organizations, and/or non-governmental institutions.

“Public childcare facility” means public childcare facility established, owned and/or operated by County Government.

“Provider” or “Home-based provider” means an individual who registers a home-based childcare centre with the county government and has primary responsibility in providing care, protection, supervision, and guidance of children in the home-based childcare centre.

"Relocation" means movement of occupants of the building to a safe location away from the vicinity of the building.

"Residence" means principal legal dwelling or abode that is occupied for living purposes by the home-based provider and contains the facilities necessary for sleeping, eating, cooking, and family living.

"Sanitised" means treated in such a way as to remove bacteria and viruses from inanimate surfaces through first cleaning and secondly using a solution of one tablespoon of bleach mixed with one gallon of water and prepared fresh daily or using an approved sanitising solution. The surface of the item is sprayed or dipped into the sanitising solution and then allowed to air dry.

"School going age" means a child who has attained the age of four years as described in the Basic Education Act No.14 of 2013.

"Serious injury" means a wound or other specific damage to the body such as, but not limited to, unconsciousness; broken bones; dislocation; deep cut requiring stitches; poisoning; concussion; and a foreign object lodged in eye, nose, ear, or other body orifice.

"Shelter-in-place" means movement of occupants of the building to designated protected spaces within the building.

"Special needs child day program" means a program serving children with special needs.

"Staff" means administrative, activity, and service personnel of a child day centre including the licensee when the licensee is an individual who works in the centre and any persons counted in the staff-to-children ratios or any persons working with a child without sight and sound supervision of a staff member.

"Staff positions" for centre-based childcare facilities are defined as follows:

1. "Aide" means the individual designated to be responsible for helping the program leader in supervising children and in implementing the activities and services for children. Aides may also be referred to as assistant teachers or child care assistants.
2. "Program leader" means the individual designated to be responsible for the direct supervision of children and for implementation of the activities and services for a group of children. Program leaders may also be referred to as child care supervisors or teachers.

3. "Program director" means the primary, onsite director or coordinator designated to be responsible for developing and implementing the activities and services offered to children, including the supervision, orientation, training, and scheduling of staff who work directly with children, whether or not personally performing these functions.

4. "Administrator" means a manager or coordinator designated to be in charge of the total operation and management of one or more centres. The administrator may be responsible for supervising the program director or, if appropriately qualified, may concurrently serve as the program director.

"Substitute provider" means an individual who meets the qualifications of a home-based childcare provider; is designated by the provider; and who provides care, protection, supervision, and guidance for children in the childcare facility .

"Time out" means a discipline technique in which a child is moved for a brief time away from the stimulation and reinforcement of ongoing activities and other children in the group to allow the child who is losing self-control to regain composure.

"Toddler" means a child from 16 months of age up to 24 months of age.

"Volunteer" means a person who works at a childcare facility and:

1. Is not paid;
2. Is not counted in the staff-to-children ratios; and
3. Is in sight and sound supervision of a staff member when working with a child.

Any unpaid person not meeting this definition shall be considered "staff" and shall meet staff requirements.

Section 110. Legal Basis

[This section ought to define the legal basis of the standards To be completed by the national government (or, in the absence of national standards, if adopted by county governments, by each county government).]

Section 120. Purpose and applicability

A. The purpose of these standards is to protect children under the age of 13 years who are separated from their parents during a part of the day by:

1. Ensuring that the activities, services, and physical environment of childcare facilities are conducive to the well-being of children; and
2. Reducing risks in the environment by identifying and minimizing or eliminating or potential hazards that may compromise the health, safety, or well-being of children.

B. These standards apply to both public and private childcare facilities which are further categorised into centre-based and home-based childcare centres as defined in Section [100] that are required to be registered or licensed by the department.

PART II ADMINISTRATION

Section 200. Operational responsibilities

- A. The program director or provider shall ensure compliance with these standards and the terms of the current registration certificate, permit, and/or license issued by the county department and shall ensure compliance with all other relevant national and county laws and regulations.
- B. The program director or provider will ensure compliance with the facility's policies that have been disclosed to the parents as required by Section [240] of these Standards.
- C. The program director or provider shall be of good character and reputation.
- D. The program director or provider shall meet the requirements specified in Section [310] of these Standards, on Background checks for childcare providers, caregivers, and selected home-based childcare centre household members.
- E. The program director or provider shall ensure that the childcare facility's activities, services, and facilities are conducive to the welfare of children in care.
- F. The program director or provider shall be responsible for the childcare facility's day-to-day operation.
- G. The program director or provider shall ensure that any advertising of the childcare services provided is not misleading or deceptive.

Section 210. Capacity

- A. The program director or provider shall ensure that the total number of children receiving care at any one time does not exceed the maximum approved capacity for the facility.
- B. When at least one child receives paid care in a home-based childcare centre, all children, exclusive of the provider's own children and children who reside in the home, who are in the care and supervision of a provider, count in the approved capacity.
- C. The department will establish the facility's maximum capacity based on the following factors:
 - 1. The availability of adequate space to allow each child free movement and active play indoors and outdoors as required by Section [628] of the Standards;
 - 2. The provider's responsibility to care for another individual who may require special attention or care, including but not limited to a child with a serious physical, emotional, or behavioural condition.

Section 220. General recordkeeping

- A. The childcare facility shall keep a written or electronic record of children in attendance each day.

- B. The facility's records shall be maintained in the facility and made accessible to the department's approved representative upon confirming their identity and their documentation.
- C. Information contained in a child's record shall be privileged and confidential. The program director or provider shall not distribute or release information in a child's record to any unauthorized person without the written consent of the child's parent.
- D. Children's records shall be made available to a child's parent upon request, unless otherwise ordered by the court.
- E. Records and reports on children, caregivers, and household members required by these standards shall be maintained and made accessible to the department's approved representative for two years from the date of termination of services for a child, date of separation from employment for caregivers, or date of termination of residence for a household member, or unless specified otherwise.

Section 230. Children's records

- A. The facility or provider shall maintain an up-to-date record at the childcare facility for each enrolled child.
- B. A child's record shall contain the following information:
 - 1. Child's full name, nickname (if any), sex, address, and birth date;
 - 2. Emergency contact information including:
 - a. Name, home address, and telephone number of each parent who has custody;
child's
 - b. Name, address and telephone number of two designated persons to contact in case of an emergency if the parent cannot be reached;
 - c. Information on allergies and intolerance to food, medication, or any other substances, and actions to take in an emergency situation;
child's
 - d. Names of persons other than the custodial parents who are authorized to pick up the child;
 - e. Chronic physical problems, pertinent developmental information, and any special accommodations needed;
 - 3. First and last dates of attendance;
 - 4. Parent's signed acknowledgement of the receipt of the information required by Section [240] of these standards;
 - 5. Proof of the child's age and identity;
 - 6. Immunisation records for the child as required by Section [260] of the Standards
 - 7. Results of the health examination for the child as required by Section [270] of these Standards;
 - 8. Written authorisation for emergency medical care should an emergency occur and the parent cannot be located immediately. ;

9. Written authorisation if a caregiver is to administer prescription or non-prescription medication to the child as required by Section [900 A 2] of these Standards;
10. Written authorisation if the child is to participate in swimming as required by Section [790 B] of these Standards;
11. Written authorisation if the child is taken off the premises of the childcare facility as required by Section [1200] of these Standards;
12. Special instructions to the provider including, but not limited to, exception to an infant's sleeping position as required in Section [730 A], and exception to an infant being fed on demand as required in Section [1180A];
13. Record of any accidents or injuries sustained by the child while at the childcare facility as required by Section [1060]; and
14. Documentation of the review of the child's emergency contact information as required by Section [1010] of these Standards.

Section 240. Written information for parents

- A. Before the child's first day of attendance, parents shall be provided in writing the following information:
 1. Operating information including the hours and days of operation, holidays or other times closed, and the telephone number where a message can be left for a caregiver;
 2. Schedule of fees and payment plans;
 3. Check in and check out procedures;
 4. Policies for the administration of medications;
 5. Whether or not there is liability insurance in force for the childcare facility;
 6. Requirement for the childcare facility to notify the parent when the child becomes ill and for the parent to arrange to have the child picked up as soon as possible if requested by the childcare facility;
 7. Requirement for the parent to inform the childcare facility within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, except for life-threatening diseases, which must be reported immediately;
 8. Requirement for the child to be adequately immunised as required by Section [260] of the Standards;
 9. Requirement for paid caregivers to report suspected child abuse or neglect according to [the relevant Kenyan statute];
 10. Custodial parent's right to be admitted to the childcare facility any time the child is in care;
 11. General daily schedule that is appropriate for the age of the enrolling child;
 12. Policies for the provision of food;
 13. Presence of pets or animals in the childcare facility, if any;
 14. Discipline policies including acceptable and unacceptable discipline measures;

15. Amount of time per week that an adult assistant or substitute provider instead of the provider is scheduled to care for the child and the name of the adult assistant or substitute provider;
 16. Provisions of the childcare facility's emergency preparedness and response plan;
 17. Parental notifications required in Section [780];
 18. Policies for termination of care; and
 19. Address of the contact information or website of the department, with a note that a copy of these norms and standards and additional information about the childcare facility or provider may be obtained from the website of the department.
- B. The provider shall obtain the parent's written acknowledgement of the receipt of the information in this section.

Section 250. Proof of age and identity; record of child care and schools.

- A. Within seven business days of the child's first day of attendance at the childcare facility, the program director or provider shall obtain from the parent:
1. Verification of the identity and age of the child; and
 2. Name and location of previous day care programs and schools the child has attended.
- B. The program director or provider shall verify the identity and age of a child by viewing one of the following:
1. Birth certificate;
 2. Birth registration card;
 3. Notification of birth, i.e., hospital, physician, or midwife record;
 4. Passport;
 5. Any other document bearing the identity and age of a child.
- C. Without prejudice to (B) above a child shall not be denied admission into a childcare facility for lack of proof of age.
- D. The program director or provider shall document in the child's record:
1. The method of verification of the child's age and identity; and
 2. The names and locations of the previous child care facilities and schools the child has attended.
- E. The proof of identity, if reproduced or retained by the childcare facility shall be destroyed two years after termination of services to the child. The procedures for the disposal, physical destruction, or other disposition of the proof of identity shall include all reasonable steps to destroy such documents by:
1. Shredding;
 2. Erasing; or
 3. Otherwise modifying the personally identifiable information in those records to make them unreadable or indecipherable by any means.

Section 260. Immunisations for children

- A. Before a child may attend the childcare facility the program director or provider shall obtain documentation that the child has been adequately immunised according to the requirements of the Public Health Act (CAP 242), Section 104, and applicable Ministry of Health regulations.
- B. Documentation of immunisations is not required for any child whose public vaccinator or other medical practitioner states that one or more of the required immunisations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunisation.
- C. The childcare facility shall obtain documentation of additional immunisations for a child who is not exempt from the immunisation requirements according to subsection B of this section:
 - 1. Once every six months for children under the age of two years; and
 - 2. Once between each child's fourth and sixth birthdays.

Section 270. Physical examinations for children

- A. The childcare facility shall obtain documentation of a physical examination by or under the direction of a physician prior to a child's attendance or within 30 days after the first day of attendance, indicating that the child is in good health and free from communicable or contagious disease.
- B. The physical examination prior to attendance shall have been conducted within:
 - 1. Two months prior to attendance for children six months of age or younger;
 - 2. Three months prior to attendance for children age seven months through 18 months;
 - 3. Six months prior to attendance for children age 19 months through 24 months;
 - 4. Twelve months prior to attendance for children two years of age through five years of age; or
 - 5. Twenty-four months prior to attendance for children six years of age and above.

Section 280. Form and content of immunisation and physical examination reports for children

- A. The current form approved by the County Department of Health or a physician's form shall be used to record immunisations received and the results of the required physical examination.

B. Each report shall include the date of the physical examination and dates immunizations were received and shall be signed by a licensed physician, the physician's designee, or an official of a local health department.

Section 290. Staff records

A. The childcare facility shall maintain a record for each caregiver.

B. Assistants' and substitute providers' records or staff records shall contain the following:

1. Name;
2. Address;
3. Verification of age;
4. Job title;
5. Date of employment or volunteering;
6. Name address and telephone number of a person to be notified in an emergency;
7. For assistants, substitute providers and caregivers who are not the spouse, parent, sibling, or child of the provider, documentation that two or more references as to character and reputation as well as competency were checked before employment. If a reference check is taken over the telephone, documentation shall include:
 - a. Dates of contact,
 - b. Names of persons contacted,
 - c. Firms contacted,
 - d. Results, and
 - e. Signature of person making call;
8. Background checks as required by Section [310];
9. Documentation of tuberculosis screening as required by Section [410] and Section [420 A]; and
10. Documentation of the education and training as required by Section [370].

C. Substitute providers' records shall also contain documentation of the time of arrivals and departures as required by Section [330 D].

D. Providers' records shall contain the following:

1. Background checks as required by Section [310] of these Standards;
2. Documentation of tuberculosis screening as required by Section [410] and Section [420 A]; and
3. Documentation of the education and training as required by Section [370].

E. All employment records, including background check records, shall be handled in accordance with applicable Kenyan privacy laws and regulations. Access to such information shall be restricted and used solely for the purpose of registration and/or determining employment eligibility. Childcare facilities and providers must ensure secure storage and disposal of background check documentation to prevent unauthorized access or misuse.

PART III STAFF QUALIFICATIONS AND TRAINING

Section 300. General qualifications for providers and caregivers

Caregivers shall:

1. Be of good character and reputation;
2. Be physically and mentally capable of carrying out assigned responsibilities;
3. Be courteous, respectful, patient, and affectionate toward the children in care;
4. Be able to speak, read and write as necessary to:
 - a. Carry out assigned job responsibilities, and
 - b. Communicate effectively with emergency responders
5. Have a relevant education qualification; and
6. Meet the requirements specified in Section [310], Background checks for childcare providers, caregivers, and selected home-based childcare centre household members.

Section 310. Background checks for childcare providers, caregivers, and selected family day home household members

- A. No individual shall be permitted to work in a childcare capacity until a background check has been conducted, including submission and review of a Certificate of Good Conduct (Police Clearance).
1. All childcare facilities and providers must submit a Certificate of Good Conduct (Police Clearance) with the county department as part of their registration and licensure.
 2. No licensee or provider shall be permitted to operate a centre-based childcare facility until the licensee, program director's, or provider's Certificate of Good Conduct (Police Clearance) has been reviewed and confirmed by the county department's representative.
 3. All childcare program directors, program leaders, and all other caregivers working directly with children, including full-time, part-time, temporary, and volunteer staff, must submit a Certificate of Good Conduct (Police Clearance) with their prospective employer prior to commencing employment at a childcare facility. No individual shall be permitted to work in a childcare capacity until the Certificate of Good Conduct (Police Clearance) has been reviewed and confirmed by the childcare facility.
- B. No home-based provider shall be permitted to operate a home-based childcare centre until a Certificate of Good Conduct (Police Clearance) is confirmed by the county department's representative for every individual 16 years of age and older who resides in the household.

- C. Any individual found to have been convicted of a violent crime, sexual offense, child abuse, neglect, or any other offense deemed incompatible with the responsibilities of childcare shall be disqualified from operating, residing, working, or volunteering at, a childcare facility. The county department or childcare provider may also consider patterns of criminal behaviour, unresolved charges, or other relevant factors in determining suitability.
- D. If a childcare facility requests for registration or licensing is disqualified on the grounds of a background check, an appeal may be submitted in writing within 30 days of disqualification, subject to review by an independent panel constituted by the county department.
- E. Background checks, including submission and review of a Certificate of Good Conduct (Police Clearance), must be renewed every three years (36 months) for all providers, caregivers, and relevant home-based childcare centre household members.
- F. Childcare facilities, including home-based childcare centres, are responsible for maintaining up-to-date documentation on caregivers (in accordance with Section 290 B and Section 290 D) and must report any known criminal charges or convictions involving provider, staff, or households members to the department within five business days.
- G. All background checks records information shall be handled in accordance with applicable privacy laws and data protection standards, as specified in Section 290 E.

Section 320. Qualifications and requirements for childcare facility program directors

- A. Program directors, or substitute program directors, shall be 21 years of age or older.
- B. Program directors and substitute program directors shall have:
 - 1. A bachelor's degree in a child-related field such as early childhood development, early childhood education, nursing, or certification from a college or university, or equivalent;
 - 2. Six months of relevant caregiving experience;
 - 3. Current certification in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care, from the Kenyan Red Cross or a similarly qualified organisation, or equivalent training;
 - 4. Current certification in first aid from the Kenyan Red Cross or a similarly qualified organisation, or equivalent training;
EXCEPTION: A program director or substitute program director who is a registered nurse or licensed practical nurse with a current license shall not be required to obtain first aid certification.
 - 5. Completed required hours of Child Caregiver training as required per Section 360; and
 - 6. Completed Medication Administration Training requirement as specified in Section 370.

Section 330. Qualifications and requirements for providers, substitute providers, and program leaders

- A. Providers, substitute providers, and program leaders shall be 18 years of age or older.
- B. Providers, substitute providers, and program leaders shall have:
 - 1. (i) A high school program completion or the equivalent or (ii) evidence of having met the requirements for admission to an accredited college or university;
 - 2. Three months of relevant caregiving experience;
 - 3. Current certification in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care, from the Kenyan Red Cross or a similarly qualified organisation, or equivalent training;
 - 4. Current certification in first aid from the Kenyan Red Cross or a similarly qualified organisation, or equivalent training;

EXCEPTION: A provider or substitute provider who is a registered nurse or licensed practical nurse with a current license shall not be required to obtain first aid certification.

 - 5. Completed required hours of Child Caregiver Training as required per Section 360.
 - 6. Completed Medication Administration Training requirement as specified in Section 370.
- C. For home-based childcare providers, use of a substitute provider shall be limited to no more than a total of 240 hours per calendar year.
- D. A substitute provider shall record and sign the time of arrivals and departures on each day that the substitute provider works.

Section 340. Qualifications and requirements for assistants (aides)

- A. Assistants shall be 16 years of age or older.
- B. An assistant under the age of 18 years of age shall always work under the direct supervision of the provider, substitute provider, or program leader. Direct supervision means being able to hear or see the assistant and children at all times.
- C. An assistant 18 years of age or older shall not be left alone with children in care for more than two hours per day.
- D. An assistant 18 years of age or older who is left alone with children in care shall have:
 - 1. Current certification in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care, from the Kenyan Red Cross or a similarly qualified organisation, or equivalent training;
 - 2. Current certification in first aid from the Kenyan Red Cross or a similarly qualified organisation, or equivalent training;

EXCEPTION: An assistant who is a registered nurse or licensed practical nurse with a current license shall not be required to obtain first aid certification.

 - 3. Completed required hours of Child Caregiver Training as required per Section 360.

D. An assistant 18 years of age or older who meets the requirements for a substitute provider may act as the substitute provider when the provider is absent from the home for more than two hours.

Section 350. Orientation

- A. The program director (or provider) shall orient the program leader (or substitute provider) and assistant by the end of their first week of assuming job responsibilities.
- B. The orientation shall cover the following topics:
1. Job responsibilities;
 2. Requirements for parental notifications listed in Section [780];
 3. Standards in this chapter that relate to the substitute provider's or assistant's responsibilities;
 4. Emergency evacuation, relocation, and shelter-in-place procedures;
 5. Location of emergency numbers, first aid kit, and emergency supplies;
 6. Confidential treatment of information about children in care and their families; and
 7. Requirement for reporting suspected child abuse and neglect.
- C. Documentation of the orientation shall be signed and dated by the provider and substitute provider or by the provider and assistant.

Section 360. Child Caregiver training

- A. Providers and caregivers shall obtain a minimum of twenty-four clock hours of initial child caregiver training and must complete a minimum of sixteen clock hours of subsequent training annually in areas relevant to their job responsibilities.
EXCEPTION: This requirement does not apply to assistants or volunteers working under the direct supervision of a provider or program leader.
- B. Child Caregiver training may be based on the National Industrial Training Authority's Curriculum For Child Caregiver III National Skills Certificate (NSC), or equivalent training programs, and shall cover areas such as, but not limited to:
1. Physical, intellectual, social, and emotional child development;
 2. Behaviour management and discipline techniques;
 3. Health and safety in the childcare setting;
 4. Art and music activities for children;
 5. Child nutrition;
 6. Recognition and prevention of child abuse and neglect;
 7. Emergency preparedness as required by Section [1030 C]; or
 8. Recognition and prevention of the spread of communicable diseases.
- C. The Child Caregiver training curriculum may incorporate elements of basic first aid training, CPR training, and medication administration training as required under Sections 320, 330, and 340.

Section 370. Medication administration training

- A. To safely perform medication administration practices listed in Section [910] whenever the childcare facility has agreed to administer prescription medications or non-prescription medications, the administration shall be performed by a provider, program director or caregiver who:
1. Has satisfactorily completed an accredited training program for this purpose taught by a registered nurse, licensed practical nurse, doctor of medicine, or pharmacist; or
 2. Is a medical practitioner (e.g., physician, clinical officer, or nurse) licensed to administer medications.
- B. Caregivers required to have the training in subdivision A 1 of this section shall be retrained at three-year intervals.

Section 380. Documentation of education and training

- A. The childcare facility or provider shall maintain written documentation of each caregiver's applicable education and relevant work experience, applicable first aid and CPR certification, orientation, child caregiver training, and applicable medication administration training.
- B. Written documentation of annual training shall include:
1. Name of the caregiver;
 2. Name of the training session;
 3. Date and total hours of the session; and
 4. Name of the organisation that sponsored the training and the trainer.

PART IV. PHYSICAL HEALTH OF CAREGIVERS AND HOUSEHOLD MEMBERS

Section 400. Attributes for household members

Individuals 16 years of age and older who reside in a where home-based childcare is provided shall:

1. Display behaviour that demonstrates emotional stability;
2. Be of good character and reputation; and
3. Meet the requirements specified in Section [310], Background checks for childcare providers, caregivers, and selected home-based childcare programme household members.

Section 410. Initial tuberculosis screening for caregivers and household members

- A. The provider shall obtain from each caregiver at the time of hire and each adult household member prior to coming into contact with children a current Report of Tuberculosis Screening form approved by the Ministry of Health or a form consistent with it documenting the absence of tuberculosis in a communicable form.
- B. The form shall have been completed within the last 30 days and be signed by a physician, physicians' designee, or an official of the county health department.

Section 420. Subsequent tuberculosis screening for caregivers and household members

- A. The provider shall obtain for each caregiver and adult household member a current Report of Tuberculosis Screening form, in accordance with the requirements in Section [410], every two years from the date of the first screening or more frequently as recommended by a physician or the county health department.
- B. Within 30 days of a caregiver's or adult household member's coming into contact with a known case of infectious tuberculosis, the provider shall obtain for the individual a new Report of Tuberculosis Screening form in accordance with the requirements in Section [410]. Until a new screening form is issued that documents the absence of tuberculosis in a communicable form, the caregiver or adult household member shall not have contact with children.
- C. The provider shall immediately obtain a new Report of Tuberculosis Screening form in accordance with the requirements in Section [410] for any caregiver or adult household member who develops chronic respiratory symptoms of three weeks duration. Until a new screening form is issued that documents the absence of tuberculosis in a communicable form, the caregiver or adult household member shall not have contact with children.

Section 430. Physical and mental health examinations for caregivers and household members

A. The provider or the department's representative may require a report of examination by a licensed physician or mental health professional when there are indications that a caregiver's or household member's physical or mental health may endanger the health, safety, or well-being of children in care.

B. A caregiver or household member who is determined by a licensed physician or mental health professional to show an indication of a physical or mental condition that may endanger the health, safety, or well-being of children in care or that would prevent the performance of duties shall be removed immediately from contact with children and food served to children until the condition is cleared as evidenced by a signed statement from the physician or mental health professional.

PART V. STAFFING

Section 500. Childcare facility staffing

- A. When staff are supervising children, they shall always ensure their care, protection, and guidance.
- B. During a childcare facility's hours of operation, one adult on the premises shall be in charge of the administration of the centre. This person shall be either the administrator or an adult appointed by the licensee or designated by the administrator.
- C. During the stated hours of operation of the childcare facility, there always shall be on the premises one staff member who meets the qualifications of a program leader or program director and an immediately available staff member, volunteer or other employee who is at least 18 years of age, with direct means for communication between the two of them. The volunteer or other employee shall have received instruction in how to contact appropriate authorities if there is an emergency.
- D. In each grouping of children at least one staff member who meets the qualifications of a program leader or program director shall be regularly present. Such a program leader shall supervise no more than two aides.
- E. Exception: A program leader is not required in each grouping of children during the first and last hour of operation when a centre operates more than six hours per day and during the designated rest period if the following are met: (i) there is a staff member in the group who is over 18 years of age and has at least three months of relevant caregiving experience at the centre;
- (ii) there is an additional staff person on site who meets program leader qualifications, is not counted in the staff-to-children ratios and is immediately available to help if needed;
- and (iii) there is a direct means for communicating between these two staff members.

Section 510. Staff-to-children ratio requirements

- A. The maximum group size limitations specified in Table 1 shall be followed by childcare facilities whenever children are in care.

	Age	Maximum Group Size
1.	<u>Birth up to 16 months</u>	<u>12</u>
2.	<u>16 months up to 24 months</u>	<u>15</u>
3.	<u>2 year olds</u>	<u>24</u>
4.	<u>3 year olds up to school age eligible</u>	<u>30</u>

B. The staff-to-children ratios specified in Table 2 are required for childcare facilities whenever children are in care.

TABLE 2. Ratio Requirements		
	Age	Ratio (staff: children)
<u>1.</u>	<u>Birth up to 16 months</u>	<u>1:4</u>
<u>2.</u>	<u>16 months up to 24 months</u>	<u>1:5</u>
<u>3.</u>	<u>2 year olds</u>	<u>1:8</u>
<u>4.</u>	<u>3 year olds up to school age eligible</u>	<u>1:10</u>
<u>5.</u>	<u>School age eligible up to 9 years</u>	<u>1:18</u>
<u>6.</u>	<u>9 years through 12 years</u>	<u>1:20</u>

C. When children are in ongoing mixed age groups, the staff-to-children ratio and group size applicable to the youngest child in the group shall apply to the entire group.

D. Group size limitations shall not apply during designated rest periods. For children ages 16 months through preschool age, during the designated rest period, when children are resting or in an inactive state, the following rest period ratios are permitted if the requirements of subsections J through N of this section are met:

1. Children 16 through 24 months of age: one staff per 10 children.
2. Children two years of age: one staff per 16 children.
3. Children of preschool age: one staff per 20 children.

E. Group size requirements in subsection A of this section do not apply to children school age eligible through 12 years of age.

F. The childcare facility shall develop and implement a written policy and procedure that describes how the centre will ensure that each group of children receives care by consistent staff or team of staff members.

G. Staff shall be counted in the required staff-to-children ratios only when they are directly supervising children.

H. A child volunteer 13 years of age or older not enrolled in the program shall not be counted as a child in the staff-to-children ratio requirements.

Section 520. Determining need for additional home-based childcare centre caregiver

A. A home-based childcare centre offered in the residence of the provider (or in the home of any of the children in care) shall not provide care for more than 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home.

- B. The home-based childcare provider shall ensure that a caregiver does not exceed 16 points by using the following point system to determine if an additional caregiver is needed:
1. Children from birth through 15 months of age count as four points each;
 2. Children from 16 months through 23 months of age count as three points each;
 3. Children from two through four years of age count as two points each;
 4. Children from five years through nine years of age count as one point each; and
 5. Children who are 10 years of age and older count as zero points.
- C. A caregiver's own children and resident children under eight years of age count in point maximums.

Section 530. Group size requirements for therapeutic child day programs

Group size requirements in Section 510 A do not apply to therapeutic child day programs. Staff-to-children ratio requirements for therapeutic and special needs programs shall be applied as provided in Section 1410.

PART VI. PHYSICAL EQUIPMENT AND ENVIRONMENT

Section 600. Facility or home maintenance

- A. Areas and furnishings of the childcare facility , inside and outside, shall be maintained in a clean, safe, and operable condition. Unsafe conditions shall include, but not be limited to, the presence of poisonous plants; tripping hazards; unstable heavy equipment, furniture, or other items that a child could pull down on himself; splintered, cracked, or otherwise deteriorating wood; chipped or peeling paint; visible cracks, bending or warping, rusting, or breakage of any equipment; head entrapment hazards; and protruding nails, bolts, or other components that could entangle or could snag skin.
- B. No equipment, materials, or furnishings shall be used if recalled or identified by the Kenya Standards Bureau as being hazardous.

Section 602. Hanging, suffocation, and strangulation hazards.

- A. Hanging items including window blind or curtain cords, appliance cords, and ropes shall be out of reach of children under five years of age.
- B. Children shall be protected from materials that could be swallowed or present a choking hazard. Toys or objects less than 1-1/4 inches in diameter and less than two inches in length shall be kept out of reach of children under the age of three years.
- C. Items tied across the top or corner of a crib or playpen or toys hung from the sides with strings or cords shall be removed when the child begins to push up on hands and knees or is five months of age, whichever occurs first.
- D. Hood or neck drawstrings shall be removed from a child's clothing prior to a child's using climbing play equipment.
- E. Latex gloves, balloons, and empty plastic bags large enough for a child's head to fit inside shall be inaccessible to children under five years of age.

Section 604. Drowning hazards

- A. Access to the water in aboveground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to children.
- B. A non - climbable barrier at least 1.2 metres high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 10 metres of drowning hazards such as, but not limited to, inground swimming or wading pools, ponds, or fountains not enclosed by safety fences.
- C. Portable wading pools without integral filter systems shall:
 - 1. Be emptied after use by each group of children, rinsed, and filled with clean water, or more frequently as necessary; and
 - 2. When not in use during the childcare facility's hours of operation, be emptied, sanitised, and stored in a position to keep them clean and dry.

- D. Portable wading pools shall not be used by children who are not potty trained.
- E. Bathtubs, buckets, and other containers of liquid accessible to children shall be emptied immediately after use.
- F. Hot tubs, spas, and whirlpools shall:
 - 1. Not be used by children in care, and
 - 2. Covered with safety covers while children are in care.

Section 608. Poisonous materials

Potentially poisonous substances, materials and supplies such as, but not limited to, cleaning agents, disinfectants, deodorizers, plant care chemicals, pesticides, and petroleum distillates shall be stored away from food in areas inaccessible to children.

Section 610. Sharp objects

Sharp kitchen utensils and other sharp objects shall be inaccessible to children unless being used by the caregiver or with children under close supervision.

Section 612. Body fluids contamination

When any surface has been contaminated with body fluids, it shall be cleaned and sanitised.

Section 614. Machinery

Machinery in operation such as lawnmowers and power tools shall be inaccessible to the children in care.

Section 616. Fire safety and shock prevention

- A. Small electrical appliances such as, but not limited to, curling irons, toasters, blenders, can openers, and irons shall be unplugged unless being used by the caregiver or with children under close supervision.
- B. Child-resistant protective covers larger than 2 centimetres in diameter shall be installed on all unused electrical outlets and surge protectors accessible to children under five years of age.
- C. No electrical device accessible to children shall be placed so that it could be plugged into an electrical outlet while in contact with a water source, such as a sink, tub, shower area, toilet, or swimming or wading pool.

- D. Electrical cords and electrical appliances and equipment with cords that are frayed and have exposed wires shall not be used.
- E. Radiators, oil and wood burning stoves, floor furnaces, fireplaces, portable electric heaters, and similar heating devices located in areas accessible to children shall have barriers or screens and be located at least one metre from combustible materials.
- F. Unvented fuel burning heaters shall not be used when children are in care. Unvented fuel burning heaters include, but are not limited to, portable oil-burning (kerosene) heaters; portable, unvented liquid or gas fuelled heaters; and unvented fireplaces.
- G. Wood burning stoves and fireplaces and associated chimneys shall be inspected annually by a knowledgeable inspector to verify that the devices are properly installed, maintained, and cleaned as needed. Documentation of the inspection and cleaning shall be maintained by the provider.
- H. All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children.
- I. If there are open and obvious fire hazards, including the absence of fire extinguishers or smoke detectors as required by the National Building Code, 2022, the county's fire prevention or building officials shall be contacted by the department's representative. The provider shall comply with the requirements or recommendations made by the fire prevention or building officials to eliminate fire hazards.

Section 618. Telephones

- A. A telephone/cell phones shall be available, and accessible during the childcare facility's hours of operation.
- B. The provider shall ensure that parents and the department have been given the number in writing.
- C. The provider shall inform the department within 48 hours and parents within 24 hours of a change of the telephone number.

Section 620. Bathrooms

- A. A childcare facility shall have bathrooms easily accessible to children two years of age and older.
- B. The bathroom shall be kept clean and contain a working toilet and sink, toilet tissue, liquid soap, and paper towels.

Section 622. Water supply

- A. The home shall have indoor running water.
- B. When water is not obtained from a municipal supply, and the house is not connected to a municipal sewer line, the water supply and septic system of the childcare

facility shall be inspected and approved by the local health official or a private laboratory if there are open and obvious symptoms of water or sewage system problems, such as evidence of cloudy, murky, or muddy water, or sewage back up.

C. A childcare facility connected to a municipal water supply and sewer line that have open and obvious symptoms of water or sewage system problems shall have the problems corrected within a time frame established by the responsible department.

D. There shall be an ample supply of hot or cold water available to children and caregivers for hand washing.

E. Hot water at taps available to children shall not to exceed 48°C.

Section 624. Garbage

A. Garbage shall be removed on a daily basis from rooms occupied by children and removed from the premises at least once weekly or more often as needed.

B. There shall be a sufficient number of garbage and diaper containers.

C. Children shall not be allowed access to garbage storage areas.

D. Garbage storage areas shall be free of litter, odour, and uncontained trash.

Section 626. Rodents and insects

A. The home shall be kept free from rodents and insect infestation.

B. No home shall maintain any receptacle or pool, whether natural or artificial, containing water in such condition that insects breeding therein may become a menace to public health.

Section 628. Space

The home shall provide each child with adequate space to allow free movement and active play indoors and out.

Section 630. Heating and cooling

A. The temperature in all inside areas occupied by infants shall be maintained no lower than 18°C.

B. Children shall be dressed in appropriate clothing for the room temperature.

C. Fans or other cooling systems shall be used when the temperature of inside areas occupied by children exceeds 30°C.

Section 632. Electric fans

Portable electric fans shall be securely mounted out of the reach of children and shall be equipped with a mesh guard.

Section 634. Lighting

- A. Rooms, halls, and stairways used by children in care shall be lighted with natural or electric lighting for the children's safety and comfort.
- B. Entrance and exit ways shall be unobstructed and be lighted with natural or electric lighting.

Section 636. Stairs

- A. Children under two years of age and children over two years of age who are not developmentally ready to climb or descend stairs without supervision shall not have access to stairs.
- B. Accordion expansion gates and pressure mounted gates shall not be used as protective barriers at stair openings.
- C. Children over the age of two shall not have access to stairs with three or more risers that do not have protective barriers or guardrails on each side.
- D. Protective barriers or guardrails on sides of stairs shall be constructed to prevent a child from climbing over, crawling or falling through, or becoming entrapped.

Section 638. Decks and porches

- A. Children shall not have access to decks, porches, lofts, or balconies that do not have protective barriers or guardrails.
- B. Protective barriers or guardrails shall be constructed to prevent a child from climbing over, crawling or falling through, or becoming entrapped.

Section 640. Doors and windows

- A. Doors with clear glass panels that reach within 50 cm of the floor shall be clearly marked with decorative objects such as pictures, art work, or decals at the eye level of children in care.
- B. Closet doors with latches shall be such that children can open the door from inside the closet.
- C. Bathroom doors with locks shall be designed to permit opening of the locked door from the outside with a readily accessible opening device.
- D. Windows and doors used for ventilation shall be securely screened.

Section 642. Animals

- A. Family pets shall not be allowed on any surfaces where food is prepared or served.
- B. A pet or animal present at the home, indoors or outdoors, shall be in good health and show no evidence of carrying any disease.
- C. Dogs or cats, where allowed, shall be vaccinated for rabies and shall be treated for fleas, ticks, or worms as needed.
- D. The provider shall maintain documentation of the current rabies vaccination.
- E. Caregivers shall closely supervise children when children are exposed to animals.
- F. Children shall be instructed on safe procedures to follow when in close proximity to animals, e.g., not to provoke or startle them or remove their food.
- G. Animals that have shown aggressive behaviour shall not be kept in the home or on the grounds.
- H. Monkeys, ferrets, reptiles, psittacine birds (birds of the parrot family), or wild or dangerous animals shall not be in areas accessible to children during the hours children are in care.
- I. Animal litter boxes, toys, food dishes, and water dishes shall be inaccessible to children.
- J. All animal excrement shall be removed promptly, disposed of properly, and, if indoors, the soiled area cleaned.

Section 644. Smoking and prohibited substances

The provider shall ensure that:

- 1. No person smokes:
 - a. Indoors while children are in care;
 - b. In a vehicle when children are transported; or
 - c. Outdoors in an area occupied by children.
- 2. No caregiver is under the effects of medication that impairs functioning, alcohol, or illegal drugs.

Section 646. Play equipment and materials

- A. The childcare facility shall provide a sufficient quantity and variety of play materials and equipment that shall be readily accessible to children.
- B. Equipment and materials used by a child shall be appropriate to the age, size, ability, and interest of the child.
- C. Materials and equipment available shall include, but not be limited to, arts and crafts materials, texture materials, construction materials, music and sound materials, books, social living equipment, and manipulative equipment.
- D. Equipment used by children shall be assembled, maintained, and used in accordance with the manufacturer's instructions.
- E. Equipment and materials used by children shall be clean, nontoxic, and free from hazards such as lead paint, sharp edges or points, loose parts, and rust.
- F. Toys mouthed by children shall be cleaned and sanitised daily.

Section 648. Indoor slides and climbing equipment

The climbing portions of indoor slides and climbing equipment over 50 cm high shall not be over bare floor.

Section 650. Outdoor play area and equipment

- A. A non-climbable barrier at least 1.20 metres high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 10 metres of hazards such as, but not limited to, streets, roadways with heavy traffic, or railroad tracks.
- B. The highest climbing rung or platform on outdoor climbing equipment or top of a slide shall not exceed 1.5 metres for school age children and one metre for preschool children.
- C. Stationary outdoor playground equipment shall:
 - 1. Not be installed over concrete, asphalt, or any other hard surface;
 - 2. Be placed at least 1.5 metres from the perimeter of other play structures or obstacles; and
 - 3. Be firmly anchored with ground supports that are covered with materials to protect children from injury.
- D. Outdoor play equipment shall meet the following requirements:
 - 1. "S" hooks shall be tightly closed;
 - 2. Swings shall have flexible seats of rubber, canvas, or nylon;
 - 3. Nonflexible-moulded seats shall be used only when a caregiver stays within arm's length of any hard-moulded swing in use and is positioned to see and protect other children who might walk into the path of the swing;
 - 4. Openings above the ground that are closed on all sides shall be smaller than 3-1/2 inches or larger than nine inches to prevent head entrapment hazards;
 - 5. Ropes, loops, or any hanging apparatus that might entrap, close, or tighten upon a child shall not be used;
 - 6. Equipment with moving parts that might pinch or crush children's hands or fingers shall not be used unless they have guards or covers; and
 - 7. Equipment with platforms and ramps over 30 inches high shall have been designed with guardrails or barriers to prevent falls.
- E. Sandboxes shall be covered when not in use.
- F. Trampolines shall not be used during the hours children are in care.

Section 652. Rest areas

- A. A child shall be provided with an individual crib, cot, rest mat, mattress or bed for resting or napping.
- B. Upper levels of double-deck beds shall not be used.

- C. Occupied cribs, cots, rest mats, and beds shall be:
 - 1. At least one metre from any heat-producing appliance; and
 - 2. At least 30 centimetres from each other.
- D. Rest mats that are used must have at least an inch of cushioning.
- E. Rest mats shall be cleaned and sanitised on all sides at least weekly and as needed.

Section 654. Cribs

- A. Cribs shall be provided for children from birth through 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot, rest mat, or bed.
- B. Cribs shall not be used as a play space for infants.
- C. Cribs shall:
 - 1. Meet the standards established by **KS ISO 7175-1:2019** of the Kenya Bureau of Standards (KEBS) at the time they were manufactured;
 - 2. Not have been recalled;
 - 3. Have no more than six centimetres of space between slats;
 - 4. Have mattresses that fit snugly next to the crib so that no more than two fingers can be inserted between the mattress and the crib;
 - 5. Not have end panel cutouts of a size to cause head entrapment; and
 - 6. Not have mesh sides.
- D. Double-deck cribs shall not be used.
- E. Crib bumper pads shall not be used.
- F. Crib sides shall always be up and the fastenings secured when a child is in the crib, except when the caregiver is giving the child immediate attention.

Section 656. Linens

- A. Cribs, cots, rest mats, and beds when being used for sleeping or napping by children other than infants shall have linens consisting of a top cover and a bottom cover or a one-piece covering that is open on three edges.
- B. Cribs when being used by infants shall have a tight-fitting bottom cover.
- C. Linens shall be assigned for individual use.
- D. Linens shall be clean and washed at least weekly or when soiled.
- E. Clean linens shall be used each time a child rests on the bed of a family member.
- F. No soft bedding of any kind shall be used under or around infants including, but not limited to, pillows, quilts, comforters, sheepskins, or stuffed toys.
- G. Children under two years of age shall not use pillows or filled comforters.
- H. Pillows, when used for children over two years of age, shall be assigned for individual use and covered with pillowcases.
- I. Mattresses, when used, shall be covered with a waterproof material that can be cleaned and sanitised.

Section 658. Infant and toddler equipment

- A. Infant carrier seats, swings, strollers, feeding or activity tables, and high chairs shall be used according to the manufacturer's instructions and when occupied by a child, a safety strap shall be used and securely fastened.
- B. Infant walkers shall not be used.

Section 660. Play pens

A play pen where used shall:

1. Have either mesh netting with mesh holes smaller than 4 cm or slats no more than 6 cm apart;
2. Have a firm floor with a secured, waterproof pad that is not more than one-inch thick;
3. Have the sides up and the fastenings secured when a child is in the play pen, except when the caregiver is giving the child immediate attention;
4. Be cleaned and sanitised each day of use or more often as needed;
5. Not be occupied by more than one child;
6. Not be used for the designated sleeping area;
7. Not have torn mesh sides or vinyl-covered or fabric-covered rails, protruding rivets on the rails, or broken hinges;
8. Not contain any pillows or filled comforters;
9. Not contain large toys and other objects that can serve as a stepping stool for climbing out when a child can pull to a standing position;
10. Not be used by children who weigh 15 kg or more; and
11. Not be used by children who are 100 cm tall or taller.

PART VII. PROGRAMS AND CARE OF CHILDREN

Section 700. Supervision

- A. A caregiver shall be physically present on site and provide direct care and supervision of each child at all times. Direct care and supervision of each child includes:
1. Awareness of and responsibility for each child in care, including being near enough to intervene if needed; and
 2. Monitoring of each sleeping infant in one of the following ways:
 - a. By placing each infant for sleep in a location where the infant is within sight and hearing of a caregiver;
 - b. By in-person observation of each sleeping infant at least once every 15 minutes; or
 - c. By using a baby monitor.
- B. Caregivers shall actively supervise each child during outdoor play to minimize the risk of injury to a child.
- C. A caregiver may allow only school age children to play outdoors while the caregiver is indoors if the caregiver can hear the children playing outdoors.
- D. Infants shall be protected from older children.
- E. No child under five years of age or a child older than five who lacks the motor skills and strength to avoid accidental drowning, scalding, or falling while bathing shall be left unattended while in the bathtub.

Section 720. General requirements for programs

- A. In order to promote the child's physical, intellectual, emotional, and social well-being and growth, childcare providers and caregivers shall:
1. Talk to the child;
 2. Provide needed help, comfort, and support;
 3. Respect personal privacy;
 4. Respect differences in cultural, ethnic, and family backgrounds;
 5. Encourage decision-making abilities;
 6. Promote ways of getting along;
 7. Encourage independence and self-direction; and
 8. Use consistency in applying expectations.

Section 730. Daily activities

- A. Childcare providers and caregivers shall provide age-appropriate activities for children in care throughout the day that:
1. Are based on the physical, social, emotional, and intellectual needs of the children;

2. Reflect the diversity of enrolled children’s families, culture, and ethnic backgrounds; and
 3. Enhance the total development of children.
- B. Daily age-appropriate activities shall include:
1. Opportunities for alternating periods of indoor active and quiet play depending on the ages of the children;
 2. Opportunities for vigorous outdoor play daily, depending upon the weather, the ages, and the health of the children;
 3. Opportunities for one or more regularly scheduled rest or nap periods. Children unable to sleep shall be provided time and space for quiet play;
 4. Opportunities for children to learn about themselves, others, and the world around them;
 5. Opportunities for children to exercise initiative and develop independence in accordance with their ages; and
 6. Opportunities for structured and unstructured play time and provider-directed and child- initiated learning activities.

Section 730. Requirements for sleeping and resting

- A. Infants shall be placed on their backs when sleeping or napping unless otherwise ordered by a written statement signed by the child’s physician.
- B. An infant, toddler, or preschool child who falls asleep in a play space other than his own crib, cot, mat, or bed shall be moved promptly to his designated sleeping space if the safety or comfort of the infant, toddler, or preschool child is in question.
- C. School age children shall be allowed to nap if needed, but not forced to do so.

Section 740. Daily activities for infants and toddlers

- A. Infants and toddlers shall be provided with opportunities to:
 1. Interact with caregivers and other children in the home in order to stimulate language development;
 2. Play with a wide variety of safe, age-appropriate toys;
 3. Receive individual attention from caregivers including, but not limited to, holding, cuddling, talking, and reading; and
 4. Reach, grasp, pull up, creep, crawl, and walk to develop motor skills.
- B. Infants and toddlers shall spend no more than 30 minutes of consecutive time during waking hours, with the exception of mealtimes, confined in a crib, play pen, high chair or other confining piece of equipment. The intervening time period between confinements shall be at least one hour.

Section 750. Television, computers, videos, and video games

- A. Use of media such as, but not limited to, television, videos, video games, and computers shall be:

1. Limited to not more than a total of two hours per day; and
 2. Limited to programs, tapes, websites, and software that are produced for children or are suitable for children.
- B. Other activities shall be available to children during television or video viewing.

Section 760. Behavioural guidance

- A. Caregivers shall use positive methods of discipline. Discipline shall be constructive in nature and include techniques such as:
1. Using limits that are fair, consistently applied, appropriate, and understandable for the child's level of development;
 2. Providing children with reasons for limits;
 3. Giving positively worded direction;
 4. Modelling and redirecting children to acceptable behaviour;
 5. Helping children to constructively express their feelings and frustration to resolve conflict; and
 6. Arranging equipment, materials, activities, and schedules in a way that promotes desirable behaviour.
- B. When time out is used as a discipline technique:
1. It shall be used sparingly and shall not exceed one minute for each year of the child's age;
 2. It shall be appropriate to the child's developmental level and circumstances;
 3. It shall not be used with infants or toddlers;
 4. The child shall be in a safe, lighted, well-ventilated place, and within sight and sound of a caregiver; and
 5. The child shall not be left alone inside or outside the home while separated from the group.

Section 770. Forbidden actions.

The following acts or threats thereof are forbidden:

1. Physical punishment including, but not limited to, striking a child, roughly handling or shaking a child, biting, pinching, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment;
2. Enclosure in a small, confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play pens, high chairs, and safety gates when used for their intended purpose with children preschool age or younger;
3. Punishment by another child;
4. Withholding or forcing of food, water, or rest;
5. Verbal remarks that are demeaning to the child;
6. Punishment for toileting accidents; and

7. Punishment by applying unpleasant or harmful substances.

Section 780. Parent notifications

- A. Caregivers shall provide information daily to parents about the child's health, development, behaviour, adjustment, or needs.
- B. The provider shall give parents prior notice when a substitute provider will be caring for the children.
- C. Caregivers shall notify parents when persistent behavioural problems are identified and such notification shall include any disciplinary steps taken in response.
- D. The provider shall notify the parent immediately when the child:
 1. Has a head injury or any serious injury that requires emergency medical or dental treatment;
 2. Has an adverse reaction to medication administered;
 3. Has been administered medication incorrectly;
 4. Is lost or missing; or
 5. Has died.
- E. The provider shall notify a parent the same day whenever first aid is administered to the child.
- F. When a child has been exposed to a communicable disease listed in the Ministry of Health's notifiable diseases, the childcare provider shall promptly inform the County Public Health Officer or the nearest health facility, as required under the Public Health Act (Cap 242). In consultation with the relevant health authorities, the provider shall then inform parents or guardians of affected children of any potential exposure and the recommended preventive measures. Notification to parents should occur as soon as reasonably possible, and immediately in the case of life-threatening diseases.
- G. Parents shall be informed of any changes in the home's emergency preparedness and response plan.
- H. Except in emergency evacuation or relocation situations, the provider shall inform the parent and have written permission as required by Section [1200] whenever the child will be taken off the premises of the childcare facility, before such occasion.
- I. If an emergency evacuation or relocation is necessary, the parent shall be informed of the child's whereabouts as soon as possible.

Section 790. Swimming and wading activities

- A. The level of supervision by caregivers required in Section [700] and the point system as outlined in Section [710] shall be maintained while the children are participating in swimming or wading activities.
- B. The childcare facility shall annually obtain:
 1. Written permission from the parent of each child who participates in swimming or wading activities, and
 2. A written statement from the parent advising of a child's swimming skills before the child is allowed in water above the child's shoulder height.

- C. Caregivers shall have a system for accounting for all children in the water.
- D. Outdoor swimming activities shall occur only during daylight hours.
- E. When one or more children are in water that is more than 50 centimetres deep in a pool, lake, or other swimming area on or off the premises of the childcare facility:
 - 1. A minimum of least two caregivers shall be present and able to supervise the children; and
 - 2. An individual currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding shall be on duty supervising the children participating in swimming or wading activities at all times. The certification shall be obtained from an accredited and nationally recognised organisation. .

PART VIII. PREVENTING THE SPREAD OF DISEASE

Section 800. Exclusion of sick children.

- A. Unless otherwise approved by a child's health care professional, a child shall be excluded from the childcare facility if he has:
1. Both fever and behaviour change. A fever means oral temperature over 38°C or armpit temperature over 37°C;
 2. Diarrhoea (more watery, less formed, more frequent stools not associated with a diet change or medication). Children in diapers who develop diarrhoea shall be excluded, and children who have learned to use the toilet, but cannot make it to the toilet in time, shall also be excluded;
 3. Recurrent vomiting (vomiting two or more times in 24 hours); or
 4. Symptoms of a communicable disease as identified by the Ministry of Health's current communicable disease chart.
- B. If a child needs to be excluded according to subsection A of this section, the following shall apply:
1. The parents or designated emergency contact shall be contacted immediately so that arrangements can be made to remove the child from the home as soon as possible; and
 2. The child shall remain in a quiet, designated area and the caregiver shall respond immediately to the child until the child leaves the home.

Section 810. Hand washing

- A. Caregivers shall wash their hands with liquid soap and warm running water:
1. When their hands are dirty;
 2. After toileting;
 3. Before preparing and serving food;
 4. Before feeding or helping children with feeding;
 5. After contact with any body fluids;
 6. After handling or caring for animals;
 7. After handling raw eggs or meat; and
 8. After diapering a child or assisting a child with toileting.
- B. Caregivers shall ensure that children's hands are washed with liquid soap and warm running water:
1. When their hands are dirty;
 2. Before eating;
 3. After toileting or diapering;
 4. After handling or caring for animals; and
 5. After contact with any body fluids.

Section 820. Diapering and toileting

- A. A child shall not be left unattended on a changing table during diapering.
- B. When a child's clothing or diaper becomes wet or soiled, the child shall be cleaned and changed immediately.
- C. During each diaper change or after toileting accidents, the child's genital area shall be thoroughly cleaned with a moist disposable wipe or a moist, clean individually assigned cloth, if the child is allergic to disposable wipes.
- D. The diapering surface shall be:
 - 1. Separate from the kitchen, food preparation areas, or surfaces used for children's activities;
 - 2. Non-absorbent and washable; and
 - 3. Cleaned and sanitised after each use.
- E. Soiled disposable diapers and wipes shall be disposed of in a leak-proof or plastic-lined storage system that is either foot operated or used in such a way that neither the caregiver's hand nor the soiled diaper or wipe touches the exterior surface of the storage system during disposal.
- F. When cloth diapers are used, a separate leak-proof storage system as specified in subsection E of this section shall be used.
- G. Children five years of age and older shall be permitted privacy when toileting.
- H. Caregivers shall respond promptly to a child's request for toileting assistance.
- I. The provider shall consult with the parent before toilet training is initiated.
- J. Toilet training shall be relaxed and pressure free.
- K. There shall be a toilet chair or an adult-sized toilet with a platform or steps and adapter seat available to a child being toilet trained.
- L. Toilet chairs, when used, shall be emptied promptly, cleaned and sanitised after each use.

PART IX. MEDICATION ADMINISTRATION

Section 900. General requirements for medication administration.

- A. Prescription and nonprescription medications shall be given to a child:
 - 1. According to the home's written medication policies; and
 - 2. Only with written authorisation from the parent.
- B. The parent's written authorisation for medication shall expire or be renewed after 10 working days.

EXCEPTION: Long-term prescription and nonprescription drug use may be allowed with written authorisation from the child's physician and parent.

- C. When an authorisation for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorisation. Medications that are not picked up by the parent within 14 days shall be taken to a pharmacy for proper disposal.

Section 910. Prescription medication

The childcare facility may administer prescription medication that would normally be administered by a parent or guardian to a child provided:

- 1. The medication is administered by a caregiver who meets the requirements in Section [370A];
- 2. The caregiver administers only those drugs that were dispensed from a pharmacy and maintained in the original, labelled container; and
- 3. The caregiver administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration.

Section 920. Non-prescription medication

- A. The childcare facility may administer nonprescription medication provided the medication is:
 - 1. Administered by a caregiver 18 years of age or older who meets the requirements in Section [370 A];
 - 2. Labelled with the child's name;
 - 3. In the original container with the manufacturer's direction label attached; and
 - 4. Given only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication.
- B. Nonprescription medication shall not be used beyond the expiration date of the product.

Section 930. Storage of medication

- A. Medications for children in care shall be stored separately from medications for household members and caregivers.
- B. When needed, medication shall be refrigerated.
- C. When medication is stored in a refrigerator used for food, the medications shall be stored together in a container or in a clearly defined area away from food.
- D. Medication, except for those prescriptions designated otherwise by a written physician's order, including refrigerated medication and medications for caregivers and household members, shall be kept in a locked place using a safe locking method that prevents access by children.
- E. If a key is used, the key shall be inaccessible to the children.

Section 940. Medication records.

The provider shall keep a record of prescription and nonprescription medication given children, which shall include the following:

- 1. Name of the child to whom medication was administered;
- 2. Amount and type of medication administered to the child;
- 3. The day and time the medication was administered to the child;
- 4. Name of the caregiver administering the medication;
- 5. Any adverse reactions; and
- 6. Any medication administration error.

Section 950. Topical skin products

- A. When topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent are used, the following requirements shall be met:
 - 1. Written parent authorisation noting any known adverse reactions shall be obtained at least annually;
 - 2. The product shall be in the original container and, if provided by the parent, labelled with the child's name;
 - 3. Manufacturer's instructions for application shall be followed; and
 - 4. Parents shall be informed immediately of any adverse reaction.
- B. The product does not need to be kept locked, but shall be inaccessible to children.
- C. Caregivers without medication administration training may apply the product unless it is a prescription medication, in which case the storing and administration must meet prescription medication requirements of this chapter.
- D. The product shall not be used beyond the expiration date of the product.
- E. Sunscreen shall have a minimum sunburn protection factor (SPF) of 15.

Part X. EMERGENCIES

Section 1000. First aid and emergency medical supplies

- A. The following emergency supplies shall be in the childcare facility, accessible to outdoor play areas, on field trips, in vehicles used for transportation and wherever children are in care:
1. A first aid kit that contains at a minimum:
 - a. Scissors;
 - b. Tweezers;
 - c. Gauze pads;
 - d. Adhesive tape;
 - e. Adhesive bandages, assorted sizes;
 - f. Antiseptic cleaning solution or pads;
 - g. Digital thermometer;
 - h. Triangular bandages;
 - i. Single use gloves such as surgical or examination gloves;
 - k. First aid instructional manual.
 2. An ice pack or cooling agent.
- B. The first aid kit shall be readily accessible to caregivers and inaccessible to children.

Section 1010. Emergency information

- A. The emergency contact information listed in Section [230 B 2] and the parent's written authorisation for emergency medical care as required by Section [230 B 8] shall be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.
- B. Annually, the provider shall:
1. Review with the parent the emergency contact information required in Section [230 B 2] to ensure the information is correct, and
 2. Obtain the parent's signed acknowledgment of the review.

Section 1020. Posted telephone numbers

The following telephone numbers shall be posted in a visible area close to the telephone:

1. A 999, 112, 911 or local dial number for police, fire, and emergency medical responders;
2. The responsible person for emergency backup care as required in Section [1030 A 3]; and
3. The local poison control centre or closest health centre or hospital.

Section 1030. Emergency preparedness and response plan

- A. The childcare facility shall have a written emergency preparedness and response plan that:
 - 1. Includes emergency evacuation, emergency relocation, and shelter-in-place procedures;
 - 2. Addresses the most likely to occur scenarios, including but not limited to fire, severe storms, flooding, tornadoes, and loss of utilities; and
 - 3. Includes provisions for a responsible person who is 18 years of age or older and is able to arrive at the childcare facility within 10 minutes for emergency backup care until the children can be picked up by their parents.
- B. The provider shall review the emergency plan at least annually and update the plan as needed. The provider shall document in writing each review and update to the emergency plan.
- C. The provider shall ensure that each caregiver receives training regarding the emergency evacuation, emergency relocation, and shelter-in-place procedures by the end of his first week of assuming job responsibilities, on an annual basis, and at the time of each plan update.

Section 1040. Evacuation and shelter-in-place procedures

- A. Evacuation procedures shall include:
 - 1. Methods to alert caregivers and emergency responders;
 - 2. Designated primary and secondary routes out of the building;
 - 3. Designated assembly point away from the building;
 - 4. Designated relocation site;
 - 5. Methods to ensure all children are evacuated from the building and, if necessary, moved to a relocation site;
 - 6. Methods to account for all children at the assembly point and relocation site;
 - 7. Methods to ensure essential documents, including emergency contact information, medications, and supplies are taken to the assembly point and relocation site;
 - 8. Method of communication with parents and emergency responders after the evacuation; and
 - 9. Method of communication with parents after the relocation.
- B. Shelter-in-place procedures shall include:
 - 1. Methods to alert caregivers and emergency responders;
 - 2. Designated safe location within the home;
 - 3. Designated primary and secondary routes to the safe location;
 - 4. Methods to ensure all children are moved to the safe location;
 - 5. Methods to account for all children at the safe location;

6. Methods to ensure essential documents, including emergency contact information, and supplies are taken to the safe location; and
7. Method of communication with parents and emergency responders.

Section 1050. Emergency response drills.

- A. The emergency evacuation procedures shall be practiced monthly with all caregivers and children in care during all shifts that children are in care.
- B. Shelter-in-place procedures shall be practiced a minimum of twice per year.
- C. Documentation shall be maintained of emergency evacuation and shelter-in-place drills that includes:
 1. Identity of the person conducting the drill;
 2. The date and time of the drill;
 3. The method used for notification of the drill;
 4. The number of caregivers participating;
 5. The number of children participating;
 6. Any special conditions simulated;
 7. The time it took to complete the drill;
 8. Problems encountered, if any; and
 9. For emergency evacuation drills only, weather conditions.
- D. Records of emergency evacuation and shelter-in-place drills shall be maintained for one year.

Section 1060. Injury records

- A. The provider shall record in the child's record an injury or accident sustained by a child while at the childcare facility that requires first aid or emergency medical or dental treatment.
- B. The information recorded shall include the following:
 1. Date and time of injury;
 2. Name of injured child;
 3. Type and circumstance of the injury;
 4. Caregiver present and action taken;
 5. Date and time when parents were notified;
 6. Any future action to prevent recurrence of the injury;
 7. Caregiver and parent signatures or two caregiver signatures; and
 8. Documentation on how the parent was notified.

Section 1070. Reports to department

- A. The provider shall report to the department within 24 hours of the circumstances surrounding the following incidents:
 1. Lost or missing child when local authorities have been contacted for help;

2. Serious injury to a child while under the childcare facility's supervision; and
 3. Death of a child while under the childcare facility's supervision.
- B. A written report shall be completed and submitted to the department within five working days of the date the incident occurred.

Section 1080. Reports of suspected child abuse or neglect and disease outbreaks

- A. A caregiver shall immediately call the Department of Children Services whenever there is reason to suspect that a child has been or is being subjected to any kind of child abuse or neglect by any person.
- B. The provider shall immediately make or cause to be made a report of an outbreak of disease as prescribed by the Ministry of Health.

PART XI. NUTRITION

Section 1100. General requirements for meals and snacks

- A. Meals and snacks shall be served in accordance with the times children are in care, which include:
1. For childcare facilities operating less than four consecutive hours at least one snack shall be served.
 2. For childcare facilities operating four to seven consecutive hours at least one meal and one snack shall be served.
 3. For childcare facilities operating seven to 12 consecutive hours at least one meal and two snacks or two meals and one snack shall be served.
 4. For childcare facilities operating 12 to 16 consecutive hours at least two meals and two snacks or three meals and one snack shall be served.
- B. A childcare facility shall ensure that children arriving from a half-day, morning program who have not yet eaten lunch receive a lunch.
- C. The childcare facility shall schedule snacks or meals so there is a period of at least 1-1/2 hours, but no more than three hours, between each meal or snack unless there is a scheduled rest or sleep period for children between the meals and snacks.
- D. Children shall be served small-sized portions.
- E. Food shall be prepared, stored, served, and transported in a clean and sanitary manner.
- F. Leftover food shall be discarded from individual plates following a meal or snack.
- G. Tables and high chair trays shall be cleaned after each use, but at least daily.

Section 1110. Meals and snacks provided by childcare facilities

When childcare facilities provide meals or snacks, the following shall apply:

1. Childcare facilities shall follow the most recent, age-appropriate nutritional requirements prescribed by the Ministry of Health Human Nutrition and Dietetics Unit.
2. Children shall be allowed second helpings of food listed in the child care food program meal patterns.

Section 1115. Meals and snacks brought from child's home

When food is brought from home, the following shall apply:

1. The food container shall be clearly labelled in a way that identifies the owner;
2. The childcare facility shall have extra food or shall have provisions to obtain food to serve to a child so the child can have an appropriate snack or meal as

required in Section [1110] if the child forgets to bring food from home or brings an inadequate meal or snack; and

3. Unused portions of food shall be discarded by the end of the day or returned to the parent.

Section 1120. Preventing choking

A. To assist in preventing choking, food that is hard, round, small, thick and sticky, or smooth and slippery such as whole hot dogs sliced into rounds, nuts, seeds, raisins, uncut grapes, uncut raw carrots, peanuts, chunks of peanut butter, hard candy, and popcorn shall not be served to children under four years of age, unless the food is prepared before being served in a manner that will reduce the risk of choking, i.e., hot dogs cut lengthwise, grapes cut in small pieces, and carrots cooked or cut lengthwise.

B. Children shall not be allowed to eat or drink while walking, running, playing, lying down, or riding in vehicles.

Section 1130. Drinking water and fluids

A. Water shall be available for drinking and shall be offered on a regular basis to all children in care.

B. In environments of 27°C or above, attention shall be given to the fluid needs of children at regular intervals. Children in such environments shall be encouraged to drink fluids.

C. Clean individual drinking cups shall be provided daily. Children shall not be allowed to share common drinking cups.

Section 1140. Menus

When meals or snacks are provided by the childcare facility, the menu for the current one-week period shall:

1. Be dated;
2. Be given to parents or posted or placed in an area accessible to parents;
3. List any substituted food; and
4. Be kept on file one week at the childcare facility.

Section 1150. Eating utensils and dishes.

A. Eating utensils shall be appropriate in size for children to handle.

B. Chipped or cracked dishes shall not be used.

- C. Eating utensils and dishes shall be properly cleaned by prerinsing, washing, and air drying, or using a dishwasher.
- D. Eating utensils and dishes shall be stored in a clean dry place, and protected from contamination.
- E. If disposable eating utensils and dishes are used, they shall be sturdy enough to prevent spillage or other health and safety hazards.
- F. Disposable utensils and dishes shall be used once and discarded.

Section 1160. Food storage

- A. Temperatures shall be maintained at or below 4°C in refrigerator compartments and at or below -170°C in the freezer compartments.
- B. The provider shall have an operable thermometer available to monitor refrigerator and freezer compartment temperatures.
- C. All perishable foods and drinks used for children in care, except when being prepared and served, shall be kept in the refrigerator.

Section 1170. Milk

- A. All milk and milk products shall be pasteurized.
- B. Powdered milk shall be used only for cooking.

Section 1180. Feeding infants

- A. Infants shall be fed on demand unless the parent provides other written instructions.
- B. Infants who cannot hold their own bottles shall be picked up and held for bottle feeding. Bottles shall not be propped.
- C. High chairs, infant carrier seats, or feeding tables with safety waist and crotch straps fastened according to the manufacturer's instructions shall be used for children under 12 months of age who are not held while being fed.
- D. Infant formula shall be prepared according to the manufacturer's or physician's instructions.
- E. Bottles shall be refrigerated and labelled with the child's full name and the date, if more than one infant is in care.
- F. Refrigerated bottles of prepared formula and breast milk shall be discarded after 48 hours if not used.
- G. Bottles shall not be heated in a microwave oven.
- H. To avoid burns, heated formula and baby food shall be stirred or shaken and tested for temperature before being served to children.
- I. A child's mother shall be granted access to a private area of the childcare facility to facilitate breast feeding.

- J. Solid foods shall:
 - 1. Not be fed to infants less than four months of age without parental consent; and
 - 2. Be fed with a spoon, with the exception of finger foods.
- K. Baby food shall be served from a dish and not from the container.
- L. Baby food remaining in:
 - 1. A serving dish shall be discarded;
 - 2. Opened containers, from which a portion has been removed, shall be refrigerated and labelled with the child's full name and the date, if more than one infant is in care; and
 - 3. Opened containers stored in the refrigerator shall be discarded if not consumed within 24 hours of storage.

PART XII. TRANSPORTATION

Section 1200. Written permission for transportation and field trips

- A. General written permission shall be obtained from the parent of each child for the provider to take the child off the premises of the childcare facility. The general written permission shall be on a form that lists regularly scheduled trips (e.g., library, store, playground) and the driver, if the child is to be transported.
- B. Special written permission shall be obtained from the parent of each child for the provider to take the child on special field trips (those not regularly scheduled). The written special permission shall specify destination, duration of trip, and driver, if the child is to be transported.

Section 1210. Requirements for drivers

- A. Drivers must be 18 years of age or older.
- B. The provider shall ensure that during transportation of children the driver has:
1. A valid driver's license;
 2. The name, address, and telephone number of the childcare facility;
 3. A copy of the parent's written permission to transport the child;
 4. A copy of each child's emergency contact information as required in Section [230 B 2];
 5. Emergency supplies as required in Section [1000]; and
 6. A cellular phone for making telephone calls to emergency responders and parents.

Section 1220. Requirements for vehicles

The childcare facility shall ensure that the vehicle used for transportation:

1. Meets the safety standards set by the National Transport Safety Authority;
2. Is kept in satisfactory condition to assure the safety of children;
3. Is licensed and insured according to the Kenyan law;
4. Was manufactured for the purpose of transporting people seated in an enclosed area; and
5. Has seats that are attached to the floor.

Section 1230. Requirements for transportation

The childcare facility shall ensure that during transportation of children:

1. Each child is in an individual car seat or individual and appropriate restraint in accordance with the Kenyan law;
2. Each child's arms, legs, and head remain inside the vehicle;
3. Doors are closed properly and locked unless locks were not installed by the manufacturer of the vehicle;
4. No child is left unattended inside or outside a vehicle; and
5. Each child boards and leaves the vehicle from the curb side of the street.

PART XIII. NIGHTTIME CARE

Section 1300. Nighttime care

- A. For nighttime care during which a child sleeps more than two hours, the following is required:
1. A child shall have a rest area that meets the requirements of Section [652] of these Standards;
 2. An infant shall have an individual crib that meets the requirements of Section [654] of these Standards; and
 3. Linens shall be provided that meet the requirements in Section [656] of these Standards.
- B. For children in nighttime care, quiet activities and experiences shall be available immediately before bedtime.
- C. Providers shall establish a bedtime schedule for a child in consultation with the child's parent.
- D. Separate sleeping and dressing areas shall be provided for children of the opposite sex over six years of age.
- E. Each child shall have a toothbrush, and a comb or hair brush assigned for individual use.
- F. Each child nine months of age or older shall have flame-resistant or snug-fitting sleepwear.
- G. Bath towels and washcloths, when used, shall be assigned for individual use and laundered as needed, but at least weekly.
- H. A child shall have a routine that encourages good personal hygiene practices including bathing (if needed) and teeth brushing.
- I. Caregivers shall remain awake until all children are asleep and shall sleep on the same floor level as the children in care.
- J. A baby monitor shall be used if the caregiver is not sleeping in the room with the child or in a room adjacent to the room where the child is sleeping.

PART XIV SPECIAL NEEDS CHILD DAY PROGRAMS

Section 1400. Care of a child with special needs

- A. Caregivers shall provide a child with special needs with the care and activities recommended in writing by a physician, psychologist, or other professional who has evaluated or treated the child.
- B. The written recommendation shall:
 - 1. Include instructions for any special treatment, diet, or restrictions in activities that are necessary for the health of the child; and
 - 2. Be maintained in the child's record.
- C. The provider shall ensure the environment is appropriate for the child based on the plan of care and shall instruct other caregivers in the proper techniques of care.
- D. A caregiver shall perform only those procedures and treatments for which he has the necessary training, experience, credentials, or license to perform.
- E. Staffing shall be appropriate and adequate to meet the specific physical and developmental needs of a child with special needs in care.
- F. The provider and the parent of the child with special needs shall mutually determine a recommendation for the level of staffing necessary to care for and supervise the child based on the child's chronological and functional age and degree of disability.
- G. Within 30 days of the child's enrolment, the provider shall provide the department's representative a written recommendation for the level of staffing necessary to care for and supervise the child.
- H. The department shall make the final decision regarding level of staffing or any capacity limitations necessary to care for, supervise, and protect all children in care when a child with special needs is receiving care.
- I. The parent, provider, and department's representative shall review the staffing requirements annually.
- J. A separate area shall be provided for the purpose of privacy for diapering, dressing, and other personal care procedures for a child above age three with special needs who requires assistance in these activities.

Section 1410. Staff-to-children ratio requirements for therapeutic and special needs program staff

- A. For therapeutic child day programs, in each grouping of children of preschool age or younger, the following ratios of staff to children are required according to the special needs of the children in care:
 - 1. For children with severe and profound disabilities, multiple special needs, serious medical need, or serious emotional disturbance: one staff member to three children.

2. For children diagnosed as having an intellectual disability with significant sub- average intellectual functioning and deficits in adaptive behaviour, or with physical and sensory disabilities, or with autism: one staff member to four children.
 3. For children diagnosed as having an intellectual disability in the mild range of development, children with a developmental delay, or children diagnosed with attention deficit/hyperactivity disorder (ADHD): one staff member to five children.
 4. For children diagnosed with specific learning disabilities: one staff member to six children.
 5. When children with varied special needs are included in a group, the staff-to-children ratio applicable to the child with the most significant special need in the group shall apply to the entire group.
 6. Whenever Section 510 B requires more staff than Section 1410 A because of the children's ages, Section 510 B shall take precedence over Section 1410 A.
- B. For therapeutic child day programs, in each grouping of school age children, the following ratios of staff to children are required according to the special needs of the children in care:
1. For children with severe and profound disabilities, autism, multiple special needs, serious medical need, or serious emotional disturbance: one staff member to four children.
 2. For children diagnosed as having an intellectual disability with significant sub- average intellectual functioning and deficits in adaptive behaviour, or with physical and sensory disabilities, ADHD, or other health impairments: one staff member to five children.
 3. For children diagnosed as having an intellectual disability in the mild range of development, or developmentally delayed: one staff member to six children.
 4. For children diagnosed with specific learning disabilities or speech or language impairments: one staff member to eight children.
 5. When children with varied special needs are included in a group, the staff-to-children ratio applicable to the child with the most significant special need in the group shall apply to the entire group.

Section 1420. Daily activities for special needs children

For a child in a therapeutic child day program, daily activities shall be in accordance with the program's individual plan for such child.

Section 1430. Special feeding needs

- A. The consistency of food provided for a child with special needs shall be appropriate to any special feeding needs of the child.
- B. Necessary and adaptive feeding equipment and feeding techniques shall be used for a child with special feeding needs.

