Design Guide

The design of day nurseries with particular reference to District General Hospitals

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About this publication

This report gives guidance for the design and setting up of day nursery facilities offering 10-40 places. It recognises that good quality nursery care must take into account:

- Health and safety
- The nature of the physical environment
- The display of appropriate equipment and toys
- Interaction between children
- The relationship between children and supervising adults

Whilst it is directed principally at District General Hospitals, the report embraces broad design principles that can also be applied to day nurseries in other sectors.

As a design guide it is intended to support existing publications on day nursery management and child development issues (see Bibliography); it should be seen as complementing requirements laid down by the relevant local authority.

The term “day nursery” is here used to describe nursery facilities for under-fives attending on a full or half-day basis and receiving at least one meal. Guidelines for creches - which provide occasional day or sessional care for shorter hours - differ in some respects and are therefore not dealt with here.
Acknowledgements

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Photographs and illustrations in the text

Photographs are by Charles-Jones Park & Miers unless otherwise stated.

Cover: Bermondsey Community Nursery
Architects: Conran Roche.

1. Bermondsey Community Nursery
Architects: Conran Roche.

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Architects: Greenhill Jenner.
Photo: Rupert Truman.

Architects: Triangle.
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1.0 Background

In recent years social changes have stimulated an increasing interest in and demand for day nursery provision. Changes in the demographic structure, growth in the number of single parent families, increased awareness of equal opportunities and increased awareness of training costs and the importance of staff retention are all contributors to this trend. Both public and private sector employers are responding to this demand.

Governmental policy is to encourage the provision of day nursery facilities for children under the age of five by the private and voluntary sectors*. A local authority is obliged to provide day care for children in need and those with special educational needs, but the provision of nursery places is otherwise discretionary.

The standards required for day nursery premises and the staffing of them are regulated by the local authority social services departments, and not by fixed national criteria. Local authorities establish their own guidelines with reference to governmental circulars. This has led to differences in the design and the running of nurseries between one local authority and another. Governmental guidance has been given through the issue of circulars as follows: Ministry of Health Circulars 5/65, 36/68, 37/68, Department of Health and Social Security Circulars LASSL(76)3, (76)5, (78)1, Department of Education and Science Circulars Design Note 1/68, 2/73.

Recently, as a result of the Children’s Act 1989, the Department of Health (DH) issued a series of guidance documents related to day care and educational services for pre-school children. The Childrens Act 1989: Guidance on Family Support and Daycare Services provides the new DH guidance and supersedes MoH 5/65, 36/68, 37/68, DHSS LASSL(76)3 and DES 2/73.

Conscious of the anomaly of the different standards being applied to day nurseries by different local authorities and in response to requests from social services under fives departments for standardised guidance to meet the current surge in demand, the National Children’s Bureau (NCB) Under Fives Unit has also issued a guidance document, ‘Young Children in Group Day Care: Guidelines for Good Practice’.

While the above documents deal with the broad issues of provision of day nurseries, they are Intended as guidance for the local authority social services under fives officers in assessing the suitability of the nursery for registration

* Department of Health Consultation Paper No. 2, Policy and Standards of Day Care, June 1990

1.1 Methodology

This report has been prepared following a period of research involving the analysis of existing publications, the visiting and appraising of a selectron of existing day nurseries and the issuing and analysis of a questionnaire to a sample of District General Hospitals (DGHs).

1.1.1 Analysis of existing publications

The research material listed in the Bibliography includes material relating to both the design and the management of nurseries, and general issues of the development and care of children aged under five. No detailed and comprehensive information for the design of day nurseries has been found, although a number of documents cover broader issues. All recommendations made below are in agreement with the general statements to be found in the DH and NCB documents unless otherwise stated.

1.1.2 Appraisal of existing day nurseries

A total of 15 nurseries were visited and appraised against a prepared check list, and a further two were interviewed by telephone. The sample was selected through contact with local authority social services officers, DGH personnel
managers and an analysis of publications. It was drawn up to include a diversity of types as follows:

- new buildings and conversions
- private and local authority nurseries
- nurseries associated with a health authority, a District General Hospital, an employer or a community
- nurseries providing facilities for children with disabilities.

1.1.3 Analysis of questionnaire

Questionnaires were sent out to 32 DGHs.

From the results, 21 hospitals were identified as having nursery facilities of some sort for staff. This includes other hospitals than those that received a questionnaire. Details of management, charges and subsidy, ages of children and opening hours vary within these existing nurseries. Either private nursery management companies or health authority staff are managing the facilities, with no particular conclusions to be drawn for a preference for one or other method.

Some hospitals expect the nursery to pay for itself (and possibly generate income from spare spaces contracted out), while others subsidise the cost.

The ages of the youngest babies accepted vary from 6 weeks to 6 months and all nurseries continue up to 5 year olds. Opening hours also vary. Opening times may be between 7.00 and 8.30 a.m.; closing times between 5.30 and 10.00 p.m.

Of the benefits and disadvantages of having such a facility the following were noted in replies to the questionnaire:

**Benefits:**

- retention of staff
- recruitment
- improving staff morale
- being seen as a caring employer
- promoting equal opportunities.

**Disadvantages:**

- management time to set up and organise
- cost of setting up
- cost of running
- problem of allocating places
- loss of accommodation (where an existing building was converted from another use).
2.0 Introduction

2.1 Overview

It is important that at all stages in the design and setting up of a day nursery, the project should be considered as an opportunity to create a positive, child-centred environment that can encourage and enhance physical, social and intellectual development, and allow the nursery staff a rewarding and valued role in their interaction with, and support of, the children.

The nursery premises themselves are an important element in creating an appropriate environment for the support of a child. The National Children’s Bureau Under Fives Unit* notes that “research has shown that the physical environment affects people’s behaviour, and in the case of children, also their development. The arrangement of space and materials in the nursery affects children’s concentration and involvement in activities, and the kind of interaction adults have with the children.”

Similarly the Department of Health** states “good quality care and education are alike beneficial to the development of the child” and the factors identified that contribute to produce this good quality and have a dependence, all or in part, on the building include:

- the nature of the adult/child interaction
- the nature of the interaction between children/peers
- attention to health and safety and the type of physical environment
- appropriate equipment/toys, well displayed and organised.

The recommendations that follow should be considered as general guidance. It is hoped that this will stimulate ingenious and innovative consideration of the nursery environment. It is also hoped that parents and nursery management will be involved in the preparation of the design brief.

* NCB Young Children in Group Daycare. Jan 1990.
** DH Children Act 1989. Consultation Paper No.2
3.0 Children, age and number

3.1 User groups

It is anticipated that the DGH day nursery will be available to all hospital staff, and may also be available to other health authority staff.

There may be circumstances where the nursery also has places available to outside members of the local community or businesses, This could arise where the venture is jointly funded between the health authority and a private company with an agreed allocation of places between the parties. Or it may arise where some of the places created by the health authority are vacant and can be filled, possibly on a temporary basis, by other parties in order to maintain the operating efficiency of the nursery.

3.2 Attendance

A child-centred approach may require flexibility in attendance hours, and will need to achieve a balance between the benefit to the child, the needs of the parent and the practicalities of running the nursery.

The nurseries surveyed showed a diversity of attendance patterns. Some had solely full-day places, some mostly half-day places.* The majority of children are likely to attend for a full day, five days a week (see 4.1 for Opening Hours). The number of places available for half-day attendance will depend on the nursery and hospital management policy.* Half-day attendance allows a greater number of children and parents to benefit from the facility, but may have disadvantages; it may be difficult to structure a curriculum of activities that simultaneously suits and stimulates children attending for a full day, and those attending just for the morning or just for the afternoon; it may not always suit parents' working hours; it will create additional administration for the nursery manager; it may have cost implications.**

Most places will be allocated on a long-term basis with a child graduating through to school age. Some places may be kept available at short notice to suit short term staffing arrangements.

* The 24 place day nursery at Damers Hospital, West Dorset HA, has 50 children on the register with only four full-time.
** Babies all require their own linen, bottles etc. Half-day baby places will therefore require more storage and generate an increase in laundry

3.3 Age

The decision regarding the proposed age groups and range must be made before design work proceeds, as it will form an essential part of the design brief. This will need to be decided through discussion between the nursery manager, the personnel manager and the local authority social services under fives unit. It may also be researched among existing staff in any initial assessment of demand (see 3.4.1).

3.3.1 Youngest

Of the nurseries visited as part of this study that accepted babies, some accepted them only at six months and some at 6 weeks. There is a continuing debate regarding the youngest age at which children should be accepted into a day nursery.

On the one hand consideration of the bond between mother and child may give a preference for the youngest age being six months. At this age the child may be breast feeding for one feed in the morning and one feed at night, and this will therefore not be disturbed by
attending a day nursery. Statutory maternity leave provides for this possibility since a mother is entitled to return to her job up to 29 weeks after the birth.

On the other hand, Statutory Maternity Pay is maintained for only 18 weeks, which includes the period before and after confinement. The 18 week period can be commenced a maximum of 11 weeks (or a minimum of 6 weeks) before the anticipated date of birth, which leaves 7 weeks (or 12 weeks) of continuing pay after the birth. This therefore introduces a pressure for nurseries to accept babies from 6 weeks old. Some employers are known to extend the period of the mother continuing to be paid, paying half salary for the period from the end of the statutory maternity pay up until to six months after the date of birth.

Concern for the effect of the separation of babies and parents is often voiced, but research studies are inconclusive. The Department of Health* notes that “Research findings (regarding the effect of non-parental care of babies and toddlers) are not conclusive and are subject to different interpretations.”

3.3.2 Oldest
The nursery will generally cater for children up to school age. This will be the age of five, although some local authorities accept four year olds (rising fives) into the reception class.

3.3.3 Age groupings
Ages are generally considered in three categories: Babies (0-1), Toddlers (1-2) and Children (2-5). Many nursery managers separate children into these age groupings, allowing some flexibility for developmental variations. “Family” groupings of mixed ages are an alternative. When the nursery is registered by the local authority social services (see 8.3) a set allocation will be specified in each of these age categories. The number of places available in any particular age range will need to be established at an early stage of the design, and will be a management decision related to staff demand, recruitment and finances (see below).

In all areas surveyed there was found to be a strong demand for places for babies (0-1) and toddlers (1-2). However, many existing nurseries cater only for 2-5 year olds or have an insufficient number of places for under-2s. There appears therefore to be a mismatch between demand and provision. This may be due to a number of factors:

- staffing: a higher ratio of staff to children is required for 0-2s (See 4.3.1). This has the effect of increasing the cost per place for that age group. Some private nurseries meet this problem by creating a two tier charging structure whereby the charge per place for a child under 2 is higher to reflect that extra cost. The health authority and community nurseries surveyed that accepted children under two were charging the same fee regardless of the age of the child.
- premises: babies and toddlers need more facilities and space than 2-5s. Facilities such as a nappy change area and nappy storage are required, as is a milk kitchen for the preparation of sterilised feed bottles. Space standards for play space are also higher for under 2s (see 5.2.6 and Schedule of Areas in Appendix 2). These factors contribute to a higher capital cost.
- equipment: under 2s will require additional equipment such as cots, bedding and different toys that suit their developmental stages and are safe for that age group. Whereas older children learn to share toys, under 2s will often need several identical toys. This also leads to additional capital costs.
- development: it is generally recognised that from the age of around 2 to 3 upwards children benefit “in terms of their cognitive, emotional, social and physical development from taking part in group activities with other children and adults from outside the immediate family. Attendance at some form of group activity is likely to enhance confidence, maturity and Independence in young children as they reach compulsory school age.”** Younger children are less likely to interact in a group activity. As a result, priority is given to create places for older children.

- alternatives: child-minding in a home setting is often available and may be considered more suitable for under 2s. The Department of Health states that “Child-minding is commended for very young children because it is provided in a domestic setting and the child will be looked after by the same person during the day.”*** The above issues must be considered by the nursery managers in arriving at a proposed range of ages and the number of places within each group. Ideally, a day nursery should achieve a balance of all age groups, with places available from the youngest (see 3.3.1) to the oldest (see 3.3.2). This will go some way to meeting the demand for places for under 2s and allowing children to progress through from entry to school age.

3.4 Number of places
As with age, the decision regarding the number of places to be created must be made before design work proceeds since it forms an essential part of the brief.

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It is generally recommended by nursery managers that a day nursery should have a maximum of 50 places*. The restriction to this limit is intended to maintain the quality of care and staff/child interaction.

The minimum number of places is a function of practicality and efficiency. It is recommended that 10 places should be considered a minimum.

With the larger nurseries there is an increase in efficiency of scale that will reduce the overall area per child and hence the cost per place from that for the smaller nurseries (see Appendix, Schedule of Areas).

The proposed number of places to be created will be determined by the following factors:

- demand
- premises
- funding.

3.4.1 Demand

This must be considered at the earliest stage of the project and involves a combination of the following:

- **Staff survey**: a survey of existing staff can establish current interest and can anticipate interest in the immediate future from existing employees. The survey should establish the demand within each of the three age categories (see 3.3.3), and may need to provide an indication of anticipated charges. Where the hospital has a staff bank of trained personnel available for temporary work at short notice they should also be consulted. Staff may well plan their family around the availability of a nursery space.

- **Recruitment evaluation**: as well as the demand from existing staff additional places may be required that can be held open at the discretion of the personnel manager for assisting in recruitment.

- **Future staffing strategy**: an evaluation of future demand must be made in the context of the changing demographic structure at national and district levels.

- **Size of hospital**: few District General Hospitals already have associated day nurseries, but of those that do, the number of places is generally between

* The Department of Health Consultation Paper No.2 considers that "there is insufficient Information available on which to base a recommendation about the maximum number of places." The NCB also considers that there may be circumstances where a figure of 50 places might be exceeded, provided that appropriate sub-groups are formed.
5-7% of the number of beds provided for within the hospital. A 600 bed hospital might therefore have a nursery of between 30-40 places, or an 800 bed hospital between 40-50 places. However, these existing facilities generally have substantial waiting lists, and the size may therefore not be indicative of demand.

3.4.2 Premises
The proposed location of the premises may itself restrict the possible number of places. The alternative locations are likely to be as follows (see also 5.1):

- **within a new building in the hospital grounds:** will have no effect on the number of places.

- **within a converted existing building in the hospital grounds:** the building itself may restrict the number of places available. The Schedule of Areas in Chapter 9 gives proposed total areas for a new building. Since an existing building may prevent an ideal layout with optimum room sizes, an additional 5-10% of area may be required.

- **within a Nucleus template**: considerations for the other facilities within the template may restrict the area and layout available for the nursery, and hence determine the number of places available.

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3.4.3 Funding
The total finance available may itself limit the size of the nursery. As identified in 3.3 above, there are higher capital costs associated with creating places for under 2s. For a fixed budget the total number of places in a nursery that integrates all ages will therefore be less than for a nursery that accepts only 2-5s. It should be noted that economies of scale can be achieved for larger nurseries, reducing the average area per child (see Schedule of Areas in Chapter 9) thereby reducing the cost per place.

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* Refer to Appendix 1 for general information on Nucleus
4.0 Nursery management

This report does not deal with nursery management recommendations, but the following sections highlight decisions that need to be made at an early stage. They will require discussion between the nursery management, the proposed parents, and the District General Hospital (DGH) personnel manager.

4.1 Opening hours

Preferred hours of opening may relate to hospital staff shift working hours. To meet the early and late shift times, ideally the nursery should open from 7 a.m. to 7 p.m. with possible extensions to 10 p.m. Nursery staff generally consider that no child should attend longer than a ten-hour day, and a shorter eight-hour day is desirable (see also 3.3.1).

To meet these long opening hours, the nursery staff will also need to work shifts. Care will need to be taken when organizing staffing timetables in order to allow a constant staff/child relationship to be developed and maintained.

A shorter standard day of 8 a.m. to 6 p.m. is normal in private or local authority day nurseries and may be achievable by the hospital depending on the flexibility of hospital staff shifts. The shorter opening hours are also likely to be preferred by the nursery staff.

In addition to considering the opening hours in the context of the child's best interests and the staff demand, they need to be carefully assessed against the economics of the running of the nursery. The law requires that there must never be less than two members of staff present. If only one or two children are attending at the earliest and latest times, the long opening hours may prove uneconomic.

4.2 Nursery management

Nursery management is a specialist skill. The day nursery may be managed directly by the health authority or DGH with the nursery staff directly recruited and employed, or it may be contracted out to an independent nursery management company.

Due to the importance of involving the nursery management in early decisions in areas already identified such as youngest age, opening hours, etc., the alternative management options should also be considered at an early stage.

If the first option of the nursery management being health authority employees is preferred, it is recommended that unless the initiators of the project already have appropriate experience, specialist advice is sought to assist in the initial setting up. This could be through either the local authority social services under fives unit or through an independent consultancy.

If a nursery management company is to be used to manage the nursery, they will have the training and experience to assist with the early decision-making.

In both cases, matters should be clearly stated regarding the sharing of facilities between the hospital and the nursery, if any. This may include questions of food preparation and cooking facilities, cleaning staff and equipment, security staff, building and equipment maintenance, heating, lighting, telephones, landscape maintenance, laundry, rubbish disposal and services such as health inspections and first aid instruction.

Matters should also be clearly stated regarding charging structure (with identified periods for increases), subsidy (if any), admissions policy, insurance, transport, parking, length of contracts and renewal procedure for the nursery management and the building itself and any other matter of joint interest.

Relationships between the nursery management, personnel management and the hospital or health authority management committees should be established.

4.3 Staff

4.3.1 Staff/child ratio

It is generally accepted that, in a nursery, it is preferable to care for children in small, rather than large groups. This allows children to form continuous relationships with a limited number of other children and with their primary workers.* Most local authorities have in the past accepted a standard of one member of staff for every five children aged 2 - 5, and one member of staff for every three children aged 0 - 2.

* NC6 Young Children in Group Day Care Guidelines for Good Practice
The latest guidance issued by the Department of Health. Children Act 1989: Guidance on Family Support and Day Care Services, recommends the following ratios:

<table>
<thead>
<tr>
<th>Age of children</th>
<th>Staff/child ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td>1:3</td>
</tr>
<tr>
<td>2-3 years</td>
<td>1:4</td>
</tr>
<tr>
<td>3-5 years</td>
<td>1:8</td>
</tr>
</tbody>
</table>

The nursery manager must be qualified and experienced. In the case of the larger nurseries she/he should be supernumerary. The Department of Health recommend that the manager should be supernumerary if the nursery has 12 or more places; the National Children’s Bureau recommend that for more than 24 places the deputy should also be supernumerary.

There will also be a cook (part-time) and possibly a kitchen assistant if food is being prepared on the premises. Unless the services are otherwise shared with the DGH there will also need to be one or two part-time cleaners (dependent on size of nursery), a part-time handyman for minor maintenance and a gardener to maintain the outdoor areas. Temporary training staff and volunteers may supplement these numbers.

4.3.2 Staff qualifications
There are many different recognised qualifications for nursery staff, and the level of qualification required must be established at the earliest stage through contact with the local authority social services under-5s unit. Additional staff with specialist qualifications may be needed for children with special needs.

4.4 Admissions policy
Each nursery will need to establish its own admissions policy. Parents should have full information on the policy, and it should be subject to periodic ongoing evaluation in order to avoid possible discrimination. Typically, when a place becomes vacant the nursery management will first decide whether to move a child up into the vacancy, and will then establish the age of the child for which there is a place. The admissions policy will then dictate how that place is to be filled. This is likely to be one of the following alternatives, or a combination of them:

- **first come first served**: a straightforward waiting list. If some children are already attending on a half day basis, a full day place may be offered to them first.
- **recruitment and retention**: hospital management may allocate places to improve recruitment or retention for difficult-to-fill posts or groups with special skills.
- **family ties**: a brother or sister already attending the nursery may have a positive or negative affect on obtaining a further place. Siblings may be given preference.
- **social needs**: a child may have a particular need of a place where for instance a parent is handicapped or in difficult domestic circumstances.
5.0 Day nursery premises

5.1 Location

For a District General Hospital (DGH) the day nursery should preferably be located within the hospital grounds. This will be beneficial to parents through allowing contact with their child during the day, through reducing their travel time to work and through the knowledge that in the event of sickness or a child being unsettled the parent is near to hand. It will also benefit nursery staff in retaining contact with the hospital, its management and personnel staff, and contributing to a greater feeling of teamwork where the provision of a day nursery may otherwise be considered peripheral to the issues of health care.

Of the hospital and health authority nurseries visited as part of this study a number were not on hospital premises, but still operated satisfactorily. In the case of existing inner city hospitals it may not be possible to create day nursery premises within the grounds. In this instance the advantages listed above may be lost.

The nursery may be situated within the main hospital building or in a separate building. In assessing the location the following factors should be considered:

- the nursery should have a clear identity
- most nursery accommodation should be on the ground floor with adjoining outdoor play space at the same level. This allows good access for prams, wheelchairs and children on tricycles. It provides safe escape in the event fire, particularly for babies and toddlers. Social services officers may be reluctant to register premises where play areas are not confined to the ground floor unless there is particularly good means of escape in the event of a fire.
- pedestrian and vehicular access for ambulant and disabled people should be easy, and should include temporary car parking for parents dropping off children. In addition to parents, children and staff, access is required for delivery of items such as toilet rolls, nappies etc., food (if prepared on the premises), toys and equipment, disposal of rubbish etc.
- some services may be shared with the main hospital (see 4.2).
- the hospital management may wish to integrate or separate the nursery from main hospital activities. It may also be required for alternative uses such as community use at evenings or weekends, or after school-care.

5.1.1 Within the hospital building/Nucleus template*

The day nursery may be located within the hospital building. The area allocated may be established from the assessment of demand and the Schedule of Areas in Chapter 9. It may be located so as to have an entrance from the hospital street or from the circulation route within a template. It may also be possible to provide an additional entrance directly from the exterior to retain a degree of separateness.

The location of the day nursery inside the main hospital building has many advantages. There is the direct use of hospital engineering systems (heating, hot water, mechanical ventilation, electrical distribution, communications etc.) and services (kitchen, laundry etc.) as well as a complete building envelope. Locating the day nursery within the hospital may also provide a therapeutic element as a “healthy function in a sick environment”, observation of children playing perhaps in a courtyard and within view of other wards will be a positive influence on the morale of both patients and staff. It is convenient for staff on shifts to leave and pick up their children or to make visits during break periods.

There will be certain disadvantages associated with this location. The nursery will not have a separate identity, and may be less intimate and more intimidating for a child. The presence of the day nursery within the hospital will increase foot traffic through the hospital especially if children are to be delivered or collected by spouses or others rather than the member of staff. Noise will also need to be carefully considered from both internal and external activities (see 5.3.4).

5.1.2 Separate building

The nursery may be located in a separate building that may be purpose designed or existing and converted.

It will have certain advantages over the location within the main building. It can achieve an independent identity that may enhance the facility, and be less intimidating to the young child. Access will tend to be easier with parking and a dropping off point immediately adjacent. Deliveries will arrive directly at the nursery. It will not create any increase in activity within the hospital itself. In the case of a purpose designed building the accommodation is more likely to achieve an ideal layout, and to offer an intimate, child-scaled environment.

There will be certain disadvantages. A separate envelope and longer connections to hospital engineering systems

* Refer to Appendix 1 for general information on Nucleus
7. Adjoining playrooms with central sub-dividing screen

8. Potential locations for a Day Nursery within the Nucleus Template
9. Illustrative Day Nursery for 11-12 places within the Nucleus template.

(or, possibly, independent boiler and mechanical ventilation plant) will be necessary. Sharing of other services such as food preparation are still possible but travel distances will probably be increased. It may also become hidden from most hospital users, thereby losing the opportunity already identified of having a therapeutic affect, and also reducing the degree of Integration of the nursery staff with the rest of the hospital.

5.1.3 Parking
Temporary and full-day parking will be required. Temporary parking must be available for parents to pull in and park, get out and help their child out, open out a wheelchair, or pushchair if the child is very young, and accompany the child to the nursery. They should be able to leave the car there while settling the child in. Managers of existing hospital nurseries suggest that arrivals and departures of parents are usually staggered. This will reduce the overall requirement for temporary parking.

Full-day designated parking will be required during nursery opening hours for nursery staff, with at least one parking space to suit wheelchair users (3.6 m. bay width). (See also 5.2.1.)

10. Illustrative Day Nursery for 28-30 places within the Nucleus Template.

The day nursery should provide a considered, safe and relaxed atmosphere to facilitate and heighten the physical, social and intellectual development of the children and create pleasant working conditions for the staff.

Care should be taken to design the day nursery to accommodate the needs and fancies of children with attention to appropriate scale of space and equipment. Careful thought should be given to the detailed design; a small platform or a change in level can provide additional opportunities for improvisation and play; a recess or cubby hole can provide a snug area for two or three children; views through windows and doors and glimpses caught in mirrors at children’s height can be a source of great delight. However safety must be considered paramount in any such improvisation.

The following outline of accommodation should be considered with this kind of attention to detail. The proposed list of rooms and the areas recommended in Chapter 9 is an ideal; constraints may prevent this always being fully achieved and the local authority social services officer will ultimately establish in each particular case what is acceptable.

5.2 Accommodation
5.2.1 Approach

The day nursery should be easily and safely accessible to all users. This will include children and adults, pedestrians and wheelchair users, parents with single and double pushchairs, people delivering goods. (See also 5.1.3).

- **no-parking zone**: there should be a no-parking zone directly outside the entrance where parents and children can congregate and that gives clear sight lines for any approaching traffic.

- **drop-off zone**: drop-off zones should be available to either side or nearby. Parents leaving or collecting the child in the morning should not feel in a great rush due to parking problems; if they wish to spend time settling the child in or talking to a member of staff this should be possible.

- **barriers**: a safety barrier should be located immediately opposite the entrance to prevent children running straight out into the road.

- **kerbs**: there should be a dropped kerb either side of the safety barrier to allow easy movement of pushchairs and wheelchairs.

- **lighting**: the area should have appropriately designed artificial lighting for use before and after normal daylight hours.

- **paving**: paving should be non-slip and should drain easily to avoid a build up of ice in freezing weather.

- **canopy**: there should be a canopy capable of protecting two or three people with push chairs on arrival or departure, giving shelter for staff while unlocking the front door or for parents unfolding an umbrella etc. This may also contribute to the enhancement of the identity of the building and the clear indication of the entrance. If the entrance is located within the outside play area the canopy could also function as covered play space (see 5.2.20).

- **signs**: the nursery should be clearly signed and named. Warning signs to drivers should be located on the road approaches.

- **security**: if the nursery is approached through part of the play ground then appropriate security must be maintained at the gate, possibly requiring an intercom to the staff area.
5.2.2 Entrance hall

As well as having an important functional role, the entrance has a particular significance in terms of the welcome of the nursery to parents, children and staff, and the projection of the nursery to others. A sufficient budget and design time should be allowed to make this a special area.

The entrance hall needs to accommodate all the functions associated with arrival in fine or wet weather; getting children in and out of pushchairs, opening and folding of pushchairs etc. It should also serve as a waiting space for two or three parents while still leaving room for others to pass and the other activities to continue. Children will arrive and leave at various times and so it need only accommodate a few people. There should be visual contact with the staff room or office.

- **doors**: the entrance door should have a clear opening width of 900 mm. to allow room for a double buggy or wheelchair. It should be partially glazed at both child and adult viewing heights to ensure nobody is behind it when it is opened (see 6.3). It should have an automatic door closer and a latch at high level (see 6.2) operated from the inside by means of a turn knob or lever handle to allow easy escape in the event of fire. Entry from outside should only be possible with a key. An additional deadlock may be located at a lower level to improve security. This must also have an internal turn knob to allow escape. This lock would only be operated when the building is unoccupied.

- **threshold**: the door threshold should be flush with the internal floor surface and the external paving should be at the same level or not more than 25mm. below, to allow easy access for prams and wheelchairs and prevent children tripping over.

- **adjacent space**: There should be a 300mm. clear space to the opening side of the entrance door to allow space for manoeuvring buggies and wheelchairs.

- **draught lobby**: a draught lobby should be included, allowing a minimum of 1900mm. between the sets of doors to enable buggies and wheelchairs to pass through with ease, with doors opening inwards. This area may be incorporated into the entrance hall itself if the second door is located between the nursery and the entrance hall.
• **doormat**: a large doormat should be located immediately inside the entrance door, set flush with the adjacent floor finish.

• **bell/intercom**: a door bell or intercom should be provided which can be heard within the staff areas, with the bell push located at a height suitable for a person in wheelchair.

• **telephone**: a wall mounted public payphone may be included in the entrance area. Consideration should be given to mounting this at a height suitable for a person in a wheelchair.

• **noticeboard**: a pinboard should be mounted at adult viewing level for general information notices issued by the nursery and hospital management. It may also provide for notices between parents. (See also 5.2.14) and 5.2.6).

• **wall area**: an area of wall should be available for the prominent display of the Certificate of Registration, the Insurance Certificate, Fire Drill and Emergency Procedures, and possibly a daily menu.

### 5.2.3 Pushchair store

After arriving with and folding up a pushchair parents will often wish to store it somewhere on the premises until the end of the day.

A pushchair store should be located adjacent to the entrance hall. It may be a separate cupboard or merely a recess to accept folding pushchairs. Pushchairs left there should be able to be secured. Many parents will not bring a pushchair. They will arrive by car, and their child will walk with them from the car to the nursery. Therefore there need only be space for a small number of pushchairs.

• **hooks**: hooks or rails are ideal for hanging up folded pushchairs and allow better use of pushchair storage space than leaving everything at floor level.

### 5.2.4 Children’s coat area

Throughout most of the year children will arrive wearing coats or anoraks. On arrival they need room to take them off and a space to hang them up themselves. They may also need to change footwear.

• **hooks**: space should be provided in the entrance hall (or occasionally within group play rooms) where each child will have their own hook within reach on which to hang outdoor clothes and a bag which may contain a change of clothes, or other personal articles. Hooks should be carefully selected for rounded, safe corners. A name plate and picture are often fixed above the hook by the nursery staff so it is useful to provide for this within the design. The Fire Officer may require this area to be set back from the main circulation route to maintain a clear escape route.
• containers for possessions: above each individual’s hook a wall-hung box or container may be located in which to put any of the child’s possessions to be stored until the end of the day. This can include artwork and models. If the boxes are positioned within a child’s reach then the children can be encouraged to use them themselves.

• bench: a low bench will also be useful for two or three children to sit on while they change shoes, tie up shoelaces etc. This should not be located directly beneath the coat hooks as it would require the hooks to be raised out of the reach of the child, requiring the child to climb up onto the bench with an associated risk of accident.
5.2.5 Parents’/visitors’ disabled toilet

One toilet suitable for the physically handicapped should be provided near to the entrance area for the use of parents and visitors.

5.2.6 Playspace

The play areas are the heart of the nursery, and must provide for a great variety of activities while allowing staff, children and their peers to interact in a relaxed way*. Activities will be designed by the nursery staff to suit the developmental stage of the child, and may be floor or table based. Wet play will include general play with water in a tank or trough, playing with containers, funnels, tubes, objects that float or sink. Messy play may include modelling with clay or dough, playing with sand in a raised trough, painting and making collages. Others may be quiet such as doing jigsaws, building with building blocks, drawing and crayoning.

There will be opportunities for individual choice when children can move from one table to another where something is laid out or from one group to another where different adults are supervising play. Or there will be occasions of group activity in groups of up to 10 children, which may involve a story, singing or maybe the lunchtime meal. There must be quiet corners for comfort and seclusion for periods when some children need to rest while others continue play activities. The play spaces need to cater for all this variety.

- subdivision of space: the nursery should provide separate areas for children under 2 and 2-5s. The arrangement of the play areas and the degree of subdivision should be considered in relation to the nursery management’s preferences, and how they intend to structure the day. It is desirable to have a general play space with other smaller group play spaces either as areas enclosed by movable units or as separate rooms, subject to maintaining ease of supervision. The play spaces may be of varying sizes dedicated to specific types of play i.e. quiet play, wet play, soft play, general play with layouts and areas to suit each type of play.

In smaller nurseries there should still be more than one room to allow for quiet and noisy activities.

- group areas: children will be divided either into age or “family” groups of typically no more than 8-10 (see 4.3.1). Each group should have a home base area where they can identify with a space and feel secure. This would be the site of quiet group activities but also be a place a child would seek out alone. Special attention should be paid in play spaces to ensure that design is directed toward the child while creating a comfortable and safe atmosphere to facilitate staff supervision.

- area standards: The following space standards are generally accepted by all local authorities as the minimum play areas:

<table>
<thead>
<tr>
<th>Age of child</th>
<th>Sq. metres</th>
<th>Sq. feet</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>3.7</td>
<td>40</td>
</tr>
<tr>
<td>1-2</td>
<td>2.8</td>
<td>30</td>
</tr>
<tr>
<td>2-5</td>
<td>2.3</td>
<td>25</td>
</tr>
</tbody>
</table>

See also Schedule of Areas in Chapter 9.

* There may also be additional adults present i.e parents and students.
Differing views may be found within different local authority social services departments as to the relationship between this space and storage. Some will regard these areas as requiring to be unencumbered play space, i.e. excluding activity equipment, tables etc. and may require an additional 50% of area for equipment and storage of toys. Others may be more flexible regarding additional storage space.

The Department of Health guidance confirms these areas as the minimum indoor space available for children’s play and movement. It should not include space taken up by furniture or permanent fixtures.

- **flexibility:** a degree of flexibility is desirable, both for day-to-day use and long term adaptability; a sliding screen may be appropriate in allowing the opening up of a larger space, but extensive incorporation of sliding screens is not recommended since in practice they tend not to be used.

- **internal windows:** all play rooms should be linked for supervision with windows at adult height. Windows at child level can also provide an added dimension of contact between groups.

- **scale:** the design should be of an appropriate scale so that the facilities are used easily by children. Windows sills should be low. Low level vision panels in doors are recommended.

- **outdoor space:** the play areas should give ready access to the outdoor play areas, with flat door thresholds as for the main entrance (see 5.2.2).

- **floor surfaces:** all surfaces must be durable, easily washable and non-slip. A cushion backed, hard-wearing vinyl sheet with occasional washable mats and rugs is suitable, and a curved upstand skirting can be incorporated to avoid dirt accumulating in corners. Carpet may be preferred for some areas such as home bases and snug, quiet areas, but if fixed this may reduce flexibility and be difficult to keep clean. Door mats may be let into the surface where doors lead directly to the outside play area.

- **pinboards:** children and staff will wish to display children’s artwork on the walls. Different local authority social services units and environmental health officers have differing views on the relative safety of drawing pins and staples (which can injure) and blue tack (which can be swallowed), magnetic clips and “velcro” tags. They should be consulted when considering wall surfaces.

- **wet play:** in the wet play area there must be easy access to a sink and tap for the filling and emptying of water trays, washing of paint pots etc. The sink trap should be accessible for removal in the event of blockage. Flooring must be non-slip, and a floor gulley is desirable.
5.2.7 Babies room
Babies require a separate play room which will include a quiet area for their individual cots and an activity area with room to crawl around and play. It will need to have an adjoining room or area equipped for nappy changing, and should be close to the milk kitchen (see 5.2.16).

- **nappy change area**: this should include a sink and baby change area. The surface should be equipped with a changing mat and an upstand at the front and sides to prevent a child from rolling off (see Figs. 18 & 19). The area should be equipped with shelves for supplies such as baby wipes, paper towels, and creams, extensive cupboard space for the storage of a large number of nappies of various sizes and an appliance for the treatment or storage of soiled disposable nappies.

- **floor surfaces**: as for the main play spaces, floor surfaces should be fully washable, and provide some areas that are comfortable for crawling and others that are non-slip. A combination of carpet and vinyl is suitable but some managers may prefer to have vinyl throughout with washable rugs laid over it.

5.2.8 Storage
Every nursery has an enormous demand for a great variety of storage space. The storage may need to be at child or adult height, accessible or totally secure, for large play equipment, small toys, furniture, mats and bedding, supplies or food etc. There must be generous storage adjacent to play areas so that staff and children can access equipment without having to leave the room, and can change activities quickly. Storage at low level allows children to select their toys themselves and tidy up afterwards. The following categories are intended to act as a check list:

- large play equipment (internal)
- large play equipment (external)
- small toys
- children’s books
- paints, crayons, brushes
- paper, scissors, glue
- water toys
- sand toys
- sleeping mats and bedding
- clean laundry
- soiled laundry
- cleaning materials
- food (non perishable), bulk purchases
- kitchen equipment
- nappies
- bulk purchases of soap, paper towels, toilet rolls etc.
- staff personal effects
- office library
- office stationery, paper, pens, stamps etc.
- computer equipment (for children) televisions, cassette recorders and cassette tapes, video recorders and video tapes etc.
- first aid equipment
- key cupboard
- general store (i.e. for broken items awaiting repair)

5.2.9 Childrens’ toilets
These should be carefully considered from the child’s perception. Nursery managers confirm that there is an important learning role within toilet training that can give rise to anxiety. Staff supervision should be allowed for through generous space and possibility adult height windows from adjacent rooms.

The toilets should be located close to play areas. In larger nurseries it may be preferable to have two smaller toilet areas than one centralised facility. A ventilated lobby is typically required between the toilets and any area where food is prepared or consumed. The environmental health officer should be consulted. For children moving between play spaces and the toilets it is preferable to avoid this separate lobby, and it may be possible to have this requirement waived, especially where mechanical external ventilation is provided for the toilets.
• **numbers:** the social services generally require 1 WC and wash basin for every 5 children aged 2 or over, although 1 WC and wash basin per 10 children may be acceptable within some local authorities.

• **under 2s:** additional toilet facilities should be provided for toddlers aged 1-2 (social services generally require 1:10) with a bathing area (Belfast Sink) and an area for storing or hanging potties (1 for each child attending should be provided). A second area for nappy changing may also be required near the play rooms as some children move to the 2-5 group rooms before they are out of nappies.

• **appliances:** toilets should have child sized WCs and basins with basins and mirrors at child height and taps within reach. One full size WC with child seat may be provided to duplicate the home setting, and is useful for potty training. Long lever taps have been found to be unsuitable as children can apply enough pressure on the lever to break the pipework connection. However if this type of tap is preferred, see photo 22, it is essential that robust mountings from the wall structure be provided to relieve the pipe connections of potential abnormal stress arising from misuse. Non-percussive, spring-loaded taps with an automatic cut-off may be desirable to prevent water being left running. Overflows should be provided to basins. Some nursery staff prefer to fill basins in advance for the children.

• **cubicles:** most nurseries provide cubicle partitioning between WCs. These should be child height allowing both privacy for the child and ease of supervision. Cubicle doors are optional depending on the manager’s preference but should be designed for safety and have no locks.

• **towels, flannels, toothbrushes:** some provision in the toilet area must be made for each child to keep a toothbrush, and possibly a towel and flannel. Some nursery managers opt for children using disposable paper towels or face wipes, and therefore they may not require hooks for towels and flannels. All individual items must be capable of being stored hygienically to reduce the risk of cross-infection. Roller towels must not be installed for reasons of safety.

• **staff:** a paper towel dispenser should be provided for staff use, with a waste bin adjacent. The waste bin should be usable by children if they are using paper towels.

• **hygiene:** floor and wall surfaces of the toilet area should be water resistant and easy to clean, with a curved arris between floor and wall to avoid dirt retention. A floor gulley is recommended.
22. Children’s WC with storage rack for toothbrushes, flannels and towels

23. Children’s WC at Canterbury House day nursery
5.2.10 Staff toilets
One WC and wash basin is recommended for each six members of staff. If there are to be both female and male members of staff, separate WCs should be provided.

5.2.11 Staff shower room
A shower room with adjacent changing area should be provided for staff use. This should be equipped for wheelchair access and use by disabled adults. There should be sufficient space to undress and hang up clothes, to shower and get dressed without all areas getting wet.

5.2.12 Staff room
Staff need a room where they can make the most of a short break in a fairly highly stressed day. This will have space for some easy chairs, plants and a table. There should be space for a locker for each staff member. Only short periods of time are spent in here and it is unlikely that more than half the staff will be present at any time other than before and after the nursery opening hours. It can therefore be comparatively small for the staff numbers.

A kitchenette should be included with facilities for preparing hot drinks, simple cooking and washing up. A small area for food storage and a fridge should be incorporated.

- **smoking:** smoking will not generally be permitted within the nursery. If it is allowed within the premises, it is likely that the staff room will be the only area in which staff can smoke.

- **comfort:** it is important to consider staff comfort as well as the children’s environment, since the quality of the care depends very much on the staff. This area is often somewhat neglected due to demands on the design for the maximum play space. Staff must feel valued if they are to give their best.

5.2.13 Manager’s office
This room serves as an office where daily administration will be carried out and progress and health records for the children will be kept. It needs to have space for one or two desks for the manager to work at and to take equipment such as a computer or word processor, for filing cabinets, for storage of office stationery and for an additional two chairs for a confidential meeting with a member of staff or a child’s parents, or for a sick child to wait until parents arrive.
The office should be located close to the entrance hall, preferably with a view of the approach and entrance area, for reasons of security, supervision and to welcome people.

- **first aid cabinet:** this is likely to be kept here, probably wall mounted out of a child's reach, and always kept locked.
- **security and fire alarm systems:** any local control panels for these systems, if they are not integrated into the hospital's central alarm system, may be located here if the office is always accessible during opening hours. Otherwise they should be located within the entrance area at adult height.
- **pinboard:** the manager will wish to display schedules, timetables and numerous administrative details.
- **telephone:** there must be a telephone in the day nursery, and it will normally be located here.
- **key cupboard:** a secure cupboard in which to keep keys is convenient.

5.2.14 Parents’ room

Although not an essential requirement of a day nursery, it is highly desirable to have an area where parents can meet with other parents and members of staff for counselling and discussion of family problems. This room may serve to promote parental involvement in the nursery, becoming the base for committee meetings. It should include a table and upright chairs, and one or two easy chairs. It may also double as a medical room for medical examinations, physiotherapy, speech therapy, or a quiet room for a sick child.

- **pinboard:** a noticeboard should be provided for staff/parent and parent/parent contact. This should be considered in the context of any pinboard space in the entrance hall (see 5.2.2).

5.2.15 Kitchen

The kitchen can often become something of a focal point within the nursery. However it is usually forbidden by the nursery manager for children to enter, for reasons of safety. The size and layout of the kitchen and the activities that go on within it will be dependent on the management decision regarding whether the nursery will have independent catering facilities or be linked with the main hospital. The options are likely to be:

- **all food stored, prepared and cooked in the nursery kitchen**
- **hot food supplied by hospital kitchen, kept warm in unit**
- **cook-chill (may not be practical)**
- **packed lunches (not common)**

If all meals are to be prepared within the day nursery premises, the area must be sufficient to house all equipment and utensils, and provide for dry and perishable food storage, refrigeration, preparation, cooking and serving of food and drink, washing up, storage and disposal of refuse and storage of trolleys for serving food in playrooms. In the case of the other options a reduced facility can be provided to cater for tea and snacks, and possibly food for social events, although an equal area may still be required for other equipment such as the cook-chill ovens. Precise requirements should be established in discussion with the hospital catering manager if appropriate.

- **equipment:** it is important that the kitchen equipment be of a commercial standard, preferably with a stainless steel worksurface. Separate food preparation, pot cleaning sinks and a wash basin for the staff to clean their hands are required. Where meals are to be prepared and cooked on the premises the equipment will generally comprise an industrial type dishwasher, microwave, freezer and refrigerator, two ovens and a six-ring semi-commercial cooker with an efficient extractor fan and associated ductwork.

- **flexible height worksurfaces:** where possible part of the work top should be height adjustable to suit a disabled assistant.

- **storage:** storage requirements must be carefully quantified. In all cases storage will be required for crockery and cutlery, for cups/mugs, for the simple equipment required for preparation of the morning and afternoon drinks and snacks, for washing up materials and a separate pantry/dry store for provisions. Where the main meals are prepared on the premises extensive storage will be required for the cooking utensils.

- **finishes:** the kitchen should be finished in durable, washable, water resistant materials with non-slip tiles on the floor and ceramic tiles to a minimum height of approximately 1200mm. Arises between floor and wall should be rounded with an upstand skirting for easy cleaning. Walls and doors should be protected from damage by trolleys or wheelchairs.

- **safety:** unrestricted access to the kitchen will normally be prohibited for children, although attitudes amongst nursery managers differ. A child should never be able to enter an unattended kitchen. The door should be secure with a lever handle at high level (see 6.3). Any cooking lessons or experiments are often carried out in the play rooms, but some nurseries provide a small oven and table at low level within the kitchen for children to cook while under constant supervision.
5.2.16 Milk kitchen

Where the nursery is intended to cater for babies a separate, self-contained area in the day nursery should be designated for the preparation of babies’ food and milk. This should be located adjacent to the baby room. A small hob, refrigerator, sink and handwashing facility will be required and storage must be provided for equipment for preparing baby food, a dry store for feeds and space for each child to have their own bottles and sterilisation unit. The room can be small as only one or two members of staff need to be in it at any time.

5.2.17 Laundry

Washing of nursery linen will be done either on the premises or by the hospital laundry. The benefits of either option should be discussed between the nursery and hospital management at the design stage. The hospital laundry may prove to be not fast enough for nursery use. Where washing is to be done on the premises a commercial grade washer and dryer (with appropriate electrical supply) are necessary as well as shelf storage and hanging racks. The dryer will require ventilation to the outside. If the nursery management prefer the children to use paper towels then the volume of laundry will be reduced.

5.2.18 Cleaner’s store

The extent of this store will depend on the arrangement made with the hospital for cleaning, which may be contracted out. For independent cleaning of the nursery premises this store must have sufficient space for a large sink at low level and room to store cleaning equipment such as mops and buckets, a vacuum cleaner and cleaning materials. It may be considered as part of a larger store to accommodate bulk purchases of paper towels, toilet rolls, cleaning materials etc.

- **security:** due to the hazardous nature of some of the materials stored the door should be key operated from the outside, with a turn knob on the inside.

5.2.19 Plant room/switch room

The day nursery should preferably be serviced directly by the hospital engineering systems, in which case only a switch room will be required. If this is not practicable, a plant room should be provided for the housing of boiler, water storage and expansion tanks, switch gear, and gas and electricity meters. This plant room should have direct access from the outside to allow for ease of maintenance, reading of meters etc. and need not have direct access from within the nursery.

The space required for the plant should not be underestimated. The information in the Schedule of Areas is intended for use during the initial design stages when precise dimensional details of plant will not be available.

- **security:** to protect against unauthorised access and operation the door should be key operated from the outside, with a turn knob on the inside.

5.2.20 Outside play areas

An outdoor play space is an essential feature of a day nursery. It creates opportunities for children to develop large muscle control while exercising in fresh air. Children need space to be able to run and move uninhibitedly, to pedal toys, climb frames or descend slides and indulge in the general delight of outdoor games. The area should include hard surfaces such as brick or concrete paving, absorbent safety surfaces such as “Wet Pour” on which to locate equipment, and if possible areas of grass and low level planting where children might tend plants and learn about nature. Secure and safe fencing must fully enclose the space.

- **space standards:** the space must be suitable for a good proportion of the maximum number of children. The NCB* recommend a minimum allowance of 9m$^2$ per child, but acknowledge that this may not be viable in all circumstances for financial or other reasons. An area equivalent to one third the total internal area should be considered a working minimum.

- **under 2s:** outdoor space for under 2s should be separated off from that for the 2-5s to protect the younger children from the more boisterous activities of the older ones.

- **covered area:** a part of the outdoor play area

* Op. Cit
should be covered to allow activities in poor weather, and to provide shade on hot sunny days.

- **equipment**: play equipment must be safe and robust. Some will be permanently located and some will be stored away when not in use. It should encourage different muscular activities, and should be selected in discussion with the nursery staff.

- **storage**: an outdoor store will be required for equipment such as scooters and tricycles. This store might be designed to become a play house or other fun structure when the equipment is removed.

### 5.3 Interior quality

#### 5.3.1. Lighting

Rooms should be lit with a variety of natural and artificial, general and directed lighting. Play rooms should be orientated to receive direct sunlight wherever possible, whilst controlling solar gain.

The principal aim should be to create an aesthetically attractive and homely appearance, especially in the entrance hall, staff rooms, the children’s playspace and toilets. In addition to general lighting fittings of appropriate design, some decorative or display lighting features (e.g. illumination of pictures, pinboards, sculpture or special architectural features) and a combination of direct and indirect lighting techniques can be used to achieve variety and interest. The overall lighting scheme, including the arrangement of circuits and switch groupings, should be considered in relation to the multi-activities of the playspace and provide for alternative options. The details of the lighting scheme will need to be coordinated with the overall decor scheme for these spaces.

#### 5.3.2 Colour

Colours should be chosen carefully to be both cheerful and calming. Themes should be considered to reinforce different identities of group spaces. The colours need not be strong hues, since children’s artwork on wall, doors and windows will create diversity and interest once the building is occupied.

#### 5.3.3 Finishes and fabrics.

All finishes and fabrics must be non-toxic. Surfaces must be durable and easily cleaned. Furniture and fabrics (carpets, curtains etc.) must be fire resistant and comply with current safety standards. Low level areas may sustain impact damage and a high level skirting (300-450mm) is recommended.

#### 5.3.4 Noise

Airborne and impact sound transmission should be considered if the nursery is located within the hospital building, or next to other accommodation. Children should be able to indulge in noisy activities both indoors and outdoors. Outdoor noise is difficult to control if other accommodation is immediately above or beside the playground. Planting screens can assist. Indoor noise will be transmitted by air and structure, and the services engineer should consider the sound attenuation requirements of mechanical ventilation systems. The floor construction will not normally require additional consideration since the nursery is likely to be at ground floor level.
5.4 Engineering services

5.4.1 General
Detailed guidance for engineering designers relevant to the engineering services in this accommodation, and their integration with the systems serving a DGH site, is contained in the Engineering Services Chapter of HBN51 Supplement 1 - ‘Miscellaneous spaces in a District General Hospital’. This guidance will also be of general relevance for day nurseries provided elsewhere. Features specific to the engineering services in this accommodation are described in the following paragraphs. A summary of the principal performance criteria is also included for the sake of completeness.

5.4.2 Heating
General space heating requirements can usually be met by a low pressure hot water radiator system. The spaces to which children have free access should be provided with low surface temperature radiators or convectors to ensure that the touch temperature does not exceed 43°C. Associated heating pipework and connections should be similarly enclosed or insulated. The design of the selected heat emitters should be of a type that avoids sharp corners or projections.

Alternatively in new construction, low temperature warm water underfloor heating pipework may be embedded in the floor screed. This is usually the preferred option for the playspaces since it can provide very pleasant and comfortable conditions whilst leaving wall and floor areas clear. With such a system it is appropriate to consider the provision of structural thermal insulation above the minimum statutory requirements. A dedicated temperature control system should be provided which is suitable for the slower thermal response characteristic of embedded underfloor systems. It should be noted that the overall thickness of thermal insulation panels beneath, and screed cover over, underfloor heating pipes, is greater than that normally associated with screeded floors. The building construction detailing will need to take this into account if continuity with adjacent finished floor levels is required.

The heating system should be capable of providing the following winter internal temperatures:
- playspaces, offices, staffroom-18°C
- toilets, cloakrooms, entrance hall, laundry-16°C
- staff shower room-21°C
- kitchen (structural heat loss only)-16°C
- storerooms (if separate)-14°C

5.4.3 Hot water supplies
The hot water discharge at children’s bathing sinks and at all washbasins in this accommodation should not exceed 38°C. This should be achieved by thermostatic mixing devices situated close to the outlets.

The outflow temperature from the hot water storage cylinder should be 60°C ± 2.5°C and the return temperature at the storage cylinder should be not less than 50°C as part of the precautions to control Legionellae in water systems.

5.4.4 Ventilation
This accommodation will be mainly naturally ventilated but mechanical extract ventilation should be provided in all toilets and the staff shower room (recommended ventilation rate 0.02 cubic metres per second per WC or shower cubicle) and in the kitchen. The system in the kitchen should be designed to deal with the heat gain from the equipment chosen for a particular project (see 5.2.15).

Some mechanical extract ventilation from the staff room may also be appropriate if this is a designated smoking area.

5.4.5 Lighting
The artificial lighting in this accommodation should be designed in accordance with the interior quality philosophy described in 5.3.1 so as to achieve the following service illuminances:
- offices, staff room 300 lux at table/desk top
- playspaces 300 lux at table tops
- toilets, cloakrooms, shower room, storerooms 100 - 150 lux at floor
• entrance hall, corridors, laundry: 150 -- 200 lux at floor
• kitchen: 300 (min) lux at worktop/cooker
• entrance canopy: 30 (min) lux at pavement surface.

Lighting switches will usually be positioned out of the normal reach of children. However, pull cords of switches controlling lighting in the children’s toilets could be extended to a level which may be reached by children if this is considered to be appropriate to development training.

Stand-by lighting is not considered to be necessary in this accommodation but safety lighting should be provided on all primary escape routes.

5.4.6 Electrical power and controls

All electrical controls associated with heating, hot water supply and mechanical ventilation systems should be mounted at a height suitable for operation by adults only and their functions should be clearly identified for the nursery staff.

Although unrestricted access to the kitchen should be prohibited to children, it will be prudent to position all socket-outlets and appliance controls in this space so as to be out of the normal reach of children so far as this is reasonably practicable.

All socket-outlets should be switched and shuttered. Careful consideration should be given to the provision of socket-outlets in playspaces to serve power operated equipment to be used by the children (e.g. computers, video and cassette recorders etc.). Sufficient socket-outlets should be provided to avoid the use of adaptors, extension leads or long trailing flexes and it may be preferred to position these socket-outlets at a height out of the normal reach of children. However, this may restrict the choice of location for this equipment to table tops immediately adjacent to a wall if other potential hazards to younger children of entanglement in, and possible strangulation by, higher level trailing flexes are to be avoided.

All socket-outlets in playspaces should be connected to circuits supplied from the same phase and be protected by a core balance earth leakage protective device with a normal tripping current not exceeding 30mA. This protective device should be mounted at a convenient supervisory location within the playspace, and at a height suitable for operation by adults only, to permit periodic trip testing and provide a means for immediate manual isolation of these socket-outlets in an emergency.

A limited range of socket-outlets controlled by key operated switches is available commercially and can be considered for use in playspaces. Whilst these can provide an additional safeguard against wilful interference when locked off, they do not enhance electrical safety when energised. In view of the requirement for continuous staff supervision when the nursery is occupied by children, the considerable additional capital cost of such fittings may be difficult to justify. The use of safety inserts in unoccupied standard socket-outlets in playspaces can provide comparable additional safeguarding much more economically.
6.0 Safety and security

Every attempt should be made in designing the day nursery to ensure a safe and healthy environment for children that allows ready supervision by staff and adventure by children.

6.1 Entrance and approach

The entrance and external approach to the nursery should be well lit when the building is in use outside of daylight hours. Paying should have a non-slip surface and should drain easily to avoid a build up of ice in freezing weather.

6.2 Play areas

Although children are never unsupervised there should be no opportunity for them to stray either outside the day nursery or into areas of danger. All areas of the nursery accessible by children should be accessible by staff for purposes of supervision and rescue, including special play structures.

6.3 Doors

All doors into the nursery should be locked against intruders with provision for quick release in case of fire. Doors to service areas, i.e. kitchen, laundry room, plant room, storage rooms, should be opened with a key (storage) or handle (kitchen) at high level. Lever handles elsewhere should be of a rounded design with returns on the ends.

High-level handles need to be out of reach of children but within reach of adults in wheelchairs.

The oblique reach of an average woman in a wheelchair is 1465mm. and for a man is 1595mm. An average (5th percentile) five year old girl has a vertical standing grip reach of 1170mm. and a boy 1180mm. While an exceptional (50th percentile) five year old girl has a reach of 1290mm. and a boy 1305mm.

To be reasonably inaccessible to a child but accessible to an adult, a lever handle should therefore be located at approximately 1400-1450mm. height. Staff must be aware that a child can still reach this if standing on a stool or chair.

Health Building Note 40, Volume 4 gives extensive information on suitable ranges for such mounting heights.

Doors other than those to storage and plant rooms should include vision panels at adult and child heights. Where the door is required to be fire-resisting the vision panel must also be of fire-resisting construction. Stable doors
(separate top and bottom halves) can be a pleasant feature allowing play areas to be enclosed but staff to see over. However these will not usually comply with codes of practice if required to be fire-resisting.

Fire-resisting doors must be fitted with a self-closing device. This device should not allow the door to slam closed with the risk that a child's hand might be trapped and injured. Overhead backcheck door closers avoid this problem but increase the resistance against opening the door that might cause a child difficulty in opening it. The preferred closer is an overhead backcheck door-closer of a type designed for the elderly.

6.4 Glazing
Glazing in both windows and doors must be safe for its location and must comply with BS6262: 1982. All glazing to areas used by children should be safety glass. Safety glass may be in the form of either wired, toughened or laminated glass and may be single glazed or double glazed in sealed units. Certain plastics can offer an alternative in particular circumstances.

6.5 Windows
Windows where opening must be considered for dangerous projecting corners of the opening sash. Tilt and turn windows may be preferred giving the option of a bottom hung inward opening sash for ventilation purposes, allowing a full side hung opening when needed for extra ventilation or cleaning.

Openings should be restricted to 75mm. where ground levels outside are below the floor level inside. This feature can also be accommodated in most tilt and turn windows.

6.6 Services
6.6.1 Electrical
All electrical controls and appliances should be kept out of reach of children, so far as this is reasonably practicable. Socket-outlets in playspaces should be supplied via an earth leakage protective device, which will also provide a means for immediate manual isolation in an emergency, as detailed in 5.4.6. Arrangements should be made for periodic trip testing of the protective device. (This can conveniently be part of the routine of “switching off” at the end of each working day.) Unused socket-outlets in playspaces may have safety inserts as an additional precaution.

All electrically powered portable equipment and appliances to be used in this accommodation should be subject to an initial safety inspection and acceptance test by a competent person before being taken into use. They should thereafter be registered in a formal maintenance management system for routine periodic safety inspections and other servicing.

6.6.2 Heating and hot water
Radiator, if included, should be of the low surface temperature type in child areas with pipework concealed or insulated. The discharge from hot water taps that may be used by children and disabled people should be thermostatically controlled not to exceed 38°C, being mixed near to the tap itself. Hot water storage and distribution should be at temperatures high enough to control Legionella.

6.7 Fire precautions

Fire precautions in a nursery in a DGH should comply with the policy and technical guidance contained in FIRECODE documents, the key one being "Firecode: Health Technical Memorandum 81".

The Fire Officer may require that an automatic smoke and heat detector system be provided. Portable fire extinguishers should be strategically located within the nursery where children cannot tamper with them but adults can readily access them. The Fire Officer will advise on this matter. Fire exits must be clearly marked and safety lighting should be provided on primary escape routes. All fire exit doors should be openable from the inside without the need for a key.

6.8 Security precautions
As day nurseries are unoccupied at night and over weekends, they are a prime target for break-ins and vandalism. Provision to close and secure the nursery when it is not in use should be considered. If it is to be a separate building a burglar alarm system is recommended.
7.0 Provision for disabled and handicapped users

Provision should be made at all levels of the day nursery design for natural use by the physically and mentally handicapped, and sensory or dual sensory handicapped users. Designated parking, wheelchair access, convenient toilets should all be available for disabled users as well as play equipment for children with developmental disabilities and sensory handicaps. This provision should be integrated into the design of the premises. Door openings throughout should allow for wheelchair access with a minimum clear dimension of 775mm. This can generally be achieved with an 838mm. door leaf. Corridors, where they are necessary, should preferably be 1200mm. wide although a wheelchair user can negotiate a 900mm. corridor. Detailed reference to existing publications such as Designing for the Disabled by Selwyn Goldsmith, and Health Building Note 40, Volume 4 should be made. Consideration should be given at the early design stage for the integration of facilities for sensory disabled staff, children or parents. Magnetic induction loop systems and text telephones should be considered for deaf users. Further advice on these systems can be obtained from the Royal National Institute for the Deaf.
8.0 Planning permission, building regulations and registration and other consultations*

Contact should be made at the earliest stage of the design with the various bodies concerned. This should include:

**From the local authority:**
- social services under fives
- environmental health
- fire authority
- planning
- building control

**From the community:**
- prospective parents
- neighbours

**Within the hospital:**
- personnel department
- estates department commissioning officer
- operational services manager

8.1 Planning permission

The nursery will require planning permission unless the site already has the appropriate use class (D1). Early contact should be made with the local planning officer in order to assess the acceptability of the location.

8.2 Building regulations approval

A formal Building Regulations submission must be made and approval gained.

8.3 Registration

A day nursery is required, under the terms of the Children Act 1989, to be registered with the local authority department of social services. An application for registration must be made to the local authority and it is illegal for the nursery to operate without registration.

The registering body will consult the Environmental Health and Fire Officers to ensure the premises are suitable for a day nursery and meet all health and safety requirements. The social services department will establish the maximum number of children of each age group and the minimum number of staff required to care for them.

Registration can take several months and early contact with the local authority social services under 5s officer is recommended in order both to consult on the various issues identified within the report, and to commence the discussion with reference to registration.

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*Health authorities are reminded of their responsibilities for ensuring compliance with all relevant statutes, regulations, codes and standards. Advice on this is given in HN(88)60/HC(FP)(88)29-in Wales, WHC(89)20 With the general removal of Crown Immunity from the NHS from 1 April 1991, and the setting up of NHS Trusts, building and planning law are legally enforceable on the NHS. Guidance on the removal of Crown Immunity is given in HN(90)27/LASSL (90)15-in Wales, WHC(91)4 in respect of a wide range of legislation.
1. Entrance
2. Children's Coat Area
3. Office
4. Play Area
5. Wet Play
6. Quiet Room
7. Babies' Play Area
8. Babies' Sleep
9. Nappy Change
10. Milk Kitchen
11. Children's WC
12. Kitchen
13. Adult WC
14. Disabled WC
15. Staff Room
16. Kitchenette
17. Laundry
18. Playground

30. Plan of Canterbury House day nursery for 50 children
9.0 Space standards and cost guidance

9.1 Schedule of areas

The Schedule of Areas establishes preferred areas for typical day nurseries to incorporate the accommodation identified in paragraph 5.2.

In planning the layout of a day nursery, the areas identified for play space should be considered the minimum requirements to be achieved. Other room areas can be considered with some degree of flexibility to suit the planning of the building, subject to maintaining provision for the activities intended.

9.2 Smaller day nurseries

It is recognised that day nurseries can be built to lesser standards whilst still complying with statutory requirements and satisfying the registering body. This may be found to be necessary if factors such as the constraints of the site or constraints governing the relationship between capital costs and fees charged dictate a reduced facility.

Reductions in floor areas will reduce the quality of the nursery for both children and staff and will place greater pressure on the remaining room areas to enable the many activities identified in section 5.2 to take place. Careful consideration must be given to weigh the merits of the reduced facilities against the cost benefits before initiating these changes.

If a reduced provision is necessary, following discussion with the nursery managers, attention should be directed to the following aspects for area reductions:

- **entrance:** the general activities relating to arrival or departure may take place within the playspace, with a separate adjacent cloak area, or with coats being hung adjacent to each group’s home base (see 5.2.6).

- **playspace storage:** some local authorities do not require a storage allowance of 50% of the playspace. This can therefore be considered in the light of the nursery manager’s requirements.

- **parents’ room:** parents may be able to meet informally within the nursery without a separate room being provided.

- **milk kitchen:** with appropriate care regarding sterilisation, this area may be incorporated within the main kitchen.

- **circulation:** it is not unusual for circulation to take place to one side of a playspace, thus reducing the requirement for separate corridors (see figs. 5, 11, 24, 30). The Circulation allowance may therefore be reduced or incorporated into larger playspaces subject to appropriate space planning.

9.3 Cost guidance

9.3.1 General cost guidance

Cost guides are included below to assist with the capital implications of providing nursery accommodation.* Due to the benefits of scale, larger day nurseries will normally require a lower capital cost per child place than smaller day nurseries.

For a separate building, construction costs are expected to be in a range of £775-£1150/m²** for 20 - 40 place nurseries. The smallest 10 place nurseries will be higher due to base costs of fixed items such as provision of services and kitchen equipment.

For the recommended space standards set out in the Schedule of Areas this will give a cost per child place in a 20 - 40 place nursery ranging from £6,550.00-£9,275.00. For a lesser facility (see 9.2) this is expected to reduce to £5,250.00 - £7,750.00.

9.3.2 Cost guidance for a DGH site

The following costs relate particularly to two different locations. One is integral within a hospital, the other free-standing either on the DGH site or elsewhere. For both locations the range of costs is based on the schedule of areas.

One location assumes that the nursery is a small department built as an integral part of the hospital with finishes and services to the same standards as the remainder of the hospital. Entrance to the nursery is from the hospital street but there is also access to an outside play area.

For this location the costs are similar to Departmental Cost Allowances (DCAs) and subject to the addition of on-costs. Although on-costs are shown as a notional 60% (as would be applicable to all of the hospital departments) it could be said that day nurseries do not require the full range of on-costs and that the 60% should be more like 40%. Reducing on-costs to 40% substantially reduces the cost per place.

* All costs referred to are exclusive of furniture and loose equipment, professional fees and VAT

** Costed at MIPS VOP Index 264.
The other location assumes a free standing single storey pitched roof building of traditional construction in the hospital grounds. Standards are more domestic in quality with self-contained kitchen and engineering services. For this location the costs are not subject to on-costs as they include something for external works, outdoor play area, services connections, access and car parking.

The cost guides probably represent the two most expensive forms of day nursery provision. For many of the alternative solutions, such as utilising and/or converting existing property, there will be a lower capital outlay. Costs Guides at MIPS VOP Index 264.

*(Costs include 5% design reserve and 2% contingency)*

<table>
<thead>
<tr>
<th>Number of Places</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
</tr>
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<tbody>
<tr>
<td>Integral</td>
<td>85,039</td>
<td>124,467</td>
<td>163,897</td>
<td>198,904</td>
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<tr>
<td>On-costs @ 60%</td>
<td>51,024</td>
<td>74,680</td>
<td>98,338</td>
<td>119,342</td>
</tr>
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<td>Say</td>
<td>136,100</td>
<td>199,100</td>
<td>262,200</td>
<td>318,200</td>
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<tr>
<td>Cost per place</td>
<td>13,610</td>
<td>9,955</td>
<td>8,740</td>
<td>7,955</td>
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<tr>
<td>Cost per m²</td>
<td>1,237</td>
<td>1,106</td>
<td>1,045</td>
<td>1,017</td>
</tr>
<tr>
<td>On-costs @ 40%</td>
<td>119,100</td>
<td>174,300</td>
<td>229,500</td>
<td>278,500</td>
</tr>
<tr>
<td>Cost per place</td>
<td>11,910</td>
<td>8,715</td>
<td>7,650</td>
<td>6,963</td>
</tr>
<tr>
<td>Cost per m²</td>
<td>1,083</td>
<td>968</td>
<td>914</td>
<td>890</td>
</tr>
<tr>
<td>Free standing</td>
<td>144,300</td>
<td>185,700</td>
<td>228,000</td>
<td>261,300</td>
</tr>
<tr>
<td>Cost per place</td>
<td>14,430</td>
<td>9,285</td>
<td>7,600</td>
<td>6,533</td>
</tr>
<tr>
<td>Cost per m²</td>
<td>1,233</td>
<td>962</td>
<td>844</td>
<td>775</td>
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### Schedule of areas for typical day nurseries

<table>
<thead>
<tr>
<th>Areas m²</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entrance</strong></td>
<td>7</td>
<td>13</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td><strong>Pram store</strong></td>
<td>0.75</td>
<td>1</td>
<td>1.25</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Children’s cloaks in playspace</strong></td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Toilets:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Babies inc. nappy change</td>
<td>2.5</td>
<td>2.5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Children (85 m²)</td>
<td>3.4</td>
<td>9.3</td>
<td>12.7</td>
<td>18.7</td>
</tr>
<tr>
<td>Staff</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Visitors’ disabled</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Play space:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-1 year old (3.7)</td>
<td>11.1</td>
<td>11.1</td>
<td>22.2</td>
<td>33.3</td>
</tr>
<tr>
<td>1-2 year old (2.8)</td>
<td>8.4</td>
<td>16.8</td>
<td>25.2</td>
<td>25.2</td>
</tr>
<tr>
<td>2-5 year old (2.3)</td>
<td>9.2</td>
<td>25.3</td>
<td>34.5</td>
<td>50.6</td>
</tr>
<tr>
<td>Playspace storage (50% of playspace area)</td>
<td>14.4</td>
<td>26.6</td>
<td>41</td>
<td>54.6</td>
</tr>
<tr>
<td>Staff room</td>
<td>7</td>
<td>8.5</td>
<td>10</td>
<td>11.5</td>
</tr>
<tr>
<td>Manager’s office</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Parents’ room</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Kitchen and kitchen storage</td>
<td>8</td>
<td>12</td>
<td>15.5</td>
<td>18.5</td>
</tr>
<tr>
<td>Kitchen if food prepared outside nursery***</td>
<td>4***</td>
<td>5***</td>
<td>6***</td>
<td>6***</td>
</tr>
<tr>
<td>Milk preparation</td>
<td>1.5</td>
<td>1.5</td>
<td>2.5</td>
<td>3</td>
</tr>
<tr>
<td>Laundry</td>
<td>2</td>
<td>3</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Cleaner’s store</td>
<td>1</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Plant</td>
<td>4</td>
<td>7</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Circulation (15%)</td>
<td>13.8</td>
<td>24</td>
<td>33.8</td>
<td>42.4</td>
</tr>
<tr>
<td><strong>Total Area</strong></td>
<td>114</td>
<td>192</td>
<td>269</td>
<td>336</td>
</tr>
<tr>
<td>Area per place</td>
<td>11.4</td>
<td>9.6</td>
<td>9.0</td>
<td>8.4</td>
</tr>
<tr>
<td>Outdoor play, minimum, including outdoor equipment storage</td>
<td>38</td>
<td>64</td>
<td>70</td>
<td>112</td>
</tr>
</tbody>
</table>

---

* The age breakdown attempts to provide a balance of all age groups. It may not be appropriate for every situation.

** For normal single-shift opening hours. This figure indicates the expected number of childcare staff and a supernumary manager for the larger nurseries. A cook, kitchen assistant, NNEB students etc will increase this total (see 4.3.1).

*** Areas not included in total area calculations. These areas will not be adequate for cook-chill equipment (see 5.2.15).
Appendix 1 - Nucleus hospitals

“Nucleus” is a standardised briefing and planning system for hospital buildings developed by NHS Estates. It is designed as a small intensive use first phase hospital which, together with facilities located elsewhere, provides a district service. It is designed to be capable of expansion to full District General Hospital (DGH) capacity when funds become available.

A DGH serves a population of about 250,000 and provides a full range of hospital services, which include diagnostic and treatment facilities for in-patients, day-patients, maternity departments, psychiatric, geriatric and rehabilitation facilities.

Nucleus departments are designed in clinical “templates” of 1100m² (previously 1000m²) containing whole departments or clusters of smaller departments. Different building forms are used for the service areas (e.g. boiler house). The selection of the template form was the outcome of considerable research into shapes suitable for standardisation and their relationships between departments. Departments are linked horizontally by a hospital street and vertically by lifts, ramps and staircases. Plant rooms are usually located at roof level.

The first Nucleus hospital was completed in 1981. There are now about 130 schemes in the hospital building programme, of which 61 are completed, and the remainder at construction or planning stages. This represents a capital investment of over £2.0 billion (1990 figures) including fees and equipment.

For further information on Nucleus, contact:
NHS Estates
Room 540
Euston Tower
286, Euston Road
London
NW1 3DN
Appendix 2 - Nurseries visited in research stage

Hospital health authority nurseries

Bunnybrokes Day Nursery, Addenbrookes Hospital, Cambridge.

Canterbury House Day Nursery, St. Thomas’ Hospital and West Lambeth Health Authority, London SE1

Jolly Tots Children’s Nursery, East Surrey Hospital, Redhill, Surrey

Queen Charlotte’s Hospital Nursery, London W.6

St. George’s Hospital Nursery, London SW17

Streatham Common Day Nursery, West Lambeth Health Authority/Sainsburys, London SW16

Community nurseries

Bermondsey Community Nursery, London SE1

Cubbitt Street Community Centre, London WC1

Garlinge Cottages Day Nursery, London NW2

Gumboots Nursery, London SE22

Jumoke, London SE17

Langtry Childrens’ Centre, London NW8

Play Arc, Newham, London E13

Play Barn, Newham, London E13

Pond Street Childrens’ Centre, London NW3
Bibliography


Co-ordination and duty to review day care services (Guidance). Children Act 1989, Consultation Paper Number 5, July 1990. Department of Health

Day Care for Children in Need (Guidance); Children Act 1989, Consultation Paper Number 11, August 1990 Department of Health.


The Key To Real Choice: An Action Plan for Childcare, Equal Opportunities Commission.


Pre-school Daycare 1&2, Henry Haverstock Building Design Easibrief 27.


Quality Management for Children: Play in Hospital, Christine Hogg. Plan for Management Committee.


It’s not all Swings & Roundabouts. Rosy Martin. Women’s Design Service.


Young Children in Group Daycare, A Framework for Action National Children’s Bureau.


Starting Points, Series of Briefing papers advising volunteer groups. VOL CUF April 1989.


Paying for Partnership Projects VOLCUF

Day Nurseries, Nurseries and Childminders Act 1948 and local guidelines. Cambridgeshire County Council Social Services Department.
Bibliography

Periodicals


Co-ordinate, published by VOLCUF 6 issues per year, no advertising. Extensive summary of current concerns as well as articles & listings.


Articles

Architects’ Journal - Project Features on new and converted day-care nurseries.

29.7.87 Child’s Play, Reports by Elaine Rigby on daycare requirements in places of work, tower blocks, projects by Greenhill Jenner: Blackshaw Road (AJ 20.4.83). East Dulwich Estate (AJ 29.7.87). Doddington (AJ 29.7.87). Rockingham. Rosalind Nursery


18.10.89 Childcare challenge, Feature article by Ruth Owens on JUMOKE nursery, Southwark, by Matrix.

2.5.90 A Nursery Storey, Feature article by Joe Kerr & Jonathan Strickland on Canterbury House Day Nursery, staff nursery for St. Thomas’s Hospital by Greenhill Jenner.

Facilities Selected articles by Susan Hay.

Childcare Facilities Parts 1, 2 & 3.

Assessing need and an outline of requirements for workplace nurseries. Includes sample questionnaire, standard space and planning information, design and running costs.

RIBA Journal March 1990 Banking on Childcare, Jennifer Havinden on workplace nursery for Midland Bank in Sheffield by Triangle Architects, Manchester.
**Design Guide: The design of day nurseries**

ISBN 0 11 3213891

**CORRECTION**

Page 13, para 4.3.1

The standard recommended staff/child ratios stated in ‘The Children Act 1989: Guidance on Family Support and Day Care Services’ are as follows:

- 0-2 years 1:3
- 2-3 years 1:4
- 3-5 years 1:8

_NHS Estates_

_June 1991_

_LONDON: HMSO_