

Licensing criteria for centre-based ECE services

The [Education Act 1989 S310](#) defines an early childhood education and care centre as premises used regularly for the education or care of 3 or more children (not being children of the persons providing the education or care, or children enrolled at a school being provided with education or care before or after school) under the age of 6—

- a. by the day or part of a day; but
- b. not for any continuous period of more than 7 days.

Centre-based ECE services have a variety of different operating structures, philosophies and affiliations, and are known by many different names – for example, Playcentres, early learning centres, Montessori, childcare centres, Kindergartens, crèches, preschools, a’oga amata, Rudolf Steiner etc.

These centres are licensed in accordance with the Education Act 1989 under the [Education \(Early Childhood Services\) Regulations 2008](#), which prescribe minimum standards that each licensed service must meet. Licensing criteria are used to assess how the centres meet the minimum standards required by the regulations.

For each criterion there is guidance to help centres meet the required standards.

The publication of the criteria on its own can be [downloaded as a PDF](#) [PDF, 719 KB] and printed.

The licensing criteria were last updated in May 2016.

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Downloads

- [Licensing Criteria for Centre Based Education and Care Services 2008](#) [PDF, 719 KB]

Useful links

[Ngā arohaehae whai hua / Self-review guidelines for early childhood education](#)

Print copies of Ngā arohaehae whai hua / Self-review guidelines for early childhood education can be requested from:

Ministry of Education Customer Services

Phone 0800 660 662

Fax 0800 660 663

Curriculum

43 Curriculum standard: general

(1) The curriculum standard: general is the standard that requires every licensed service provider to whom this regulation applies to —

(a) plan, implement, and evaluate a curriculum that is designed to enhance children’s learning and development through the provision of learning experiences, and that is consistent with any curriculum framework prescribed by the Minister that applies to the service; and that

- i. responds to the learning interests, strengths, and capabilities of enrolled children; and
- ii. provides a positive learning environment for those children; and
- iii. reflects an understanding of learning and development that is consistent with current research, theory, and practices in early childhood education; and
- iv. encourages children to be confident in their own culture and develop an understanding, and respect for, other cultures; and
- v. acknowledges and reflects the unique place of Māori as tangata whenua; and
- vi. respects and acknowledges the aspirations of parents, family, and whānau; and

(b) make all reasonable efforts to ensure that the service provider collaborates with the parents and, where appropriate, the family or whānau of the enrolled children in relation to the learning and development of, and decision making about, those children; and

(c) obtain information and guidance from agencies with expertise in early childhood learning and development, to the extent necessary, to—

- i. support the learning and development of enrolled children; and
- ii. work effectively with parents and, where appropriate, family or whānau.

(2) Each licensed service provider to whom this regulation applies must comply with the curriculum standard: general.

[Curriculum criteria documentation required](#)

The criteria in this section have been grouped together by topic. Each criterion has also been given a short, descriptive title. The titles are provided only to help you navigate around more easily on the website – they do not form part of the criteria themselves.

In this section

- [Professional practice](#) - Criteria and guidance for C1-C4
- [Culture and identity](#) - Criteria and guidance for C5-C6
- [Children as learners](#) - Criteria and guidance for C7-C10
- [Working with others](#) - Criteria and guidance for C11-C13
- [Documentation required](#) - For curriculum criteria

Professional practice

Criteria for Professional practice:

In this section

- [C1 - Curriculum consistent](#)
- [C2 - Assessment](#)
- [C3 - Interactions](#)
- [C4 - Adults' knowledge](#)

C1 Curriculum consistent

Criteria

Curriculum criterion 1

The [service curriculum](#) is consistent with any prescribed curriculum framework that applies to the service.

[Documentation required](#)

Rationale/Intent:

Criterion ensures that there is a link between the prescribed curriculum framework and what happens at the service.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

The curriculum framework is the Principles/Ngā Kaupapa Whakahaere and Strands/Ngā Taumata Whakahirahira of [Te Whāriki](#).

[Te Whāriki](#) continues to provide the basis for consistent high-quality curriculum delivery in the diverse range of early childhood services in Aotearoa/New Zealand. As such, it is the best guidance to meet this criterion. In this document, curriculum is described as "the sum total of the experiences, activities, and events, whether direct or indirect, which occur within an environment designed to foster children's learning and development." (p. 10).

The ways in which each early childhood education service works with the curriculum framework will vary. Each service will continue to develop its own curriculum and programmes that reflect the things that are important to the children, their families, the staff, the community and the philosophy of the specific setting. It is important for services to be able to identify how everything we do in an early childhood setting works towards meeting the curriculum framework for the children and families that attend.

Other guidance, like [Kei Tua o te Pae](#), build from Te Whāriki to provide more detail about ways to do this.

Things to consider

Things to consider:

How do we know that our service empowers children?

How do we reflect the wider world of family and community within our service curriculum?

How do we know that our service curriculum reflects the holistic way children learn and grow? What does holistic learning look like?

How do we know that our service curriculum is embedded in reciprocal and responsive relationships?

How do you learn from your service curriculum and what you notice from children's learning to deepen your understanding of the principles and strands?

How is our understanding of what the strands mean in our service guided by the principles?

Where does self-review fit into the curriculum framework?

Are our understandings of the principles and strands leading us to ask questions like "why do we do things this way?"

How does curriculum leadership happen in our team?

How do we bring our understanding of Te Whāriki to bear when reviewing our service philosophy?

Gallery



[See larger image](#) [JPG, 27 KB]

Te Whāriki continues to provide the basis for consistent high quality curriculum delivery in the diverse range of early childhood services in Aotearoa/New Zealand.

C2 Assessment

Criteria

Curriculum criterion 2

The [service curriculum](#) is informed by [assessment](#), planning, and evaluation (documented and undocumented) that demonstrates an understanding of children's learning, their interests, whānau, and life contexts.

[Documentation required](#)

Rationale/Intent:

This criterion requires assessment, planning and evaluation to inform the implemented curriculum and ensure a connection between the different contexts of children's learning.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

A service curriculum that is informed by assessment, planning, and evaluation will notice, recognise, and respond to the contributions made to the programme by the children, their families, staff, and community. Experiences planned to support and enhance children's learning will be purposeful and meaningful to them.

A service will develop a process to assist them to meet this criterion, taking into consideration the beliefs, values, knowledge, and aspirations of

children, their families, staff, and community.

Documentation and evidence gathered during this process may take a variety of forms to suit the service's operation, and can include: minutes of meetings; observations and learning stories; examples of children's work; posters and wall displays; recorded discussions; policies and procedures. Children, their families, staff, and community, should all contribute to this process. How information is gathered is not important – how it is used to inform the service curriculum and educator practice is important.

Further information about Planning, Evaluation, and Assessment can be found on pages 28-29 of [Te Whāriki](#).

Practice

Examples of what this might look like in practice:

Parents' views are sought and recorded

Stories about children's learning in environments other than the early childhood service are included in the planning, assessment, and evaluation process

Children are supported by educators to be actively involved in assessing their own learning, such as, telling their own learning stories

Photographs and other observations are analysed to identify the learning that has occurred and how to build on it

A wide range of methods is used to gather information about children's learning

Curriculum goals and assessment practices are consistent with service philosophy

Educators develop, in collaboration with parents/whānau, learning goals that acknowledge children's heritages and support their understanding of their cultural identity

Educators share their knowledge with parents/whānau

Management provides educators with time and space to record and analyse each child's significant learning.

Things to consider

Things to consider:

How do we identify what works well and what the barriers are to meaningful assessment, planning, and evaluation?

When changes are made to the assessment, planning, and evaluation process how do we ensure they are effective?

How is our assessment practice embedded in reciprocal and responsive relationships?

How do we encourage contributions from children, their families, and community, and all staff?

How useful is the information we gather about children? How are our current assessment practices supporting and enhancing children's learning?

Whose knowledge is of value?





How are learning goals set for children, and who does this?

What external factors influence our team's views on assessment, e.g. school? In what ways do these external factors have an impact?

How do we access knowledge that will assist us to support/enhance the learning for all children?

How do we ensure that we have an understanding of other world views and ways that these may influence learning outcomes for the child?

Gallery

 <p>View larger image [JPG, 182 KB]</p> <p>Children's profile books are readily available to encourage children to re-visit their learning.</p>	 <p>View larger image [JPG, 205 KB]</p> <p>Documentation and evidence gathered during this process may take a variety of forms.</p>
 <p>View larger image [JPG, 141 KB]</p> <p>Children are supported to be involved in assessing their own learning.</p>	 <p>View larger image [JPG, 145 KB]</p> <p>Documentation and evidence gathered during this process may take a variety of forms.</p>

C3 Interactions

Criteria

Curriculum criterion 3

[Adults providing education and care](#) engage in meaningful, positive interactions to enhance children's learning and nurture reciprocal relationships.

[Documentation required](#)

Rationale/Intent:

Criterion is a means of ensuring that the service curriculum is consistent with the prescribed curriculum framework, and recognises the key importance of adult-child interactions.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Relationships are a source of learning, empowerment, and identity for all of us. As educators, if we believe everything we do has an impact on learning and teaching, we have a responsibility to engage in responsive and respectful relationships with children, families/whānau, and each other.

Interaction provides a rich social world for children to make sense of and understand. Educators provide encouragement, warmth, acceptance, and challenges to help children extend their ideas and understanding of the world.

How services support and organise staff, to ensure that children experience stable and predictable relationships with educators, is important to enhance learning and care experiences for children.

Practice

Examples of what this might look like in practice:

Co-operative ventures and achievements are valued and encouraged

Educators listen carefully to children, asking open and searching questions to encourage complex learning and thinking

Educators use daily care routines as opportunities to have meaningful interactions with children

The service curriculum develops children's skills in forming and maintaining positive relationships with others

Infants experience one-to-one interactions which are intimate and sociable

Adults are warm and friendly in their interactions with other adults

The service curriculum provides opportunities for children to play together for sustained periods in groups of their own choosing

Strong relationships are formed between children and educators due to low turnover of staff

Children's actions demonstrate that they trust educators to respond in a positive way

Educators respond quickly and directly to children, adapting their responses to individual children. They provide support, focused attention, physical proximity, and verbal encouragement as appropriate, are alert to signs of stress in children's behaviour, and guide children in expressing their emotions.

Things to consider

Things to consider:

How would we explain to others how children's learning is supported through meaningful and positive interactions?

How are reciprocal relationships reflected in our setting?

What do we understand about the notion of whanaungatanga? How is it reflected in our service?




What strategies do we use in our teaching practice to be 'in-tune' with children?

How do we ensure that every child has the opportunity to develop a strong, reciprocal relationship with at least one educator?

How does the language that we use empower children?

How does our team define an engaged learner?

Gallery

 View larger image [JPG, 171 KB] Educators provide focused attention, physical proximity and listen carefully to children.	 View larger image [JPG, 284 KB] Children's actions demonstrate that they trust educators to respond in a positive way.
 View larger image [JPG, 145 KB] Educators provide focused attention, physical proximity and listen carefully to children.	

C4 Adults' knowledge

Criteria

Curriculum criterion 4

The practices of [adults providing education and care](#) demonstrate an understanding of children's learning and development, and knowledge of relevant theories and practice in early childhood education.

[Documentation required](#)

Rationale/Intent:

The criterion is based on the assumption that quality education is more likely to be assured when teachers working at the service have appropriate knowledge and understanding.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Our understanding of children's learning and development underpins what we do, and why we do it. A range of theories in learning and development support and influence early childhood education. It is important that we understand what influences our teaching practice and can articulate and put into action the knowledge that we have.

The early childhood education knowledge-base is constantly being revised and developed. Professional learning helps us to keep up-to-date with these changes. Participating in professional development opportunities (formal and informal) and professional reading helps us to continuously build on our understanding. Educators should take opportunities to discuss and debate ideas and theories, and identify meaningful ways to put their new knowledge into practice.

Self-review practices also play an integral role in assisting us to explore our understanding of children's learning and development, and identify what we do not know and what we need to learn more about.

Practice

Examples of what this might look like in practice:

Educators can clearly articulate how their practices impact on children's learning

Educators critically reflect on practice in the light of new information they have learnt

Educators share their understandings at staff meetings

Practices reflect the service's philosophy in relation to aspirations for the child

Planning, evaluation, and assessment documentation clearly identify the learning that has occurred for the child.

Things to consider

Things to consider:

How do we make decisions about our focus for professional development?

How do our relationships and interactions reflect relevant theories and good practice in early childhood education?

What do we say by our actions? What goes unnoticed, or unsaid? Do our actions match our words?
How does the language we use demonstrate our understanding of relevant theories and good practice?
How do different theories that guide our practice connect with each other? How are they different?
How do we articulate to others why we do things, and what we are doing?
How do our understandings of inform our approach to new knowledge?
How does our professional learning change our perspectives of ?

Culture and identity

Criteria for Culture and identity:

In this section

- [C5 - Acknowledgement of tangata whenua](#)
- [C6 - Culture](#)

C5 Acknowledgement of tangata whenua

Criteria

Curriculum criterion 5

The [service curriculum](#) acknowledges and reflects the unique place of Māori as tangata whenua. Children are given the opportunity to develop knowledge and an understanding of the cultural heritages of both parties to Te Tiriti o Waitangi.

[Documentation required](#)

Rationale/Intent:

This criterion helps to ensure the service curriculum supports all children to develop an understanding and appreciation of New Zealand's bi-cultural heritage.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Te Tiriti o Waitangi plays a significant role in the revitalisation of Māori language and culture, an important part of Aotearoa/New Zealand culture. Early childhood services are a vital link to ensuring all New Zealand children, regardless of ethnicity, are given the opportunity to learn about and experience, in a very real way, both Pākeha and Māori culture.

[Te Whāriki](#) is a bilingual, bicultural document which reflects Māori views of children's learning and development, and includes many strategies for

implementing bicultural programmes.

The service curriculum will be developed in partnership with Māori to provide genuine opportunities for participation in programme development, enhancing outcomes for Māori children. Programmes will support the revitalisation of te reo and tikanga Māori.

Practice

Examples of what this might look like in practice:

Te Reo Māori is spoken, heard, and visible across the environment and used for a range of purposes

Children learn about the history of local hapū and iwi through meaningful experiences

Educators use teaching strategies which reflect tikanga Māori, including narrative, song, art, and movement

Educators integrate te reo me tikanga Māori into all aspects of the service curriculum, including routines, rituals and regular events

Children are aware of their own ancestral heritage and the history of Aotearoa/New Zealand

Children display a strong sense of environmental awareness and care, including consideration of both the natural (living) world and the physical (non-living) environment

The service philosophy and practices reflect commitment to a bicultural partnership.

Things to consider

Things to consider:

What do we understand about the unique place of Māori as tangata whenua? How is this visible within our environment?

How do we ensure that management and educators understand the principle of partnership inherent in Te Tiriti o Waitangi?

How is this partnership reflected in the policies and practices of the service as identified in the governance and management criteria?

How does our service encourage and/or support educators to extend their knowledge and use of te reo me tikanga Māori

How are we communicating and working in partnership with Māori? How is this determined? Is it effective? How do we know?

Do we know the history of and/or understand the protocols of our local hapū and iwi?

Gallery



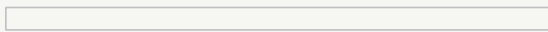
[View larger image](#) [JPG, 135 KB]

Māori symbols are used in the environment.



[View larger image](#) [JPG, 192 KB]

Māori symbols are used in the environment.



[View larger image](#) [JPG, 78 KB]

Te reo Māori is integrated into all aspects of the service curriculum including routines.



[View larger image](#) [JPG, 121 KB]

Educators use teaching strategies which reflect tikanga Māori, including song and movement.



[View larger image](#) [JPG, 33 KB]

Throughout Quality in Action, bicultural approaches are suggested so all children are enriched with knowledge of both partners in Te Tiriti o Waitangi and services can support Māori children and whānau.

C6 Culture

Criteria

Curriculum criterion 6

The service curriculum respects and supports the right of each child to be confident in their own culture and encourages children to understand and respect other cultures.

[Documentation required](#)

Rationale/Intent:

This criterion helps to ensure the service curriculum is responsive to the different cultures of the families of the children attending and helps each child gain a positive awareness of their own and other cultures.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Children's learning and development is enhanced if the well-being of their family and community is supported; if their family, culture, knowledge and community are respected; and if there is a strong connection and consistency between all aspects of the child's world. When all families are welcomed it supports a child's sense of connection and connectedness. The service curriculum supports the cultural identity of all children, affirms and celebrates cultural differences, and aims to help children gain a positive awareness of their own and other cultures.

Practice

Examples of what this might look like in practice:

Partnerships are developed with families/whānau to assist understanding of the values, customs, rituals, and practices that are important to the child and to identify meaningful ways to include these in the curriculum

Children's home languages and cultural practices are heard and seen in the environment

Resources reflect ethnic diversity and the cultures of the families using the service

Experiences and opportunities are taken for the modelling of non-discriminatory practices

Important events are acknowledged and celebrated to foster children's sense of worth and belonging within the environment



Children have opportunities to share aspects of their culture with others in the service
Educators use a variety of teaching strategies that demonstrate the holistic way children learn and grow.

Things to consider

Things to consider:

- How are families/whānau kept informed about and encouraged to participate in the development of our service curriculum?
- How do our self-review processes support children knowing about and understanding their own and others' cultures?
- How is our understanding of and respect for our own and others' cultures reflected in our service's philosophy statement, policies, and practices?
- How do we know whether our programme is effective in relation to supporting each child to be confident in their own culture and respectful of others' cultures?
- How do we ensure the provision of meaningful and respectful cultural experiences?
- Are our relationships with families/whānau reciprocal and responsive? How do we know?
- How does our team challenge discriminatory practices and behaviour in our service?
- How does our team challenge issues to do with fairness and social justice?
- What opportunities are there for the children in our service to take part in events and customs of cultural significance?
- How does our behaviour demonstrate that we value and respect diversity?

Gallery

 <p>View larger image [JPG, 197 KB]</p> <p>Resources reflect ethnic diversity.</p>	 <p>View larger image [JPG, 139 KB]</p> <p>Cultural symbols of the children who attend the service are represented in the environment.</p>
 <p>View larger image [JPG, 119 KB]</p> <p>Children's home languages are seen in the environment.</p>	

Children as learners

Criteria for Children as learners:

In this section

- [C7 - Curriculum responsive](#)
- [C8 - Language-rich environment](#)
- [C9 - Range of experiences](#)
- [C10 - Behaviour management](#)

C7 Curriculum responsive

Criteria

Curriculum criterion 7

The service curriculum is inclusive, and responsive to children as confident and competent learners. Children's preferences are respected, and they are involved in decisions about their learning experiences.

[Documentation required](#)

Rationale/Intent:

Criterion is a means of ensuring that the service curriculum is consistent with the prescribed curriculum framework.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

A service curriculum that is inclusive ensures all children know that the early childhood service they attend is a place where they belong and where they feel valued for who they are.

The service curriculum treats all children, regardless of their age, gender, ethnicity, and abilities, as competent and confident learners who are active participants in their own learning. Supportive, responsive educators guide children to make choices in, and contribute to the planning of, the programme in an early childhood service.

The curriculum will enable children with special needs to be actively engaged in learning with and alongside the other children in the service.

Practice

Examples of what this might look like in practice:

Children participate in decisions that affect them, choosing their own challenges and learning opportunities from a range of resources and equipment
Educators respect children's choices and accept them wherever possible

The environment is set up so that children can independently access equipment and resources

The environment includes a wide range of learning experiences from which children can choose familiar activities or try new challenges

Educators demonstrate, in practice, that they regard each child as competent, and assist children in making informed decisions by providing them with the information they need

Children with special needs are fully engaged in the programme working with and alongside other children in the service

Children interact positively with other children of different ages, backgrounds, gender, abilities, and/or ethnic groups.

Things to consider

Things to consider:

How do the tools/resources in your service curriculum reflect what parents/whānau value as learning for their children?

How do you explain to others what real choice for children is? Who answers this question?

How do we explain to others our expectations and understanding in relation to children's learning and development?




How does the way our day is set up influence the experiences for children? How are children empowered to influence how the day is organised?

Where do the notions of child-centred, child-initiated, and child-directed learning fit into all of this?

How do we support and enable children who are non-verbal to make choices within our programme?

How does our service curriculum include strategies to fully include children with special needs?

Gallery

 View larger image [JPG, 219 KB] Children choose their own challenges and learning opportunities from a range of resources and equipment.	 View larger image [JPG, 125 KB] Educators regard each child as competent.
 View larger image [JPG, 213 KB] Children choose their own challenges and learning opportunities from a range of resources and equipment.	

C8 Language-rich environment

Criteria

Curriculum criterion 8

The service curriculum provides a language-rich environment that supports children's learning.

[Documentation required](#)

Rationale/Intent:

This criterion is a means of ensuring that the service curriculum is consistent with the prescribed curriculum framework.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Language is a vital part of communication and cultural transmission. If children are competent communicators, they are well-placed to enjoy their relationships with others and to be successful learners. Language does not consist only of words, sentences, and stories though; it includes the language of images, art, dance, drama, mathematics, technology, movement, rhythm, print, and music.

The 'languages' used in the environment will depend on the make-up of the children and families that attend, and the community that the service serves - for example a language-rich environment in an infant and toddler setting may look, feel, and sound different from a setting for older children.

In early childhood services in Aotearoa/New Zealand it is important that educators understand the significance of te reo Māori and that it is heard, seen, and used throughout the day and integrated throughout the service curriculum.

All children will enter an early childhood service with a first language. Sometimes this language is different to the language or languages used in the centre. It is important that educators work in collaboration with the parents/whānau of the child to ensure that the child's first language is integrated into the service curriculum in real and meaningful ways.

Practice

Examples of what this might look like in practice:

The service curriculum is print-focused. Educators encourage print-awareness in children's activities by having a lot of printed material visible around the centre, at children's eye-level or just above, and offer children a range of readily accessible books

The first language of each child that attends the service is represented in the environment – seen and heard – particularly the key words and phrases that the child relies upon for communication

Children and educators use their first languages and extend their vocabularies in both te reo Māori and English

Children use a variety of ways to communicate including non-verbal communication through art, movement, and music

Educators actively listen to and respond to all forms of communication from children

Educators promote stories, songs, dance and music from a variety of cultures.

Things to consider

Things to consider:

What languages are 'spoken' here?

How do our wider relationships with colleagues, parents and the community influence our provision of a language-rich environment?

What tools and strategies do we have to support the provision of a language-rich environment?

How do we evaluate how our level of engagement with children and families impacts on learning outcomes for children?

What kinds of review practices happen within the language used in engagement with children?

How do we reflect on or monitor the language we use with children, families, and each other?

How do the language experiences provided for children reflect the families' wishes, beliefs, and aspirations?

How do we access content knowledge and technical language to support and extend children's thinking?

What role does a language-rich environment play in the transmission of culture?

What happens at our place that reflects the importance of language/learning?





How would we explain to others how children's learning is supported through a language-rich environment?

Do we notice who talks, when they talk, and what they say? Do we notice who does not talk, and why?

How are the languages and symbols of children's own and other cultures promoted and protected?

How can our environment support children's thinking and language?

Gallery

 View larger image [JPG, 108 KB] Educators encourage print awareness in children's activities. Visual prompts in book areas can assist this.	 View larger image [JPG, 165 KB] Printed material is available to children and they are offered a range of readily available books.
 View larger image [JPG, 132 KB] Children use a variety of ways to communicate including non-verbal communication through art. Educators actively listen to and respond to all forms of communication from children.	 View larger image [JPG, 131 KB] Children and educators extend their vocabularies in te reo Māori. Cues in the environment prompt usage.

C9 Range of experiences

Criteria

Curriculum Criterion 9

The [service curriculum](#) provides children with a range of experiences and opportunities to enhance and extend their learning and development – both indoors and outdoors, individually and in groups.

[Documentation required](#)

Rationale/Intent:

This criterion is a means of ensuring that the service curriculum is consistent with the prescribed curriculum framework.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

The range of experiences and opportunities provided to enhance children's learning and development will be heavily influenced by the outcomes of assessment, planning, and evaluation practices. Along with providing a range of resources and equipment, extending children's learning and development involves using these resources in purposeful and meaningful ways, relevant to the children's lives.

Resources take many forms and will include people, places, and things. The resources provided to support the service curriculum should reflect the service's philosophy of learning, and will be responsive to the preferences of children, their families, the staff, and community.

The experiences and opportunities available should enable children to make choices about their learning. This could be individual or group learning, happen indoors or outdoors, and should offer challenge and familiarity.

Through their interactions with children, educators have a key role in extending children's learning and development. They create opportunities for

children to expand their thinking and learning within friendly, nurturing relationships.

Practice

Examples of what this might look like in practice:

Educators are familiar with individual children's interests and strengths and provide appropriate experiences to extend them

Children have ready-access to varied environments that they can explore and investigate

Equipment can be used in a variety of different ways

Children engage in a variety of different physical experiences, planned to challenge them and enhance their physical skills

Children are actively engaged in investigation and sustained exploration

The service curriculum reflects the holistic way that children learn

Educators frequently join in children's activities and offer materials, information, or encouragement to facilitate play and learning around a particular subject.

Things to consider

Things to consider:

Are there enough resources to promote children's choices for challenge, revisiting, wider community experiences, exploration, solitary and group play?

How is our environment set up? Who makes the decisions about how our environment is set up? Where does assessment for learning feature in this?

Does the physical access and programme support children to make choices about their movements between the indoor and outdoor environments?

How are children and their families/whānau engaged, regarding the range of experiences and opportunities provided?

How do our teaching practices stimulate children's thinking, and reflect the holistic way children learn and grow?

Is our environment used in purposeful and meaningful ways?

Is the environment arranged in a way that allows choice and opportunities for independence and interdependence?

C10 Behaviour management

Criteria

Curriculum Criterion 10

The service curriculum supports children's developing social competence and understanding of appropriate behaviour.

[Documentation required](#)

Rationale/Intent:

This criterion helps to ensure the service curriculum supports and positively guides the development of children's social competence and their ability to establish and maintain appropriate relationships with other children and adults.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

As children learn to make sense of their world and develop working theories they develop an understanding of themselves in social contexts, including the early childhood service.

What is viewed as social competence and appropriate behaviour may vary from setting to setting and will depend on the values that families, educators, and communities hold. It is therefore vital that educators, parents, the community, and children share with each other their understandings of social competence.

The environment, our expectations, and our teaching practices will be strong indicators of what we consider as socially appropriate and competent behaviours.

A service curriculum that supports social competence and understanding of appropriate behaviour will provide ongoing opportunities for children to practise, through actions, words, and behaviours, their growing competence.

Practice

Examples of what this might look like in practice:

Educators emphasise what to do, rather than what not to do, in explanations and instructions

There are enough resources to promote children's choices for challenge, revisiting, wider community experiences, exploration, solitary and group play

Relationships and interactions in the service promote respect between children, and between children and educators

Educators use a range of conversation skills to encourage children to talk and think about relationships and the consequences of different responses to a given situation or problem

Children know the limits and boundaries of acceptable behaviour

Children are only offered genuine choice

The service curriculum provides opportunities to discuss and negotiate rights, fairness, and justice with adults.

Things to consider

Things to consider:

What are the limits and boundaries in our service? How are these negotiated and shared with children and their families?

What are our expectations of the range of behaviours children will demonstrate in the early years?

How does the structure of our staffing, and staffing numbers support the development of children's social competence?

What is my image of children? What is my team's image of children?

How do we evaluate the effectiveness of our teaching strategies in relation to the development of children's social competence?

How do my own personal values impact on, and influence my teaching practice?

How do our routines and rituals support children's developing social competence?

How do we manage challenging behaviours in respectful and dignified ways?

What are the advantages and disadvantages to children if educators intervene and provide guidance and support during play?

Working with others

Criteria for working with others:

In this section

- [C11 - Parents' aspirations](#)
- [C12 - Opportunities for parents](#)
- [C13 - Seeking information](#)

C11 Parents' aspirations

Criteria

Curriculum criterion 11

Positive steps are taken to respect and acknowledge the aspirations held by parents and whānau for their children.

[Documentation required](#)

Rationale/Intent:

The criterion is underpinned by the belief that a level of collaboration between parents and adults providing education and care will result in positive outcomes for children, and that parents are the 'experts' on their own children. The criterion aims to ensure that services consider the parents' perspectives in regards to their children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Children are a taonga of their families/whānau. All parents have particular goals and dreams for their children. These aspirations may be about the individual child and/or may be about the child within the context of their collective group.

Educators need to listen carefully and respectfully to the aspirations shared by parents. Sometimes the goals parents identify for their children may not fit comfortably with the service philosophy or what you understand about children's learning and development. In these situations it is important to discuss this with the parents, articulating your understanding and finding a way to meet the parents' aspirations that is appropriate to your service.

Practice

Examples of what this might look like in practice:

Educators are receptive to information about children's lives at home and incorporate it into their planning and programme

There are regular opportunities provided for parents to share their goals for their child with educators

Families are confident to visit, talk with staff, ask questions, and offer information about their child.

Things to consider

Things to consider:

What informal and formal opportunities for engaging with parents are regularly taken (and recorded) to develop an understanding of their aspirations for their child?

In what way does our service use consultation to support change?

How do we create an atmosphere that enables free-sharing of ideas and opinions?

In what ways do our notions of power impact on parents sharing their aspirations?

Whose knowledge is viewed as the most valuable?

What happens when parents/whānau challenge our interpretations of anything? Is this process one of empowerment?

Who decides how families/whānau are consulted? What is the agenda for this consultation?

C12 Opportunities for parents

Criteria

Curriculum criterion 12

Regular opportunities (formal and informal) are provided for parents to:

communicate with adults providing education and care about their child, and share specific evidence of the child's learning; and be involved in decision-making concerning their child's learning.

[Documentation required](#)

Rationale/Intent:

The criterion is underpinned by the belief that a level of collaboration between parents and adults providing education and care will result in positive outcomes for children. The criterion also aims to ensure that the learning and development of children is optimally supported through a holistic, collaborative approach and, that parents are well-informed.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Partnerships involving regular consultation with parents, guardians, and whānau are a crucial part of quality early childhood education. Parental presence and engagement have been found to support improved outcomes for children, and develop a greater sense of belonging for families and whānau.

Where parents are welcomed, and educators use a range of strategies to develop genuine partnerships built on mutual trust and respect, parents feel more able to participate in decision-making about their child's learning.

Educators need to consider the time, place, and space to develop these relationships through informal and formal opportunities. Formal opportunities

will include times where communication is planned and may involve preparation, for example a whānau hui or interview evening. Informal opportunities are likely to occur each day, often at the drop-off and pick-up times.

It is important to remember that not all children will be dropped-off or picked-up by their parents, therefore you will need to develop opportunities to engage with parents of these children at another time.

Practice

Examples of what this might look like in practice:

Parents feel that they are well-informed and that their views are respected and taken note of

Interactions with parents are culturally appropriate and give them a sense of belonging

Parents' 'voices' are apparent in documentation concerning children

Families are confident to visit, talk with staff, ask questions, and offer information about their child

Resource material about children's learning is readily available for families

Educators consult with parents about the process to be used when sharing information and making decisions, to ensure it is culturally appropriate, comfortable, and effective for all.

Things to consider

Things to consider:

How do we share a child's day with parents?

How do we acknowledge the role of parents/whānau as partners in observing and evaluating their children's learning and development?

How do we empower parents/whānau to actively participate in decisions that affect the education of their children? How do we ensure they are effective?

How are parents'/whānau rights recognised?

In what ways can parents/whānau communicate in our setting?

How effective are the ways we engage with parents? How do we measure this?

How do we encourage parents to enquire about their child's learning and development?

How do we ensure that parents understand the practices and procedures of our service?

C13 Seeking information

Criteria

Curriculum criterion 13

Information and guidance is sought when necessary from agencies/services to enable adults providing education and care to work effectively with children and their parents.

[Documentation required](#)

Rationale/Intent:

The criterion is underpinned by the belief that a level of collaboration between parents, adults providing education and care and other agencies as necessary will result in positive outcomes for children. The criterion aims to ensure that services seek information as needed.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

There are a range of situations where information and guidance from outside agencies and specialist services can enhance the ability of a child to fully access the curriculum and therefore improve their educational outcomes. Support and assistance may be focused on an individual child and family/whānau or on the wider group of children, management, and educators.

Building stronger links between ECE services, parents and whānau, parenting programmes, schools, health, social services, and other specialists allow children's learning and development needs to be met more holistically. It is useful for an early childhood service to establish these links within their community before they are needed, to ensure timely assistance.

Before educators approach a specialist service, it is important to consult with the parents to ensure that the process is appropriate. Confidentiality issues must always be taken into consideration.

Practice

Examples of what this might look like in practice:

Educators know and quickly recognise the factors that suggest specialist information and guidance is required

Decisions to seek specialist guidance are made in collaboration with others, including colleagues and parents, and are based on observational evidence

Educators have a directory of specialist services and a ready network who will provide guidance and support to parents.

Things to consider

Things to consider:

How do our policies provide a clear process for identifying when support is needed, and for seeking that support?

How do we know that we have considered the family's wishes?

How do we go about making contact with specialist services? Do we know where all our local community facilities are?

How do our own values and assumptions impact on our decision whether or not to seek support?

What are our own assumptions of how specialist support operates?

How do we involve parents when accessing specialist services?

How does our service integrate advice from specialist services into the curriculum?

What are our service's strategies to fully-include children with special needs into our programmes?

Curriculum criteria documentation required

Documentation that provides evidence of the service's compliance with criteria C1-C13. Documentation may take a variety of forms to suit the service's operation (such as portfolios, wall displays, policies and procedures) but must include:

1. A process for providing positive guidance to encourage social competence in children (C10);
2. A process for providing formal and informal opportunities for parents to:
 - communicate with adults providing education and care about their child, and share specific evidence of the child's learning; and
 - be involved in decision-making concerning their child's learning (C12); and
3. A record of information and guidance sought from agencies and/or services (C13).

Premises and facilities

45 Premises and facilities standard: general

- (1) The premises and facilities standard: general is the standard that requires every licensed service provider to whom this regulation applies—
- (a) to use premises and facilities that, having regard to the number and age range of the children attending the premises, provide sufficient and suitable space for a range of activities, facilities for food preparation, eating, sleeping, storage, toileting, and washing, and sufficient and suitable heating, lighting, noise control, ventilation, and equipment to support —
- i. appropriate curriculum implementation by the service provider; and
 - ii. safe and healthy practices by the service provider; and
- (b) to comply with the requirements of Schedule 4 (which relates to activity spaces).
- (2) Each licensed service provider to whom this regulation applies must comply with the premises and facilities standard: general.

[What do the symbols next to the criteria in this section mean?](#)

The criteria in this section are grouped together by topic. Each criterion has also been given a short, descriptive title. These titles are provided only to help you navigate around more easily on the website – they do not form part of the criteria themselves.

In this section

- [General](#) - Criteria and guidance for PF1-PF14
- [Food preparation and eating spaces](#) - Criteria and guidance for PF15-PF17
- [Toilet and hand washing facilities](#) - Criteria and guidance for PF18-PF23
- [Other sanitary facilities](#) - Criteria and guidance for PF24-PF28
- [Sleep](#) - Criteria and guidance for PF29-PF38

General

General criteria:

In this section

- [PF1 - Design and layout of premises](#)
- [PF2 - Premises support effective supervision](#)

- [PF3 - Building Act compliance](#)
- [PF4 - Variety of equipment](#)
- [PF5 - Safe Furniture and Equipment](#)
- [PF6 - Flooring](#)
- [PF7 - Safety glass](#)
- [PF8 - Storage](#)
- [PF9 - Adult workspace](#)
- [PF10 - Art sink](#)
- [PF11 - Telephone](#)
- [PF12 - Heating, lighting, noise, and ventilation](#)
- [PF13 - Outdoor activity space](#)
- [PF14 - Infant toddler safe space](#)

PF1 Design and layout of premises

Criteria

Premises and facilities criterion 1

The design and layout of the premises:

support the provision of different types of indoor and outdoor experiences; and include quiet spaces, areas for physically active play, and space for a range of individual and group learning experiences appropriate to the number, ages, and abilities of children attending.

Related to clause 45(1)(a)(i) of standard.

Rationale/Intent:

To ensure children have access to an environment that can support a range of activities for children of all ages and strikes a balance between physically active play and quiet spaces.




Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Centres need to be designed and laid out so the physical environment supports the way the curriculum can be provided. Activity spaces need to be configured to allow for a range of learning experiences, as well as meeting the minimum space per child requirement. Centres must have sufficient indoor space for group learning, and outdoor space must be of a size and shape that does not restrict different kinds of physical activity.

A centre with several small rooms, none of which is large enough for group activities, or a centre with a very long and thin outdoor space that could severely restrict the kinds of outdoor activities that could be provided would not meet the criterion.

Gallery

 View larger image [JPG, 104 KB] Aerial view of early childhood centre layout.	 View larger image [JPG, 104 KB] Different spaces within early childhood centre.
 View larger image [JPG, 83 KB] Layout showing inside/outside space.	

PF2 Premises support effective supervision

Criteria

Premises and facilities criterion 2

The design and layout of the premises support effective adult supervision so that children's access to the licensed space (indoor and outdoor) is not unnecessarily limited.

Rationale/Intent:

To ensure the children's use of the environment is not unduly restricted by design limitations that make adequate supervision difficult.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Supervision is an important element in ensuring children are safe while attending the centre. The physical environment in centres needs to be designed and laid out so effective supervision is easy.

This does not necessarily mean all parts of the service must be visible to all adults at all times. However, potential 'blind spots' caused by the placement of the building on the land, the shape of the section, or the interior layout do need to be identified and added to a centre's hazard check sheet along with the mitigation strategy to ensure all staff and educators are aware of any issues.

Adults should be able to scan the environment while working alongside children, instead of needing to be constantly 'on patrol'.

PF3 Building Act compliance

Criteria

Premises and facilities criterion 3

The [premises](#) conform to any relevant bylaws of the local authority and the Building Act 2004.

Documentation required:

Code Compliance Certificate issued under Section 95 of the Building Act 2004 for any building work undertaken, or alternatively any other documentation that shows evidence of compliance.

Current Annual Building Warrant of Fitness (if the premises require a compliance schedule under Section 100 of the Building Act 2004).

Rationale/Intent:

To ensure the premises are compliant with the Building Act and maintained in good condition.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

The building consent process is administered by the local councils, as are council by-laws that might impact on the centre. The Ministry of Business, Innovation and Employment has information regarding [Early childhood education centres and Building Code compliance](#).

Before you undertake any building work at the centre (including the building of fences or outdoor play structures), the local council should be contacted to see if building consent is required.

[Local councils website](#)

The Code Compliance Certificate may include an occupancy load. This is the number of people who can be in the building at any one time and includes adults and children.

Building warrants of fitness and compliance schedules are required under the Building Act only when buildings contain an escalator, lift, cable car, automatic doors, or particular kind of fire alarm – they provide evidence that these mechanical systems are maintained in good working order.

PF4 Variety of equipment

Criteria

Premises and facilities criterion 4

A sufficient quantity and variety of (indoor and outdoor) furniture, equipment, and materials is provided that is appropriate for the learning and abilities of the children attending.

Rationale/Intent:

To ensure that children's learning is supported by a range of suitable and safe furniture, equipment and materials.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Children learn by interacting with people and with their environment. The furniture, equipment, and resources provided for children will have an impact upon their learning, and how they view themselves and others.

Equipment at the centre will need to engage and challenge children, and be flexible enough for children to construct their own learning. Flexible, moveable equipment allows children choice and control over how their learning environment is set up. Moveable equipment also encourages cooperation between children, and provides opportunities for problem solving.

Exactly what type and quantity of furniture, equipment, and materials provided will differ from centre to centre. Regardless of the type of equipment and materials provided, it is important there are sufficient quantities so children do not have to wait long periods. This does not mean there has to be one of everything for each child at the centre, but children should be able to access equipment and materials that support their interests, skills and abilities.

Further information on [the playground safety standard](#) and there is a [handbook for ECE services to download](#).

Further information on [equipment in ECE centres](#).

Further information is available in the guidance for [HS6 – Securing Furniture](#).

Things to consider


Consider how the furniture, equipment, and resources you provide in the centre will:

- reflect the cultural differences in the centre
- promote and protect written and spoken language
- be non-sexist and inclusive
- support parents' aspirations for their children's learning
- reflect different attitudes and feelings
- provide for group and individual play
- provide for children's current and emerging interests
- provide opportunities for choice, planning, and problem solving
- reflect the special nature or philosophy of the centre
- be relevant and challenging for the range of ages and abilities of children attending.

Consider a balance between natural products and man-made equipment and materials. Plastic products are usually cheaper and easy to clean, but they do not usually last as long or have the same aesthetic appeal as products made from natural materials.

Gallery

Examples of indoor and outdoor play equipment showing variety and range of equipment:

 <p>View larger image [JPG, 134 KB]</p> <p>Outdoor playground equipment.</p>	 <p>View larger image [JPG, 115 KB]</p> <p>Outdoor swings with a variety of swings.</p>
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PF5 Safe Furniture and Equipment

Criteria

Premises and facilities criterion 5

All indoor and outdoor items and surfaces, furniture, equipment and materials are safe and suitable for their intended use.

Rationale/Intent:

To ensure that all items used by children are of a standard that is considered safe.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

One way to ensure children's safety is to make sure that the indoor and outdoor furniture and equipment within your centre complies with the New Zealand Safety Standards.

The New Zealand Standard for playground equipment and surfacing is NZS5828:2015 Playground equipment and surfacing.

Before purchasing new equipment or safety surfacing, service providers should ensure the product has been tested against the specifications of NZS5828:2015 and the manufacturer can supply a certificate of compliance for that product.

Services should check with any potential manufacturer/supplier that a certificate of compliance is available before purchase (for example, a certificated manufacturer may have added a new piece of equipment to its range since certification and the new product may not comply with NZS5828:2015).

Newly installed playground equipment or safety surfacing must have a certificate of compliance to show it is installed according to the manufacturer's instructions. These may be asked for during the licence assessment process.

It is the responsibility of the service to ensure new playground equipment is compliant. If the furniture or equipment does not come with proof of compliance, ask the supplier to provide the appropriate evidence.

Where structures or equipment have not been designed, built and installed by a commercial manufacturer, as a minimum centres need to demonstrate:

evidence of ongoing routine maintenance inspection of structure/s and equipment for compliance with the following provisions of NZS5628:2015: entrapment provisions
fall zones (including free height fall provisions), and
structural adequacy, and
a risk-management appraisal of any issues identified.

If the inspection is carried out by a person other than a qualified inspector a [Playground Inspection Attestation Form](#) [DOCX, 11 KB] stating that the structure/equipment is safe for use will need to be signed by the person completing the inspection.

Centres should take all reasonable steps to ensure equipment is kept in good repair and maintained regularly. A regular inspection programme to ensure equipment and surfacing are properly maintained is advised. This will ensure any necessary repairs and maintenance can be completed promptly.

PF6 Flooring

Criteria

Premises and facilities criterion 6

§ Floor surfaces are durable, safe, and suitable for the range of activities to be carried out at the service (including wet and messy play), and can easily be kept clean.

Rationale/Intent:

To ensure safe, hygienic and appropriate flooring.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Floor surfaces should be easy to clean and suitable for the activities being undertaken. Well maintained wooden, particle, cork, polished concrete, tiles or vinyl floors are most suitable in an area used for messy play, while carpet is better in a book or block area. Consider how much time children spend on the floor when choosing a floor type.

Vinyl that is coved and extends a little way up the wall is easier to clean and is more hygienic over long periods of time because it eliminates joints at the edge of the floor. Different territorial authorities may have requirements to have vinyl in the toilet and kitchen areas (wet areas) extending 75mm up the wall. Check the requirements of your local authority.

It is a good rule of thumb to have about 2-thirds hard surface (or similar) and one-third carpet in the children's indoor play area. This is because a lot of messy play materials – such as paint, clay and water – are transported to other areas.

It is good for infants to have the opportunity to experience a range of textures. A range of mixed flooring types may be one way to provide this.

Things to consider

Mats are useful because they can be removed for cleaning and can be moved within the centre to reorganise the learning environment from time to time. There are some very effective semi-permanent tapes that attach a mat to the floor. This helps to ensure mats do not become a hazard.

You may want to consider under floor heating, particularly in centres catering for infants and toddlers.

ECE centres should consider having a long-term maintenance plan that includes a budget for replacement of worn out flooring and/or surface protection.

Gallery

Some examples of different types and use of flooring:

 <p>View larger image [JPG, 86 KB]</p> <p>Two children and teacher playing on carpeted floor.</p>	 <p>View larger image [JPG, 95 KB]</p> <p>Children playing at table with teacher with floor play area in background.</p>
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PF7 Safety glass

Criteria

Premises and facilities criterion 7

Any windows or other areas of glass accessible to children are either:

made of safety glass; or

covered by an adhesive film designed to hold the glass in place in the event of it being broken; or

effectively guarded by barriers which prevent a child striking or falling against the glass.

Rationale/Intent:

To ensure children's safety by reducing the risk of injury from glass.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Broken glass presents a safety risk to children and adults. Children can be seriously injured if they fall against or strike unprotected windows, doors, and mirrors. The most effective way of ensuring children and adults do not receive injuries from broken glass is to either prevent the glass from being broken or by ensuring that if the glass is broken it does not cut or pierce the skin.

Laminated safety glass or toughened safety glass is much stronger than ordinary glass and breaks less easily. When it does break, it does not splinter into sharp jagged pieces. This greatly reduces the risk of injury.

The Building Act makes it mandatory for all windows and doors in 'high risk' areas of new buildings to be safety-glazed. To check if the premises has safety glass fitted, either look for the safety standard logo etched into the corner of the glass panes or ask a glazier to check windows and glass doors and give a written attestation that they have safety glass.

Deciding which glassed areas are 'accessible to children' in the centre (and therefore need to be protected) should involve consideration of:

its height from the floor (generally, anything below 80cm can be reached by young children)

furniture or other items nearby that children are likely to climb onto that would bring them within reach of the glass.

Things to consider

If the ECE centre is being established in an existing building, children can be protected by:

having barriers that prevent children from falling against glass surfaces

fitting safety glass in windows or doors that children can reach

treating non-safety-glazed windows, doors, and low-level mirrors with safety film

treating wired glass panels with safety film.

PF8 Storage

Criteria

Premises and facilities criterion 8

There are sufficient spaces for equipment and material to be stored safely. Stored equipment and materials can be easily and safely accessed by adults, and where practicable, by children.

Rationale/Intent:

To ensure both adults' and children's safety by ensuring that equipment and materials that are accessible to adults and children are appropriately stored.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Storage space is needed for the variety of indoor and outdoor equipment and resources that are required.

Children will need to have access to enable some choice from stored equipment and materials to support children's learning.

Storage for children's belongings

Allow plenty of space for children to have independent access to their belongings to give them the ability to take some responsibility for their things, including choosing what to wear throughout the day. It is important to remove anything that may be harmful to children, for example, medicines.

Things to consider

How will storage facilities be arranged to ensure easy access, minimise congestion and ensure safety?

How will the range of indoor and outdoor equipment and material be stored?

Pay particular attention to frequently used areas.

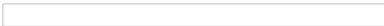




Avoid over stacking both on top of and inside cupboards.

Gallery

Examples of:

storage boxes

storage shed for outdoor equipment

 View larger image [JPG, 74 KB] Storage of sand pit toys in wooden storage box.	 View larger image [JPG, 74 KB] Boy painting with storage shelves in background for art materials.
 View larger image [JPG, 110 KB] Large plastic drawers in large wooden storage unit.	 View larger image [JPG, 98 KB] Wooden, open fronted, low level storage unit.
 View larger image [JPG, 72 KB] Outdoor storage shed/unit for outdoor equipment.	

PF9 Adult workspace

Criteria

Premises and facilities criterion 9

∅ There is space for adults working at the service to:

use for planned breaks;
meet privately with and colleagues;
store curriculum support materials; and
assess, plan, and evaluate.

Rationale/Intent:

To ensure adults working at the service have the space and opportunity to plan and reflect, and appropriate spaces to take their breaks during the day. The criterion also aims to ensure that a level of privacy is available when required for parent meetings.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Adults should have adequate space to meet their own needs as they are working to support the education and care of the children. What this space looks like, and how it is configured, will differ from centre to centre, and is dependent upon a number of factors. These include:

the staff numbers
the length of time the service operates
the type of staff who are employed, that is, if there are any administrative staff.

In sessional services such as Playcentres, adults can use the furniture and fittings within the activity area when the children are not present.

An all-day service will need to consider how they can provide an appropriate space for adults, as there are requirements for breaks under employment law.

Staff space does not have to be located within the licensed premises, but it does need to be situated nearby.

All services need to ensure confidential information and records can be kept secure. In services without a lockable staff room or office, this can be achieved through the provision of lockable cupboards and/or lockable filing cabinets.

Things to consider

Things to consider:

Where will staff go to have their breaks when children are attending all day?
Is there a quiet space for teachers to assess, plan, and evaluate children's learning?
Are adults able to have breaks (or non-contact time) out of sight of the children if they wish?
Where will staff go if they need to meet privately with a parent? Is there a place where parents can feel comfortable at the centre?
Is it practical or productive for administrative staff to share space with other staff using the space to relax during meal breaks?
Will a single workspace or a space allocated within the activity space meet all the centre's needs, or would it be more practical to have separate spaces?

Gallery



[View larger image](#) [JPG, 65 KB]

Office space with computer access.

PF10 Art sink

Criteria

Premises and facilities criterion 10

§ Ø There are facilities (other than those required for PF26) or alternative arrangements available for the preparation and cleaning up of paint and other art materials.

Rationale/Intent:

To ensure that centres provide separate washing facilities for art materials to maintain hygiene.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

There needs to be adequate space and facilities to prepare and clean up paint and other art materials. Body wash facilities must not be used for art preparation and clean up.

It is preferable that the art preparation and clean-up facility is a separate plumbed-in sink or tub unit that is used exclusively for this purpose.

If a dedicated art sink is not possible at your centre, you will need to have an acceptable alternative system. Talk to your local health protection officer (HPO) from Public Health for advice about the best way to ensure hygienic practices.

Alternative systems may include:

using one or more buckets to wash materials, and disposing of the waste water in the cleaner's sink or down an outside gully trap
placing an insert into a sink facility used for another purpose to prevent art materials from coming into contact with any cleaning waste or chemical residues, and/or to prevent paint or waste water from coming into contact with the sink.

Robust cleaning procedures are needed to ensure all facilities are thoroughly cleaned before and after being used for art preparation and clean up.

Gallery

Example of art sink - art preparation and clean up facility - separate plumbed-in sink or tub unit.



[View larger image](#) [JPG, 88 KB]

Girl painting in easy clean art area.

PF11 Telephone

Criteria

Premises and facilities criterion 11

Ø There is a telephone on which calls can be made to and from the service.

Rationale/Intent:

To ensure that services have the means to contact parents as necessary, and vice versa, as well as easily deal with any emergency situations that may arise.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

A phone at the centre allows:

- quick contact with emergency services when necessary
- 2-way contact with parents or caregivers (that is, you can call them, and they can call you)
- staff to carry out any business requiring phone contact.

A mobile phone is sufficient to meet the criterion so long as parents are happy to call a mobile number.

If a service is located within a larger premises (such as a school, church, or recreation centre), then the phone services within that organisation may be used to comply with this requirement. However, there needs to be adequate systems in place to allow phone messages to be relayed back to the service, and the service to be able to use the phone to make calls when necessary and not impact on adult to child ratios.

Things to consider

Cordless phones are one of the most popular and practical types of phone used in early childhood education centres. The main advantages of cordless phones include being able to:

- make and take calls while moving around the centre
- make emergency calls from anywhere inside or outside the building.

However, if your only phone is a cordless unit, be aware you will be unable to use it when the power goes off for any reason. A 'back-up' phone for emergencies is a good idea in this instance.

Some centres (especially those without administration staff) choose to divert incoming calls to an answer phone during particular times of the day, to minimise the interruptions to staff while they are working with children. This is a matter of choice, but checking messages at regular points through the day to ensure that urgent or important information from parents is received is recommended.

PF12 Heating, lighting, noise, and ventilation

Criteria

Premises and facilities criterion 12

§ Parts of the building or buildings used by children have:

lighting (natural or artificial) that is appropriate to the activities offered or purpose of each room;
ventilation (natural or mechanical) that allows fresh air to circulate (particularly in sanitary and sleep areas);
a safe and effective means of maintaining a room temperature of no lower than 16°C; and
acoustic absorption materials if necessary to reduce noise levels that may negatively affect children's learning or wellbeing.

Rationale/Intent:

To ensure the safety and wellbeing of children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Heating

Efficient heating that suits your centre's layout and design will ensure rooms can be kept at a comfortable temperature while children are attending (see [HS24 – Room Temperature](#)). There is a range of options but safety of children is paramount (see [HS12 – Hazard Management](#)).

Noise

The materials and decoration used in your centre will help to reduce noise levels for everyone's benefit.

As a general rule, two things help to reduce noise.

1. Soft furnishings. The more soft furnishings you have, the more sound is absorbed. Some practical options are:

curtains

rugs and carpet
big cushions
couches/lounge chairs.

2. Complex shapes. Complex shapes break up and scatter sound waves, reducing noise reverberation in the room.

Practical examples are:

acoustic ceiling tiles
fabric draped from the ceiling
decorations on walls, especially thick wall hangings and 3-dimensional decorations rather than flat pictures
carpet attached to the underside of tables.

Double glazing can be very effective in reducing outside noise, if this is a significant problem. However, it can be expensive to retrofit into existing windows, and alternative ventilation may be needed in place of opening windows.

Ventilation

There must be adequate ventilation in every room in the centre that is used by children. Good ventilation is particularly important for sleep rooms, nappy change areas, bathrooms and rooms where unwell children are isolated and looked after temporarily.

Good ventilation will:

supply fresh air for breathing
clear away pollutants and odours to improve air quality
help remove excessive moisture in the air
improve thermal comfort in warm weather by increasing air movement and removing heat.

Things to consider

If using ceiling mounted infrared panels, it is important to ensure the room temperature is sufficient at floor level or child height.

In cooler months and locations, it is important the heating can be turned on prior to opening (via a timer or by an adult) so the centre is at a comfortable temperature during licensed hours.

Noise

The World Health Organization (1999) has recommended maximum noise exposures in early childhood education environments:

SETTING	HEALTH EFFECT	LEQ (DBA)	LMAX (DBA)
Sleep rooms	Sleep disturbance	30	45

SETTING	HEALTH EFFECT	LEQ (DBA)	LMAX (DBA)
Indoors	Speech interference	35	-
Outdoors	Amoyance (from external source)	55	-

Gallery

Examples of rooms using and positioning of infra-red heaters, heat pumps

Use of complex shapes breaking up noise - examples include:

Mobiles; acoustic ceiling tiles; fabric draped from ceiling

 View larger image [JPG, 70 KB] Acoustic panels to absorb noise.	 View larger image [JPG, 62 KB] Ceiling heat panel in play area.
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PF13 Outdoor activity space

Criteria

Premises and facilities criterion 13

Outdoor activity space is:

connected to the indoor activity space and can be easily and safely accessed by children;

safe, well-drained, and suitably surfaced for a variety of activities;

enclosed by structures and/or fences and gates designed to ensure that children are not able to leave the without the knowledge of ;

not unduly restricted by Resource Consent conditions with regards to its use by the service to provide for outdoor experiences; and

available for the exclusive use of the service during hours of operation.

Rationale/Intent:

The criterion aims to:

ensure that children have easy access to the outdoor environment;

keep the outdoor environment securely fenced ; and

ensure the area is well-drained with suitable surfacing.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

It is important all mobile children are able to get outside without being dependent on adults. In your planning to meet the easy and safe access by children criterion, the service will need to consider factors such as whether any obstructions and/or health and safety risks can be removed or minimised, or if the adult to child ratio may need to be higher if there are a number of stairs that children must use.

Outdoor space should enable children to experience natural settings (for example, wind, sky, sun, rain) and enable children to undertake activities that would generally not be allowed inside a building (for example, running, kicking a ball). The suitability of the outdoor space to provide learning outcomes for children will be assessed on a case-by-case basis, taking into account the practicalities and risks of each case under the provisions of [Regulation 54\(3\)](#) of the Education (Early Childhood Services) Regulations 2008.

To enable children to access the outdoors easily and safely, the outdoor activity space needs to be connected to the indoor activity space. Where the outdoor space is lower or higher than the indoor space, a ramp or steps can be used to provide access between the two.

[Indoor and outdoor space diagrams](#) [GIF, 12 KB] [GIF; 11.7 KB]

Surfacing

If children are spending long hours at the centre, think about the types of outdoor surfaces you are providing for them to play on. Having a variety of surfaces (such as grass, bark, concrete, safety surfaces) to play on supports children's exploration and helps them to make links with the wider world. Regardless of the types of surfaces provided, each must be safe, well drained and fit for purpose. Any surface that allows water to pool is a potential safety hazard.

Grass is an ideal surface for most outdoor activities. It can also be used as a safety surface for equipment under one metre in height. It has the advantage of staying cool in hot weather and is suitable for both walking and crawling children.

Areas of concrete or paving are also suitable for outdoor activity, provided they have been laid correctly. Both types generally drain well and have the advantage of needing little maintenance. However, they are hard and abrasive and cannot be used as a safety surface.

Artificial grass has the advantage of being low-maintenance and, if correctly laid, usable in all weather. For safety reasons, only use artificial grass that is laid over a base of sand, not plastic beads. Artificial grass can be abrasive to bare skin and can also harbour pathogens if not cleaned regularly.

Refer to criterion [PF5 \(Safe Furniture and Equipment\)](#) for more information on relevant standards.

Fences and Gates

Each licensed centre must be enclosed by suitable structures and/or fences and gates to prevent children from leaving the centre without the knowledge of an adult. Fences are available in a multitude of designs and can be made from a variety of materials including, wood, steel, bricks, concrete blocks, aluminium, etc. When considering the design of any structure, fence, or gate, children's safety must be the prime consideration.

As well as being unclimbable, structures, fences, and gates should not be hazardous to attending children and adults or to the public.

Structures and fences should:

be of a height and design that prevents children climbing over. Young children can commonly scale a fence that is less than 1.2m high, so this would be a minimum

have any horizontal railings or low posts located on the exterior of the fence

where possible, allow children to see what is happening outside the centre boundary

be designed to eliminate head or limb entrapments

not be made of materials that allow children to gain a foot or toe hold, e.g. mesh or netting with holes over 25mm in diameter.

Beware of plantings (trees) and placement of moveable equipment that negate the height of the fence.

Gates should:

be of a height and design to prevent children from climbing over or through

preferably have a self-closing mechanism installed

have a latching mechanism that is unreachable by children.

Things to consider

When thinking about how to enclose your centre, consider:

the age and abilities of the children who are likely to attend your centre – some children are extremely agile and nimble from a very young age

where your centre is located – ground level or high-rise

the contour of the section – any low or high points

plantings (trees) and placement of movable equipment that negate the height of the fence

potential risks bordering the centre, for example, highways, rivers, other hazards

suitability of fences, gates, or structures to mitigate the risks identified

cost – what is both effective and affordable?

Resource consent conditions

The Resource Management Act 1991 is concerned with keeping the environment a pleasant place to live, work, and play. When considering resource consent applications, territorial local authorities (councils) are required to consider any adverse impact the activity may have on the surrounding environment.

At times, restrictions are added to the consent approval as a means of ensuring businesses, such as early childhood education centres, meet the rules outlined in the district plan for the area. Restrictions relating to fence height or design, or the type of exterior surfacing used, assist in reducing noise levels and do not unduly impact upon children's outdoor activity.

However, sometimes resource consent approvals include conditions that restrict children's use of the outdoor play space (and have a negative impact on the curriculum).

Such conditions may include, but are not limited to:

limiting children's access to the outdoors to nominated hours of the day

the prohibition of particular activities (such as music)

limiting the number of children allowed outside at any one time

requiring exterior doors and/or windows to be closed at all times.

The number and ‘severity’ of such conditions can impact on whether or not the Ministry of Education considers the licensing requirements for outdoor space and outdoor experiences can be met. The Ministry considers the overall ability of the service to provide outdoor experiences for children, rather than solely considering whether restrictions limit use by children for particular times or activities.

It is suggested service providers make contact with their territorial local authority at the earliest stage when planning a new centre or renovations to clarify any resource consent requirements.

Gallery

Examples of fences and gates:

 View larger image [JPG, 84 KB] Secure and well fenced outdoor area.	 View larger image [JPG, 97 KB] Centre enclosed by secure fence.	 View larger image [JPG, 111 KB] Outdoor area with metal fence.	 View larger image [JPG, 196 KB] Outdoor activity space.
 View larger image [JPG, 138 KB] Outdoor activity space.	 View larger image [JPG, 153 KB] Outdoor activity space.	 View larger image [JPG, 213 KB] Outdoor activity space.	 View larger image [JPG, 225 KB] Outdoor activity space.
 View larger image [JPG, 212 KB] Outdoor activity space.	 View larger image [JPG, 247 KB] Outdoor activity space.	 View larger image [JPG, 202 KB] Outdoor activity space.	 View larger image [JPG, 238 KB] Outdoor activity space.
 View larger image [JPG, 255 KB] Outdoor activity space.	 View larger image [JPG, 176 KB] Outdoor activity space.	 View larger image [JPG, 193 KB] Outdoor activity space.	 View larger image [JPG, 227 KB] Outdoor activity space.
 View larger image [JPG, 211 KB] Outdoor activity space.	 View larger image [JPG, 179 KB] Outdoor activity space.	 View larger image [JPG, 196 KB] Outdoor activity space.	

PF14 Infant toddler safe space

0 1 2 3 4 5 6 7 8 9 10 11 12

Criteria

Premises and facilities criterion 14

APPLIES ONLY TO SERVICES LICENSED FOR UNDER 2 YEAR OLDS:

There are safe and comfortable (indoor and outdoor) spaces for infants, toddlers or children not walking to lie, roll, creep, crawl, pull themselves up, learn to walk, and to be protected from more mobile children.

Rationale/Intent:

To ensure that mixed-age environments are designed to consider the unique needs of infants and toddlers when it comes to safety and a minimum level of quality education.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

This criterion does not require that infants and toddlers are kept separated from older children. Mixed-age settings and whānau grouping are central to the philosophy of some centres.

When children of varying levels of ability and mobility are together in the same activity space, it is very important the environment is designed with infants and toddlers in mind so they can safely play and explore, both indoors and outdoors. This does not mean that infants and toddlers cannot move throughout the centre, learning alongside older children.

An infant/toddler space:

allows young children the freedom to explore and play in an environment designed especially for them

lessens the likelihood of a prone or crawling infant, or a toddler just beginning to find their feet, being accidentally injured by an older child who is fully engaged in their own play and is not aware of their presence

provides older children with the opportunity to concentrate and work on a project for a sustained period of time without fear of it being demolished by a young 'helper'

means older children can enter the space freely to play and interact with their younger friends or siblings, but do so consciously.

There is no minimum space requirement for this area to meet the criterion to allow flexibility for services. The size and layout of your infant/toddler spaces will depend on the number of children under 2 in the centre, and how it will be used.

If setting up a separate area:

Ensure there is enough space for adults working in the area as well as the children

Think about how the space will be separated – low barriers or fences are not suitable as they could be a tripping hazard.

Think about how the space can support infants and toddlers to explore movement such as rolling, crawling, pulling themselves up, climbing and walking

If the area for infants is a separate room, think about how you will deploy staff across rooms to ensure adult:child ratios are maintained across the service:

It would be good practice to meet the ratio in the under 2's room so if there are 8 infants there would be 2 adults in that room

If staff are needed to move between rooms, the service should ensure ratios are maintained in both rooms.

Gallery

 <p>View larger image [JPG, 100 KB]</p> <p>Boy playing on soft flooring with accessible play equipment.</p>	 <p>View larger image [JPG, 109 KB]</p> <p>Securely fenced toddler area with soft flooring.</p>
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Food preparation and eating spaces

Criteria for food preparation and eating:

In this section

- [PF15 - Dining facilities](#)
- [PF16 - Kitchen facilities](#)
- [PF17 - Kitchens inaccessible](#)

PF15 Dining facilities

Criteria

Premises and facilities criterion 15

There is a safe and hygienic place for children attending to sit when eating.

Rationale/Intent:

To ensure that the areas where children eat are safe and hygienic.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

How centres provide safe and hygienic places for children to sit while eating will differ from centre to centre. Some centres will choose to have a separate dining room, but this is not a requirement. Places for children to sit and eat include:

at tables in the main activity area

on mats spread on the floor or ground
on benches outside
sitting on the edge of low decks
sitting on grass, bark, or other surfaces.

If the centre does not have a separate dining room, making use of existing tables and chairs within the general activity space is a practical way of providing places for children to sit and eat.

Table surfaces can generally be made hygienic by spraying with a diluted bleach solution (see the guidance for [HS1 – Premises and Contents Are Safe and Hygienic](#)) and then being wiped dry before use. If there is concern table surfaces are not able to be made completely hygienic through wiping, washable covers can be used as a barrier between the table and food. Covers are also a good way of showing children that the table is now an eating place rather than an activity place.

Large easy-to-clean mats spread on the floor or on the grass, benches, and the edges of low decks are also practical ways of providing places for children to sit and eat.

High chairs or seats that attach to the edge of a table can be used as places for infants and young toddlers to sit while eating. Low tables and small chairs for sitting infants to eat their meals can help foster greater independence. Their use should be supervised (see the guidance for [HS22 – Supervision while Eating](#)).

Things to consider

When considering how to provide children with safe and hygienic places to sit while eating you might like to think about:

- the ages and abilities of the children attending
- the length of time children attend
- any cultural or family considerations
- how often children eat at your centre each day
- if meals are scheduled or rolling
- location of eating areas in relation to hand washing facilities
- if clearing tables for meals will impact upon the programme
- the philosophy that underpins the service
- the kind of food provided, for example, food cooked at the centre or packed lunches brought by the children
- the space available
- whether the existing furniture is suitable
- how food can be kept safe and hygienic while being consumed
- service or organisational policies.

When meals or snacks are eaten outside there are some safety and hygiene issues to consider:

Children sitting directly on grass or safety surfaces such as bark or matting should be encouraged to keep uncovered food on a plate or in their lunch box. This will reduce the chance of food becoming contaminated from contact with the ground.

Children eating outside need protection from the sun during this time. If possible, locate outdoor eating places under trees, shade sails, covered decks, sun umbrellas, and covered pergolas.

Gallery

Some examples of eating outdoor facilities at centres, e.g. use of benches outside

Example of low table and small chairs for sitting infants to eat their meals - avoids use of high chair



[View larger image](#) [JPG, 80 KB]

Low level tables and chairs on easy clean flooring.

PF16 Kitchen facilities

Criteria

Premises and facilities criterion 16

§ Ø There are facilities for the hygienic preparation, storage and/or serving of food and drink that contain:

a means of keeping perishable food at a temperature at or below 4°C and protected from vermin and insects;

a means of cooking and/or heating food;

a means of hygienically washing dishes;

a sink connected to a hot water supply;

storage; and

food preparation surfaces that are impervious to moisture and can be easily maintained in a hygienic condition.

Rationale/Intent:

To ensure that there are facilities to support the hygienic preparation and storage of food.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Services where cooked meals for children are prepared are likely to need more fully equipped kitchen facilities than services where children provide their own food. However, all services must meet the requirements set out in this criterion.

- 1. Storing perishables** – a fridge is the most practical way of storing perishable food and drink at a safe temperature and for keeping it protected from vermin and insects. The fridge should be large enough to store perishable food (including food brought by children) and any medication that requires refrigeration.
- 2. Cooking and/or heating food** – the type of equipment or appliances needed for cooking and/or heating food will depend upon the number of children you are cooking for and the type of meals being prepared. Options include microwaves, stove tops, and ovens.
- 3. Washing dishes** – there are 2 types of dishwasher available: domestic and commercial. Each has its own advantages and disadvantages, and

services need to consider which is right for them.

Domestic dishwashers:

are relatively cheap (compared to commercial)

can also be used to hygienically clean toys and playdough equipment

generally take longer to run through a cycle of dishes

are designed for use by the 'average family', rather than a busy centre, so may not be able to cope with the extra demands placed on them long term.

Commercial dishwashers:

are very fast

can handle a high volume of dishes

are more expensive to purchase

may not be able to be used to clean toys and other equipment, because the water temperature is generally too hot.

Contact your local [Public Health Unit](#) for further advice about dishwashers for ECE centres.

If your service does not have a dishwasher and you wash dishes by hand, the Ministry of Health recommends you:

thoroughly wash the dishes in hot water that is at least 43°C

use adequate soap or detergent

rinse and disinfect the dishes in hot water by placing them in clean boiling water for 30 seconds, or in clean hot water that is at least 77°C for 2 minutes (make sure children are kept out of the area until the water has drained away)

keep the dishes separate from each other while they are rinsed

remove them immediately and let the air dry them – never use a tea towel or cloth to dry or polish the dishes after they have been cleaned.

The time and space involved in hygienically washing dishes by this method means centres using large quantities of dishes should consider installing a dishwasher instead (especially if they do not have designated kitchen staff).

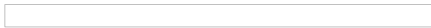
4. Sink with hot water connection – Having a sink with a hot water supply enables hand-washing of items hygienically and to obtain hot water for other purposes, such as cleaning food preparation surfaces.

5. Storage – Open shelves should only be used to store sealed packets or food in containers. Cupboards or storage units used for storing food need to be fit for purpose and designed to reduce the chances of food becoming contaminated by vermin and insects.

6. Food preparation surfaces – Surfaces need to be constructed from or sealed with moisture-impervious materials, and designed in a way that minimises a build-up of dirt, food particles and bacteria, e.g. in corners and joins. Check surfaces regularly for signs of wear and tear, chips, scratches, loose tiles, cracked grout, or worn sealant. Any of these can allow moisture to penetrate the surface and make the surface difficult to keep hygienic.

Gallery

Some examples of kitchens at centres:



[View larger image](#) [JPG, 64 KB]

Kitchen in centre visible but inaccessible to children.



[View larger image](#) [JPG, 49 KB]

Modern kitchen with large fridge and dishwasher.

PF17 Kitchens inaccessible

Criteria

Premises and facilities criterion 17

Kitchen and cooking facilities or appliances are designed, located, or fitted with safety devices to ensure that children cannot access them without adult assistance or supervision.

Rationale/Intent:

Criterion aims to uphold children's safety by ensuring that they are unable to access hazardous equipment or activities (such as hot food/liquid being transferred from the stove to the bench by a staff member whilst preparing a meal) unless adequately supervised.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Kitchens and cooking facilities are potentially dangerous places for children so access for children must be supervised. For this reason, centres need to have the ability to make their kitchen and cooking facilities inaccessible to children.

This does not mean children must never be able to go into the centre kitchen. There are likely to be times when children will need to access kitchen and cooking facilities to take part in supervised activities such as cooking and food preparation.

Half doors or hinged gates are effective and practical ways of restricting access to kitchen facilities. If you are considering the use of fixed barriers, such as plywood panels fitted into slots, think about how these might work in practice.

Gallery

Half doors or hinged gates as a way of restricting access to kitchen facilities



[View larger image](#) [JPG, 33 KB] [JPG, 3.9 KB]

Half height door, securely latched for adult use.

Toilet and hand washing facilities

Criteria for toilet and handwashing facilities:

In this section

- [PF18 - Toilet ratio](#)
- [PF19 - Hand washing facilities ratio](#)
- [PF20 - Toilet/hand washing facilities](#)
- [PF21 - Hand drying facilities](#)
- [PF22 - Toilet privacy](#)
- [PF23 - Adult toilet](#)

PF18 Toilet ratio

Criteria

Premises and facilities criterion 18

The service has at least 1 toilet for every 1-15 persons. Persons are defined as children aged two and older and teaching staff that count towards the required adult:child ratio.

Rationale/Intent:

To ensure at least one toilet is provided for those present at the service. The reference to children aged 2:

recognises that, around this age, children are starting to interact with toilets – sole use of potties does not provide opportunities for this learning experience

ensures services licensed exclusively for under 2 year olds are not disadvantaged by having to provide more toilets than would be of use for under 2 year olds.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

The number of toilets needed for centres is calculated as follows: the maximum number of children on the licence certificate minus the maximum number of children under 2 (if any), plus the maximum number of adults required to meet adult to child ratios, divided by 15.

Here is an example:

An all-day centre is licensed for 25 children, including up to 5 children under the age of 2. A maximum of 3 staff are required to meet adult to child ratios (2 for the older children, and one for the under 2s).

25 (max licensed numbers) $- 5$ (under 2s) $+ 3$ (adults) $= 23$ (people counting towards toilet ratio requirements)



$23 \div 15 = 1.53$

Always round up to the nearest number. Therefore, this centre needs a total of 2 toilets to meet this criterion.

Things to consider

You may want to consider the needs of children when they are toilet training. Often young children cannot wait to go to the toilet.

Gallery

 View larger image [JPG, 35 KB] Two child toilets for centre, with half height walls.	 View larger image [JPG, 50 KB] Three child toilets for centre with full height walls.
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PF19 Hand washing facilities ratio

Criteria

Premises and facilities criterion 19

There is at least 1 tap delivering warm water (over an individual or shared handbasin) for every 15 persons (or part thereof) at the service (that is to say, children attending and adults counting towards the required adult:child ratio).

Rationale/Intent:

To ensure that minimum hand washing facilities are provided for children and adults, and to encourage hand washing by children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Services must provide at least one tap delivering warm water (over an individual or shared hand basin) for every 15 persons (or part thereof) – for both children and adults to meet the required adult to child ratio.

Some district health boards (DHBs) have their own specific requirements. You will need to contact your local DHB for clarification.

Things to consider

The following are some measures centres might want to consider implementing to meet this ratio:

Providing long stainless steel troughs that have 3 or 4 warm water taps can be easier for 3 or 4 children to use, and easier to clean and manage soap spills than 3 or 4 individual sinks.

It can be helpful to have additional hand wash facilities in main play areas. If children can easily wash hands after messy play, supervision is eased and congestion in the bathroom reduced. It can also be very handy to reduce congestion in the bathroom area before mealtimes. Whether this is suitable will depend on the service's overall layout, arrangement of groups and children's age ranges.

Additional hand washing facilities can also be provided in the kitchen setting, particularly if you are serving food.

Gallery



[View larger image](#) [JPG, 37 KB]

Handwashing facilities in kitchen.

PF20 Toilet/hand washing facilities

Criteria

Premises and facilities criterion 20

§ Toilet and associated hand washing/drying facilities intended for use by children are:

designed and located to allow children capable of independent toileting to access them safely without adult help; and adequately separated from areas of the service used for play or food preparation to prevent the spread of infection.

Rationale/Intent:

The criterion aims to uphold hygienic practices by ensuring that the design/location of toilet/hand washing facilities encourages their use by children.

The criterion is underpinned by the belief that independence in children is valued.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Ideally, toilet and hand washing facilities should be close to play areas (that is, not down long corridors) to make access for children as easy as possible.

If there is a door to the area where the toilets and hand washing facilities are, this must be able to be independently opened by children.

Adequate supervision is important. Depending on the layout of the centre, a high viewing window into the bathroom area may ensure privacy for children but allows for discreet supervision.

Refer to the guidance for [PF21 – Hand Drying Facilities](#).

Things to consider

Toilets

Using child-sized toilets prevents the need for a step. This may make them safer to use (minimises hazards) and encourages children to toilet because it is much easier for them.

It is a good idea to locate the nappy changing area close to a toilet, so that children who are beginning to toilet train can easily use the toilets when they get their nappies changed.

Hand washing

Use hand basins or a trough. If the height of hand basins or a trough is between 550 and 600mm from the floor for older children, and 450 to 500mm from the floor for young children, they are likely to be easily reached. (If children need to use steps, the bathroom area will have unnecessary clutter and hazards.) Consider the age range of children who will attend.

Consider in particular the style of the tap, as children bend over the hand basins often to wash hands.

Use taps that turn themselves off, with a very easy lever for children to operate. Taps of this type prevent water from being left on and are available from most plumbing outlets.







When using taps that 'turn', it is a good idea to ask the plumber to limit the amount of 'turn' to 180 degrees. This will ensure that children don't keep turning a tap the wrong way in an effort to turn it off – eventually giving up.

Providing liquid soap is recommended because it reduces the spread of infection. It should be easily accessible for each child using hand washing facilities.

Gallery

Example of handbasins/troughs with taps that turn themselves off, using a lever

Example of a high viewing window into the bathroom area

 <p>View larger image [JPG, 45 KB]</p> <p>Girl washing her hands in trough sink.</p>	 <p>View larger image [JPG, 54 KB]</p> <p>Trough style sink with soap dispensers and hand towels.</p>	 <p>View larger image [JPG, 49 KB]</p> <p>Trough sink with lever taps in bathroom.</p>
 <p>View larger image [JPG, 51 KB]</p> <p>Sink with hand washing instruction posters.</p>	 <p>View larger image [JPG, 86 KB]</p> <p>Toilet and handwashing facilities.</p>	 <p>View larger image [JPG, 86 KB]</p> <p>Toilet and handwashing facilities.</p>



[View larger image](#) [JPG, 112 KB]

Toilet and handwashing facilities.



[View larger image](#) [JPG, 119 KB]

Toilet and handwashing facilities.



[View larger image](#) [JPG, 96 KB]

Toilet and handwashing facilities.

PF21 Hand drying facilities

Criteria

Premises and facilities criterion 21

§ There is means of drying hands for children and adults that prevents the spread of infection.

Rationale/Intent:

The criterion aims to uphold hygienic practices by ensuring that hand drying facilities are adequate.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

There are a number of ways children can dry their hands, but some are more hygienic and easy to use than others. Viruses and bacteria spread easily from one child to another when they share the same towel. Getting hands dry is important. Damp hands create damp surfaces, which encourages survival of bacteria, viruses, and organisms like Giardia.

Recommended options include the following.

Disposable paper towels – for most centres, the best option is paper towels. There is a cost involved, but they have several advantages:

They are easy to use.

They do not spread infections.

They are easy to replace.

They can be used for other cleaning purposes.

Hint: To make paper towels more economical, half-sized paper towels are available that can be used with standard dispensers. You can reduce mess by teaching children to scrunch the paper towel into the smallest ball they can, before dropping it in the bin.

Individual towels – if you can organise a good system for each child to have their own towel, then individual towels can be good. The trouble is, towels usually get mixed up, and they also take up a lot of space.

Gallery

Hand-drying facilities - use of paper towel dispenser



[View larger image](#) [JPG, 42 KB]

Girl using hand towel dispenser.

PF22 Toilet privacy

Criteria

Premises and facilities criterion 22

§ At least one of the toilets for use by children is designed to provide them with some sense of privacy.

Rationale/Intent:

The criterion aims to uphold children's wellbeing by ensuring that some consideration is given to the need for privacy by some children, due to cultural or individual differences. The criterion also aims to prevent service providers from designing toilet areas purely from a cost-driven perspective.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Toilet design is important for children's sense of well-being in a centre. 'Open plan' toilets are easy to supervise, but they do not provide children with a sense of privacy, and sometimes will mean children try to avoid going to the toilet. Some children have a much higher need for privacy than others due to cultural or individual differences, and this should be respected.

A balance is required between a child's right to privacy and ensuring sufficient supervision so a child can be helped if required.

Centres will have different preferences around privacy and toilet doors, and some building authorities will require toilet doors, while others will not. It is a matter of balancing children's need for privacy with adequate supervision and hygiene. It is suggested that you talk to your local building authority and health protection officer (HPO) to clarify their interpretations of the relevant legislation.

The requirement for a toilet that provides 'some sense of privacy' can be met in a variety of ways, but 'line of sight' is a good way to assess whether a toilet offers a child with some sense of privacy. Half-height doors (about 1.1m high from the floor) are an option that will allow you to supervise while still giving children a sense of privacy.

When considering a specific toilet for privacy, 'line of sight' can be applied in 2 ways.

Line of sight from the door:

When standing in the doorway, do you have direct sight of the child on the toilet?

Is the child within view of adjacent areas when the bathroom door is open?

Line of sight from those using bathroom facilities:

Is the child able to be seen directly by children using the other toilets?

Which way do children face when using the washbasin? Are they in front of the child or to the side of the child?

What is the proximity of the washbasin to the toilet?

Is there anything about the design that offers the child some sense of privacy (for example, a partition or children facing away from the cubicle while hand washing)?

The following diagram provides an example of how 'line of sight' can be used. Please note that the following assessments are provided as a guide only.






In the above example, cubicles one and 2 appear to be in direct line of sight from the doorway, making children immediately visible to people entering the bathroom and to anyone in the adjoining area. Cubicle 3 does not appear to be in direct line of sight from the door. Children using the washing facilities face away from the toilet, which also maintains some sense of privacy for the child using cubicle 3.

As all bathrooms are set up differently, it is important to work alongside licensing staff to meet this requirement.

Gallery

Example of half-height doors (about 1.1m from the floor)

 <p>View larger image [JPG, 43 KB]</p> <p>Toilets with half height walls and separate private toilet.</p>	 <p>View larger image [JPG, 35 KB]</p> <p>Toilets with half height walls and separate private toilet.</p>
 <p>View larger image [JPG, 44 KB]</p> <p>Private toilet with wide swing doors for a large space.</p>	

PF 23 Adult toilet

Criteria

Premises and facilities criterion 23

∅ There is a toilet suitable for adults to use.

Rationale/Intent:

The criterion aims to ensure that adequate toilet provision is made for adults attending the service, thus upholding the wellbeing of children by reducing the possibility of inappropriate adult use of the children's facilities.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Toilets for adults need to be full-sized, and able to be made private when being used. An adult toilet is also required under the Health and Safety in Employment Act 1992 (specifically Regulation 4:2a).

The centre may choose to have all toilets available to children and adults, or designate one for adults and others for children – because this criterion relates only to the total number of toilets needed according to the number of people at the centre; it does not dictate how individual centres choose to use them.

Other sanitary facilities

Criteria for other sanitary facilities:

In this section

- [PF24 - Tempering valve](#)
- [PF25 - Nappy change facilities](#)
- [PF26 - Body wash facilities](#)
- [PF27 - Isolation area](#)
- [PF28 - First aid kit](#)

PF24 Tempering valve

Criteria

Premises and Facilities criterion 24

§ A tempering valve or other accurate means of limiting hot water temperature is installed for the requirements of criterion [HS13](#) to be met.

Rationale/Intent:

The criterion aims to uphold the safety of children by removing the risk of hot water scalding. The criterion also aims to ensure that water is kept at a

comfortable temperature to encourage hygienic handwashing practices.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

You will only need a tempering valve if the centre has a hot water cylinder.

Because stored hot water (that is, inside a hot water cylinder) must be kept at 60°C to prevent Legionella bacteria from growing, a tempering valve is currently the only safe and effective means of ensuring that water accessible by children is delivered at a temperature of no more than 40°C. A tempering valve is a safety device fitted by a plumber designed to provide water to taps at a consistently controlled temperature. It works by mixing hot and cold water between the hot water source and the outlet.

If the centre's hot water supply is produced by a continuous flow gas hot water system, it must be set to deliver water at no more than 40°C wherever the children have access. (See [HS 13 – Temperature of Water from Taps Children Can Access](#)). These systems are electronically controlled and can be installed with up to 3 temperature controllers for different water outlets. Be aware that all continuous flow hot water heaters come with a factory set temperature of 55°C, so you will need to reset them for water outlets accessible by children to less than 40°C.

PF25 Nappy change facilities

Criteria

Premises and facilities criterion 25

§ There are safe and stable nappy changing facilities that can be kept hygienically clean. These facilities are located in a designated area near to handwashing facilities, and are adequately separated from areas of the service used for play or food preparation to prevent the spread of infection. The design, construction, and location of the facilities ensure that:

- they are safe and appropriate for the age/weight and number of children needing to use them;
- children's independence can be fostered as appropriate;
- children's dignity and right to privacy is respected;
- some visibility from another area of the service is possible.

Rationale/Intent:

The criterion aims to uphold the health, safety and wellbeing of children by ensuring that appropriate facilities are available for children wearing nappies. Nappy changing in an early childhood centre is a high-risk activity from a number of perspectives. For example, hygiene (as there can be large numbers of children using the facilities), and safety (risk of falls for the child, risk of back injury for adults). Nappy changing is also a personal-care routine that by definition makes the young child vulnerable.

Amended May 2016

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

The design and layout of the nappy changing facilities need to be appropriate to the ages and number of children attending. The nappy changing area in a sessional service with only older children attending does not need to be the same as those in an all-day service with high numbers of infants/toddlers.

Hygiene

All surfaces on and around the change area should be smooth, impervious to moisture and able to be easily wiped clean and disinfected. Any change mat or pad must have a non-porous covering or be disposed of after each child is changed. See HS3 – Nappy changing procedure.

Location

Regional Public Health requires that nappy change facilities are located in a designated area that is separate from play and food preparation areas. Thought should be given to where the change area is in relation to doors or viewing windows. This will help preserve the child's right to privacy, while ensuring some visibility into the nappy changing area. The change area must also be located near handwashing facilities.

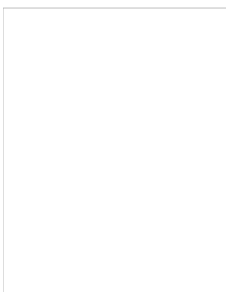
Design, strength and durability

If using changing tables, check their strength to ensure they are sturdy enough to cope with the number and weight of children using them – a folding table designed for domestic use is not appropriate. Fold down tables need to be able to be locked in both the up and down positions to prevent injuries to both adults and children. For older, heavier children, a low plinth or a change mat on the floor may be more appropriate than a changing table.

Children's independence and dignity

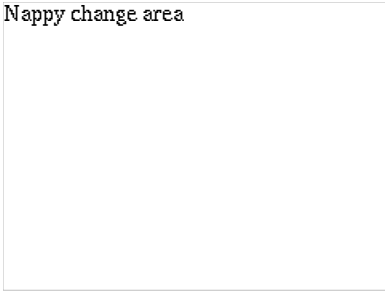
The nappy changing area can be designed so mobile children are able to get themselves onto the table to be changed under adult supervision. This fosters a child's sense of personal control.

Gallery

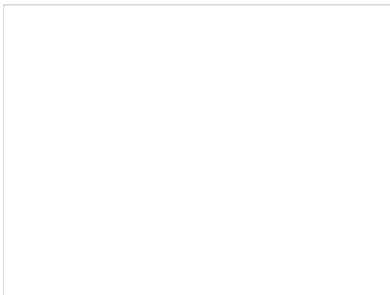


Nappy change facilities with children's individual storage boxes.

Nappy change area

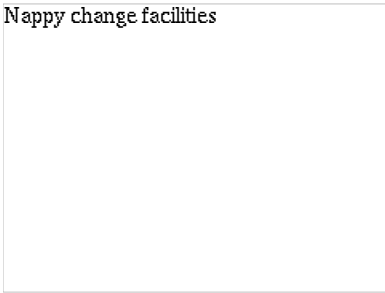


Nappy change area and washing area.



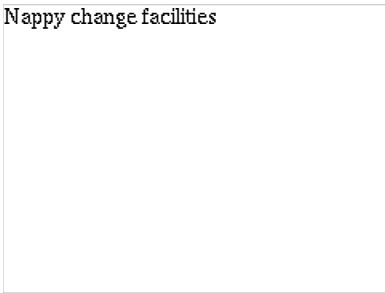
Nappy change area with hand wash facilities.

Nappy change facilities



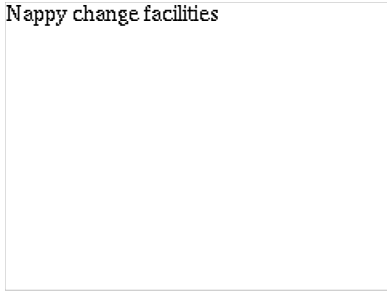
Nappy change facilities.

Nappy change facilities



Nappy change facilities.

Nappy change facilities



Nappy change facilities.

Things to consider

Accessibility

You may want to consider wheelchair access and a suitable space for older children who require nappies.

Health and safety of adults

Adults in some services can spend a large proportion of their time changing children's nappies. A poorly designed changing area that requires adults to engage in excessive heavy lifting, hunching over, or kneeling may result in injury.

See the [ACC website](#) for more information on preventing injuries at work.

PF26 Body wash facilities

Criteria

Premises and Facilities criterion 26

§ Ø There are suitable facilities provided for washing sick or soiled children and a procedure outlining how hygiene and infection control outcomes will be met when washing sick and soiled children.

Documentation required:

A procedure outlining how the service will ensure hygiene and infection control outcomes are met when washing sick and soiled children.

Rationale/Intent

The criterion aims to uphold the health and wellbeing of children by ensuring that there are suitable facilities and practices for washing children who vomit or soil themselves while attending the service so that the risk of cross infection is reduced.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Sometimes children at the centre will need to have all or part of their bodies washed. This might be necessary, for example:

- at nappy change time – if wipes are not enough to ensure the soiled child is cleaned thoroughly
- if a child has vomited over themselves
- if a child has had a toileting accident
- if children become very dirty during play.

Services need suitable facilities for the children being washed. Services need to ensure the facilities and procedures foster children's independence as appropriate and protect children's dignity and right to privacy.

A shower, shub or bath is likely to be the most suitable facility depending on the age and size of the child. The need to occasionally wash or bathe older children is usually best met with a shower rather than a tub, using a hand-held shower head with warm water. It is normally only needed for toileting accidents or if a child has been sick.

If a plumbing fixture is not available, service providers will need to consider how they will ensure sick or soiled children are washed easily and hygienically.

Things to consider

Specific considerations should include the following:

- How readily can adults provide for the safe and comfortable washing of a sick or soiled infant, toddler or child?
- Will your procedure or facility ensure the child's right to privacy and dignity is protected and promoted while they are being washed?
- How will you ensure your procedure/facility maximises adult health and safety?
- How will body waste and waste water be disposed of safely and hygienically?

This is a criterion where health expertise can provide guidance on hygienic practices and the control of infection. Service providers are also reminded that under Regulation 55, the Ministry of Education may require a service provider to obtain a report from a Public Health Unit in order to assess whether the facilities and procedures used at the centre are adequate to prevent the spread of infection.

New services or services considering renovations should be aware of the requirements of the [New Zealand Building Code](#).

PF27 Isolation area

Criteria

Premises and facilities criterion 27

Ø § There is space (away from where food is stored, prepared, or eaten) where a sick child can:

- be temporarily kept at a safe distance from other children (to prevent cross-infection);
- lie down comfortably; and

be supervised.

Rationale/Intent:

The criterion aims to uphold the safety and wellbeing of children by ensuring that there are comfortable and safe facilities for the isolation of a sick child.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

When a child becomes unexpectedly ill at a centre, there needs to be somewhere for their care to make the sick child feel comfortable, as well as to keep other children from becoming ill until the sick child can be collected and taken home. The child must be able to be supervised. If the child is isolated in a separate room with an adult, the service must maintain adult to child ratios.

Some centres might be in a position to have a separate 'sick room', but this is not a requirement. However, there must be an area where sick children can lie down away from other children. For practical purposes, an office or staff room may be the best room for this. Some centres use a couch (with a vinyl sheet and linen that they put down when needed), while others have a bed (either portable or permanently set up) for this purpose. See [HS26 – Infection Control](#) for additional guidance.

PF28 First aid kit

Criteria

Premises and facilities criterion 28

There is a first aid kit that:

complies with the requirements of Appendix 1; and
is easily recognisable and readily accessible to adults; and
is inaccessible to children.

Rationale/Intent:

The criterion aims to uphold the safety of children by ensuring that:

there are adequate provisions available for the treatment of minor injuries
adults can easily find the necessary provisions for administering first aid
children cannot access any hazardous materials themselves.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Contents and quantity

A list of first aid kit contents can be found in [Appendix 1](#).

The quantity of first aid items you will need to store in your kit will depend upon:

the number of children attending your centre

the number of kits you choose to have.

There must always be one first aid kit at the centre, and having a second kit to take on excursions will be necessary if some children remain at the centre during excursions.

Centres with large outdoor areas may also consider securing an additional first aid kit in an outdoor storage area for quick access.

First aid kit maintenance

Items in first aid kits will need to be replaced as they are used, and regular checks should be made to ensure that any perishable items are not past their use-by date (once a month or term is a good idea). Having a minimum stock list of frequently used items as well as a staff roster for checking your first aid kit(s) will help to ensure perishable items and frequently used items are renewed as needed.

First aid kit identification

First aid kits need to be easily recognisable – so that when an accident happens, any adult at the centre can identify it.

First aid kit placement

First aid kits must be stored in a container so it is readily available to adults, but is secure and out of reach of children. If the first aid kit, or cupboard or container in which it is stored, is locked, make sure the key is kept within easy reach of adults and all staff know where it is. A sign nearby letting any adult know where to find the key in an emergency is a good idea.

Gallery

Photo in placement of first aid kit in centre.



[View larger image](#) [JPG, 33 KB]

First Aid kit on wall accessible to staff.

Sleep

Sleep criteria:

In this section

- [PF29 - Design of sleep provisions](#)
- [PF30 - Mattress coverings](#)
- [PF31 - Bedding](#)
- [PF32 - Sessional over 2 sleep space](#)
- [PF33 - All-day over 2 sleep space](#)
- [PF34 - All-day over 2 sleep furniture/items](#)
- [PF35 - Sessional under 2 sleep space](#)
- [PF36 - Sessional under 2 cot:child ratio](#)
- [PF37 - All-day under 2 sleep space](#)
- [PF38 - All-day under 2 child:cot ratio](#)

PF29 Design of sleep provisions

Criteria

Premises and facilities criterion 29

§ Furniture and items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) are of a size that allows children using them to lie flat, and are of a design to ensure their safety.

Rationale/Intent:

To ensure that sleeping provisions are safe and appropriate for children using them.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

This guidance should be read in conjunction with the guidance for the other criteria relating to sleep ([Premises and Facilities 30-38](#) and [Health and Safety 9-11](#)).

Furniture and items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) must:

Be large enough to allow all children to lie flat on their backs

Be of a design that ensures children's safety.

In addition, they must:

Allow children, who are able to, sit or stand safely when they wake ()

Allow adults to easily get children out in the case of an emergency evacuation ()

If furniture and items do not meet these requirements they cannot be used.

When assessing the safety of sleep furniture and items, the following need to be considered:

The development of the child (mobile or non-mobile)

The height of the furniture in terms of falling risk – beds must be less than 700mm above the floor

The ability for clothing, bedding or the child's head becoming caught presenting a strangulation hazard

The presence of any small parts that could be a choking hazard

The ability for fingers or limbs to become trapped

Cots

A cot is designed for infants and is enclosed on all four sides so the infant cannot fall out. A cot is only suitable for infants who are able to be lifted out.

Cots must have no gaps or protrusions that could trap an infant or catch their clothing and have no sharp edges. The sides must be high enough to stop an infant climbing out and there should be no footholds.

Where cots are used, these should be sturdy, easily washable ([PF30](#)) and allow good airflow ([HS10](#)).

Mattresses need to fit firmly inside the cot to avoid gaps that an infant could get wedged in. Mattresses should not be too soft, as this is a risk factor for infant suffocation.

Multi-level cots, bunk cots and stacker cots

Multi-level cots (also known as bunk cots or stacker cots) are those where (usually) two cots are fixed on top of each other.

Multi-level cots are only acceptable if the following can be assured:

The area situated around each cot is well ventilated to allow sufficient fresh air to circulate and there is no build-up of carbon dioxide, moisture and heat ().

Regional Public Health have no concerns about the air flow through and around the cots ().

Cots are easily accessible by staff and sufficiently separated to avoid cross infection ().

The cots must be secured to the wall so that the cots cannot fall in any event ().

There is a specific evacuation plan for the sleep room where there are multi-level cots ().

Fire and Emergency NZ has no concerns about the use of the multi-level cot ()

Children, who can sit, are able to safely sit up in the lower level of the cots ().

Multi-level cots must only be able to be opened from the outside by an adult to place a child in or remove a child.

Multi-level cots must have no gaps or protrusions that could trap an infant or catch their clothing and have no sharp edges. The sides must be high enough to stop an infant climbing out and there should be no footholds.

Mattresses need to fit firmly inside the multi-level cot to avoid gaps that an infant could get wedged in. Mattresses should not be too soft, as this is a risk factor for infant suffocation.

Children who are able to sit or stand up are not to be placed in the upper level of multi-level cots, as they could be injured or fall from the cot when

attempting to get up. Once children are too large or mobile for the multi-level cots, they are to be moved either to a single level cot or to a stretcher or a bed.

Portable cots

Portable cots cannot be used in a centre based setting. As portable cots are made with a textile or mesh that allows for breathable air zones, they cannot be easily cleaned when used for multiple children ([PF30](#)).

Stretchers and mattresses

Stretchers or mattresses must not pose a suffocation hazard. Inflatable mattresses cannot be used as they allow a child's face to be smothered, so cannot ensure a child's safety.

Stretcher fabric must be taut and its wear monitored to ensure the stretcher does not sag with use over time.

Beds

Beds are single level sleep furniture where the upper surface of the mattress is less than 700mm above the floor. Children are able to get in and out of a bed without adult assistance.

Infants must not be placed in a bed as they may roll off the bed.

Bunk beds and elevated beds

Bunk beds are those where multiple beds are stacked on top of each other and the upper surface of the mattress is 700mm or more above the floor.

Elevated beds are those where the upper surface of the mattress is 700mm or more above the floor.

Bunk beds and elevated beds cannot be used as beds as this height poses a falling risk and they are not of a design that ensures a child's safety.

Risk mitigations such as increasing supervision or the use of safety matting do not meet the requirements of this criterion.

Slings, backpacks, prams, buggies and car capsules

Items whose primary purpose is transportation such as slings, backpacks, prams, buggies and car capsules cannot be provided by the centre as an item intended for children to sleep on as they are not intended for that purpose or allow children to lie flat.

PF30 Mattress coverings

Criteria

Premises and facilities criterion 30

§ Furniture and items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) that will be used by more than one child over time are securely covered with or made of a non-porous material (that is, a material that does not allow liquid to pass through it) that:

protects them from becoming soiled;
allows for easy cleaning (or is disposable); and
does not present a suffocation hazard to children.

Rationale/Intent:

To ensure that mattresses that may be used by many children over time are kept hygienically clean and cross infection is prevented.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Children sometimes sweat when they sleep, and bed-wetting accidents do occur from time to time. Damp or soiled mattresses can be a breeding ground for bacteria.

Mattresses must have a surface that is smooth, easily cleaned and impervious to moisture and does not present a suffocation hazard to children. The waterproof layer must cover at least the whole of the upper surface and all sides of the mattress.

It is essential plastic mattress covers are securely attached to mattresses. It is recommended that these waterproof covers are held in place with elastic or other such device. Any ripped mattress covers must be replaced immediately.

PF31 Bedding

Criteria

Premises and facilities criterion 31

Clean individual bedding (such as blankets, sheets, sleeping bags, and pillowslips) is provided for sleeping or resting children that is sufficient to keep them warm.

Rationale/Intent:

The criterion aims to uphold the wellbeing of children by ensuring that they have clean and warm bedding when sleeping.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Linen must never be shared between children. It must either be washed after every use or stored separately with the child's name on it. Refer to the guidance for [HS11 – Storage of Sleep Provisions](#).

When putting a child to bed, it is recommended by the Child and Youth Mortality Review Committee (CYMRC) that:

bedding should be sufficient to keep the child warm but not to overheat them
bedding must be arranged so that it does not cover the child's face – this is especially important for babies
children under 2 should not use pillows.

PF32 Sessional over 2 sleep space

Criteria

Premises and facilities criterion 32

SESSIONAL SERVICES ONLY:

A safe and comfortable place to sleep (such as a bed, stretcher, mattress, or couch) is available for children aged two and older that require sleep or rest during a session.

Rationale/Intent:

To ensure there is some provision for children aged over 2 who need to sleep while attending the service.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

At a sessional service, there may be occasions when an older child needs to rest or sleep. Services need adequate facilities to cater for these times. How a service provides these facilities depends on what suits their particular centre layout and operation.

Possibilities include:

- a comfortable couch that is used for other purposes at other times
- a bed permanently set up in a convenient place, such as the office (this option can double as an area for isolating sick children as well)
- a stretcher or mattress that can be pulled out and set up as required in a quiet area of the service.

Any sleeping child must be monitored as required by [HS9 Sleep Monitoring](#).

PF33 All-day over 2 sleep space

Criteria

Premises and facilities criterion 33

ALL-DAY SERVICES ONLY:

Space is available for children aged two and older to sleep or rest for a reasonable period of time each day. If the space used for sleeping or resting is part of the activity space, there are alternative activity spaces for other children not sleeping or resting as necessary.

Rationale/Intent:

To ensure there are adequate provisions for sleep. The criterion also aims to ensure that children who are not sleeping do not have their activities unduly limited.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

All-day services with only children over the age of 2 attending have a level of choice about the space they provide for sleep. Centres may choose to manage this differently according to their operation or philosophy.

If the centre chooses to have a scheduled rest or sleep time during the day for all children, then they may choose to turn some of the activity space into a 'sleep/rest area' during that time. However, children who do not wish to sleep or rest must have somewhere to play.

If the centre prefers to allow children to self-regulate when they need a sleep or rest, they may decide a separate sleep room is a better option for them. Or (if only one or 2 children choose to sleep at a time, and not very frequently) they may provide a quiet area within the activity space that children can go when they want to rest or sleep.

PF34 All-day over 2 sleep furniture/items

Criteria

Premises and facilities criterion 34

ALL-DAY SERVICES ONLY:

Furniture or items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) are available for the sleep or rest of children aged two and older.

Rationale/Intent:

To uphold the well-being of children aged 2 and older by ensuring there is adequate furniture or items for sleep.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Centres need adequate facilities to cater for occasions when an older child needs to rest or sleep. How a service provides these facilities depends on what suits their particular centre layout and operation.

If the service decides to allow children to rest or sleep as and when they need to throughout the day, possibilities include:

- a comfortable couch that is used for other purposes at other times
- a bed permanently set up in a convenient place, such as the office (this option can double as an area for isolating sick children as well)
- a stretcher or mattress that can be pulled out and set up as required in a quiet area of the service.

If a scheduled sleep or rest time is part of the service's daily routine, then the service will need enough beds, mattresses, stretchers, or mats for every child attending.

PF35 Sessional under 2 designated sleep space

Criteria

Premises and facilities criterion 35

SESSIONAL SERVICES ONLY:

A designated space is available to support the provision of restful sleep for children under the age of two at any time they are attending. This space is located and designed to:

- minimise fluctuations in temperature, noise and lighting levels;
- allow adequate supervision; and
- accommodate at least the requirements of , when arranged in accordance with .

Rationale/Intent:

To ensure there are adequate provisions for sleep. The criterion also aims to ensure that children who are not sleeping do not have their activities unduly limited.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

A separate sleep room is not required to meet this criterion, although some services may consider this is preferable for their infants and toddlers.

A quiet area of the activity space needs to be set aside for use whenever children under the age of 2 need to sleep during a session. The sleeping space should preferably be somewhere that is not a 'high traffic' area of the centre. You can arrange furniture such as couches or shelving to control movement into the area by children, and to provide some barrier against sound.

Although the area needs to be 'designated' as a sleep space, it can be used by children for play when no children require sleep.

PF36 Sessional under 2 cot:child ratio

Criteria

Premises and facilities criterion 36

SESSIONAL SERVICES ONLY:

Furniture or items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) are provided at a ratio of at least one to every 5 children under the age of two.

Rationale/Intent:

To uphold the well-being of children under the age of 2 by ensuring there is adequate furniture and items for sleep available to meet the requirements of the ratio for the children attending the service.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Centres need adequate facilities to cater for occasions when an older child needs to rest or sleep. How a service provides these facilities depends on what suits their particular centre layout and operation.

If the centre decides to allow children to rest or sleep as and when they need to throughout the day (either in a separate room or in a quiet area of the service) then the stated ratio of 1 to 5 needs to be met. It is important that children have something to lie down on when they want to sleep or rest, and do not have to wait.

If a scheduled sleep or rest time is part of the centre's daily routine, then one cot, bed, stretcher, or mattress will be needed for each child attending.

PF37 All-day under 2 sleep space

Criteria

Premises and facilities criterion 37

ALL-DAY SERVICES ONLY:

A designated space is available to support the provision of restful sleep for children under the age of two at any time they are attending.

This space is located and designed to:

minimise fluctuations in temperature, noise and lighting levels;
allow adequate supervision; and

accommodate at least the requirements of , when arranged in accordance with .

Rationale/Intent:

To uphold the well-being of children under the age of 2 by ensuring there are adequate provisions for sleep to take account of the needs and sleep patterns of individual children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Services are required to provide children under 2 years with the opportunity to have restful sleep at any time they are attending the centre.

The opportunity for restful sleep is provided by the centre having a designated space where fluctuations in temperature, noise and lighting levels can be minimised. Adequate supervision of sleeping children is required.

Services could have more than one designated sleeping space. All criteria must be met for any and all designated sleep spaces. In mixed age settings, many services choose to use their designated space(s) for children of all ages (not just under 2s), because they find supervision easier when all children sleep in the same place.

The designated space for sleeping children under 2 years, and any storage space for furniture and items not permanently set up, will be excluded from the measurement of the indoor activity area (as per [Schedule 4 in the Education \(Early Childhood Services\) Regulations 2008](#)).

Things to consider

Children require sufficient restful sleep to become self-managing, be effective learners and to make the most of the learning opportunities provided by ECE. Services are encouraged to actively engage in discussions with parents for guidance on the sleep requirements for their child and how these can best be met in a manner consistent with the regulations. The designated space(s) should recognise cultural practices of the communities.

Gallery



[View larger image](#) [JPG, 51 KB]

Sleep room with visibility and access from main play area.

PF38 All-day under 2 child:cot ratio

Criteria

Premises and facilities criterion 38

ALL-DAY SERVICES ONLY:

Furniture or items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) are provided at a ratio of at least one to every 2 children under the age of two.

Rationale/Intent:

To uphold the well-being of children under the age of 2 by ensuring there are adequate furniture and items for sleep available to meet the requirements of the ratio for the children attending the service.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

If the service decides to allow children to rest or sleep as and when they need to throughout the day (either in a separate room or in a quiet area of the service) then the stated ratio of 1 to 2 needs to be met. It is important that children have something to lie down on when they want to sleep or rest, and do not have to wait.

If a scheduled sleep or rest time is part of the centre's daily routine, then one cot, bed, stretcher, or mattress will be needed for each child attending.

Health and safety

46 Health and safety practices standard: general

(1) The health and safety practices standard: general is the standard that requires every licensed service provider to whom this regulation applies to

- a. take all reasonable steps to promote the good health and safety of children enrolled in the service; and
- b. take all reasonable precautions to prevent accidents and the spread of infection among children enrolled in the service; and
- c. take all reasonable steps to ensure that the premises, facilities, and other equipment on those premises are—
 - i. kept in good repair; and
 - ii. maintained regularly; and
 - iii. used safely and kept free from hazards; and
- d. take all reasonable steps to ensure that appropriate procedures are in place to deal with fires, earthquakes, and other emergencies.

(2) Each licensed service provider to whom this regulation applies must comply with the health and safety practices standard: general.

[What do the symbols next to the criteria in this section mean?](#)

The criteria in this section are grouped together by topic. Each criterion has also been given a short, descriptive title. These titles are provided only to help you navigate around more easily on the website – they do not form part of the criteria themselves.

In this section

- [Hygiene](#) - Criteria and guidance for HS1-HS3
- [Emergencies](#) - Criteria and guidance for HS4-HS8
- [Sleep](#) - Criteria and guidance for HS9-HS11
- [Hazards and outings](#) - Criteria and guidance for HS12-HS18
- [Food and drink](#) - Criteria and guidance for HS19-HS23
- [Child health and wellbeing](#) - Criteria and guidance for HS24-HS30
- [Child protection](#) - Criteria and guidance for HS31-HS33
- [Notification](#) - Criteria and guidance for HS34

Hygiene

Criteria for hygiene:

In this section

- [HS1 - Premises and contents safe and hygienic](#)
- [HS2 - Laundering](#)
- [HS3 - Nappy changing procedure](#)

HS1 Premises and contents are safe and hygienic

Criteria

Health and safety practices criterion 1

§ [Premises](#), furniture, furnishings, fittings, equipment, and materials are kept safe, hygienic and maintained in good condition.

Rationale/Intent:

The criterion aims to uphold the health and safety of children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Equipment should be safe and suitable for its purpose and the age of children using it.

Any furnishing or fittings not fit for purpose should be removed from play areas until remedial action can be taken. Items can then be repaired or replaced as soon as possible.

Hard surfaces should be kept clean and equipment or toys should be kept hygienic. Toys and materials that children put in their mouths should be

cleaned at the end of each day with hot soapy water or put in the washing machine/dishwasher depending on the toy.

Nappy changing areas should be cleaned and disinfected after every nappy change.

More information can be found in the resource [Nga Kupu Oranga: A health and safety resource for early childhood services](#).

Bleach as a Disinfectant

Regional Public Health recommends ECE Centres use bleach as a disinfectant as recent outbreaks of diseases caused by micro-organisms (germs) such as giardia, cryptosporidium and salmonella. Many of these germs are resistant to most disinfectants.

Bleaches contain sodium hypochlorite, the chemical which kills bacteria and viruses. The Ministry of Health recommends that ECE services will need to use a disinfectant that has at least 2% hypochlorite. Supermarket bleach is labelled between 2-5% sodium hypochlorite.

A bleach solution should be used to disinfect the nappy changing area, toilets and sinks. To work properly the solution needs to:

Be used on a surface free of dirt/organic material

Be a strong enough concentration i.e. 0.1% (see table below). If there is visible contamination, then use a stronger 1:10 solution.

Have enough time to kill the bugs (ideally 30 minutes contact time)

The solution should be disposed of at the end of the day. Made up chlorine solutions are often kept in spray bottles – the bottle needs to be cleaned daily as dirty hands touch it.

How to make up a 0.1% bleach solution

STRENGTH ON BOTTLE	BLEACH (ML)	WATER (ML)	TOTAL (ML)
1%	100	900	1000
2%	50	950	1000
3%	33	967	1000
4%	25	975	1000
5%	20	980	1000

'Eco' or 'natural' cleaners

There has been an increased interest in the use of 'green', 'eco', 'organic' or 'natural' cleaning products in ECE settings. Be aware that many of these products are suitable only for 'cleaning' surfaces by removing dirt, grease and grime, and not for 'disinfecting' surfaces to kill disease causing germs.

HS2 Laundering

Criteria

Health and safety practices criterion 2

§ Linen used by children or adults is hygienically laundered.

Documentation required:

A procedure for the hygienic laundering (off-site or on-site) of linen used by the children or adults.

Rationale/Intent:

The criterion aims to ensure that inadequate laundering practices do not pose a health risk to children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Many items in ECE centres need prompt, regular washing. This should include bedding as well as towels, cloths, bibs and dress ups.

ECE centres need to ensure they have good supplies of linen to cover any potential shortages.

Refer to Criteria [PF31 - Bedding](#) for more information.

Documentation Guidance:

Procedures should address:

Items that should be laundered and how often

Who does the laundering

If the washing is taken home by parents, that it is done as a separate load to the household wash

Are different types of laundry washed separately to prevent cross infection e.g. kitchen and bathroom linen separated from bedding linen for example?

Regional Public Health Units recommend that all washing is done in hot water with an adequate amount of laundry detergent.

For more information see [Chapter 9 of the Ministry of Health Environmental Health Protection Manual](#) [PDF, 588 KB].

Things to consider

Items to be laundered include:

bedding

all kitchen laundry (dish cloths, tea towels, hand towels, oven mits etc)

bibs
dress-up clothes
fabric play items
towels
furniture coverings
cloths used for art and messy play
cloth nappies if used.

If there is a washing machine on site, it is a good idea to have a door leading directly from the laundry to the outside area, so staff can access the washing line without walking through the centre.

If an indoor drying rack is used, adults need to ensure that it does not obstruct corridors, exit and entry points or impinge of children's play areas.

If there is not a washing machine and drying facilities on site, you may want to consider:

using a roster system of parents to pick up and return linen for laundering so that you can ensure a good supply of clean linen. If parents are to be used, ensure
you have clear procedures, which ensure hygienic laundering.
contracting a commercial laundry.

HS3 Nappy changing procedure

Criteria

Health and safety practices criterion 3

§ A procedure for the changing (and disposal, if appropriate) of nappies is displayed near the nappy changing facilities and consistently implemented.

Documentation required:

A procedure for the changing (and disposal, if appropriate) of nappies.

The procedure aims to ensure:

safe and hygienic practices; and
that children are treated with dignity and respect.

Rationale/Intent:

Displaying the procedure ensures that every person using the facilities is made aware of the procedure to maintain general hygiene and children's safety and wellbeing.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

A nappy changing procedure communicates your service's expectations about this important care routine to parents/whānau and anyone using the area.

You may wish to keep a record of nappy changes each day for parents' information.

More information can be found in the resource [Nga Kupu Oranga: A health and safety resource for early childhood services](#).

Refer to Criteria PF25 - Nappy Change Facilities for more information.

Documentation Guidance:

A nappy changing procedure could include:

Who can change children's nappies

How often children's nappies are checked/changed

The hand washing practices to be used. If relevant, the practices to be used when wearing disposable gloves

How the nappy changing area is cleaned and disinfected When/how often and by whom

How adults should interact with children when changing nappies

How children are kept safe from falls or other hazards

How 'solid waste' is disposed of

How are soiled nappies stored and disposed of or given to parents to take home for disposal?

If relevant, how are potties stored, used and cleaned?

Things to consider

Centres should consider children with additional needs.

Older children in nappies need to be encouraged to be as independent as possible:

In accessing any changing area/table

Dressing themselves

Drying themselves

in decisions around when nappies are changed

Consider what options to provide where there is a risk of injury to staff (such as lifting heavy or tall children).

Use the lens of Te Whāriki to review the nappy change procedure, for example:

How children can be empowered in this routine/ care moment

How independence can be fostered

How reciprocal and responsive relationships are fostered, e.g. talking to the child about what is happening

Whether nappy changing is an unhurried care moment versus a 'routine'

Emergencies

Criteria for emergencies:

In this section

- [HS4 - Fire evacuation scheme](#)
- [HS5 - Assembly areas safe](#)
- [HS6 - Securing Furniture](#)
- [HS7 - Emergency Plan and Supplies](#)
- [HS8 - Emergency drills](#)

HS4 Fire evacuation scheme

Criteria

Health and safety practices criterion 4

The [premises](#) are located in a building that has a current Fire Evacuation Scheme approved by Fire and Emergency New Zealand.

Documentation required:

A current Fire Evacuation Scheme approved by Fire and Emergency New Zealand.

Rationale/Intent:

The criterion aims to uphold the safety of children by ensuring that the premises have an adequate plan for evacuating children in the event of a fire.

Amended May 2015

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

ECE centres need to have an approved Fire Evacuation Scheme for the premises in which they operate. Fire and Emergency New Zealand provide information about the process of applying for an approved scheme and maintaining the scheme once it is in place. The application can be done online.

[Fire and Emergency New Zealand](#)

If centres are unsure about the suitability of a building with other tenants for an ECE service, they should contact the local fire service office as they will provide individualised advice on the suitability of any premises and the development of an evacuation scheme.

ECE centres must have an approved evacuation scheme before the Ministry of Education can grant a Probationary licence. Up to 30 working days should be allowed for a scheme to be approved as the Fire Service has 20 working days to make a decision on an application, unless they determine that more information is needed, or that they need to observe a trial evacuation. In each of those cases the Fire Service has an additional 10 working days to make a decision.

If the ECE centre is in a building with other tenants centres need to be aware that the fire evacuation scheme approved by Fire and Emergency New Zealand applies to the whole building and all tenants, and is the **responsibility of the building owner**. It does not just apply to the ECE centre.

It is important to note that the approved fire evacuation scheme only covers fire emergencies.

The fire evacuation scheme needs to include regular trial evacuations for fire emergencies. Fire Regulations require this to be done at least every six months, and that it is reported to Fire and Emergency New Zealand within 10 days of taking place. There is information about maintaining an approved evacuation scheme on the [Fire and Emergency New Zealand website](#).

Please note however, that under HS8 (Emergency drills), the Ministry requires services to carry out trial evacuations (covering a variety of emergency situations), on an at least three monthly basis. See the guidance for [HS8 \(Emergency drills\)](#) for more details.

It may be more difficult to evacuate children from centres that are not at ground level in the event of a fire. Fire evacuation schemes need to identify ways to mitigate this. We recommend reading the [Guidance for ECE Services - Evacuation from High Rise Buildings](#) [PDF, 394 KB] [PDF; 260kb]

Definitions

[Fire Safety and Evacuation of Buildings Regulations 2006](#)

HS5 Assembly areas safe

Criteria

Health and safety practices criterion 5

Designated assembly areas for evacuation purposes outside the building keep children safe from further risk.

Rationale/Intent:

The criterion aims to uphold the safety of children by ensuring that assembly areas do not place children in further danger - on a main highway for example. The criterion is also based on the assumption that a safe assembly area is more likely to result in regular drills being carried out.

Amended May 2015

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Although it is important there is a place for people at the centre to go to when a fire breaks out or in another emergency such as an earthquake, it is just as important to ensure that this place does not put children or adults in further danger from other hazards. This can be a challenge for some centres because of the layout of their premises and proximity to main roads, car parks, waterways etc. Young children often behave erratically when scared or distressed, and adults need to reduce stress (for themselves, as well as for the children) in these situations as much as possible.

Centres should talk with [local Ministry of Education ECE licensing staff](#) and [Fire and Emergency New Zealand](#) personnel about the best options for their particular situation.

Additional guidance is available specifically for centres above ground level, we recommend reading the [Guidance for ECE Services - Evacuation from High Rise Buildings](#) [PDF, 394 KB].

The Ministry of Civil Defence and Emergency Management and the Ministry of Education have produced an [Emergency Management Plan template](#) [DOC, 706 KB] that can be used for planning for a variety of emergencies.

[Ministry of Civil Defence and Emergency Management](#)

Things to consider

Selecting an appropriate assembly area should also take into account where vehicles and personnel might be when they are responding to a fire. The place chosen should be checked to ensure children or adults will not be trapped in an area from which they can't escape if the fire should spread. For instance, in an area surrounded by high walls or fences with no exit other than through the fire area.

The use of portable orange netting, cones and walking ropes can be useful for keeping children together while moving and once they have reached the final place of safety.

Ideally any equipment needed should be stored near the exits from the building to avoid the need to retrieve it from more distant storage areas when evacuating the building in an emergency.

Consideration should be given as to how children will be kept warm and dry if evacuation takes place during wet or windy weather. Centres may be able to make some arrangement with a nearby business or other organisation to assist with this.

A "grab bag" ready near the building exit to take when centres evacuate to an assembly area should be provided. In addition to emergency supplies and medication, this could include books or other items that can be used to engage children's attention while at the assembly point.

If staff suspect that during the process of exiting or re-entry to a building to secure items poses further risk to their own lives or the lives of others then they should not do so.

HS6 Securing furniture

Criteria

Health and safety practices criterion 6

Heavy furniture, fixtures, and equipment that could fall or topple and cause serious injury or damage are secured.

Rationale/Intent:

The criterion aims to uphold the safety of children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

In all areas of the centre, large and heavy items of furniture and equipment and appliances must be secured to the structure of the building, studs are fine but wallboards may be too weak. Smaller appliances such as stereos or microwave ovens can be secured with industrial Velcro, seismic wax and non-slip mats. [See the EQC website for more information.](#)

Lighter things such as books and blocks can also cause injury if they fall on children. These can be held on shelves by wire or a short chain connected to the shelf with a metal eye or hook.

See Things to Consider for securing furniture that may need to be moved frequently.

Lockable castors should be used to prevent trolleys or shelving on wheels from moving around. Think about weight distribution on free standing shelves, i.e. store heavy items at the bottom of shelving with lighter items higher up.

Things to consider

When securing these items, the following guidelines will be useful:

Always fasten to the structure of the building. Studs are fine, but wallboards may be too weak.

Make sure that the fastenings used are strong enough to hold the weight of the heavy object. What will happen if it gets bounced up/down?

Possible, fasten objects near the top rather than at the bottom. If this can't be done, then fastenings at the bottom will need to be very strong. This is because of the leverage effect when something topples (a fridge for example).

Connections that are easy to unclip and re-clip allow furniture to be moved when needed. Fastening points can be placed at several places around the walls (in some buildings).

A short chain on the furniture connected to a metal eye on the wall, by means of a carabena, D-bolt, or similar, can be a good system. This means you can change your furniture around, and still have secure fastening for the heavy objects.

HS7 Emergency plan and supplies

Criteria

Health and safety practices criterion 7

There are a written emergency plan and supplies to ensure the care and safety of children and adults at the service. The plan must include evacuation procedures for the services's premises, which apply in a variety of emergency situations and which are consistent with the Fire Evacuation Scheme for the building.

Documentation required:

A written emergency plan that includes at least:

An evacuation procedure for the premises.

A list of safety and emergency supplies and resources sufficient for the age and number of children and adults at the service and details of how these will be maintained and accessed in an emergency.

Details of the roles and responsibilities that will apply during an emergency situation.

A communication plan for families and support services.

Evidence of review of the plan on an, at least, annual basis and implementation of improved practices as required.

Rationale/Intent:

The criterion aims to uphold the safety of children by:

ensuring that the service has an adequate evacuation procedure for a range of emergency situations, and resources sufficient emergency supplies and resources for the children and adults likely to be at the service.

Amended May 2015

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

In addition to compliance with [HS4 \(Fire evacuation scheme\)](#) the centre must have a documented evacuation procedure specifically for the ECE premises. The evacuation procedure required is the **responsibility of the service provider**.

This evacuation procedure must cover all emergency situations including, but not limited to fire, earthquake, tsunami, flood, storm, volcano, landslide etc. The procedure has a broader scope than just fire evacuation and must be consistent with the over-arching [Fire and Emergency NZ](#) approved fire evacuation scheme.

If the service is licensed for under 2's, then in order to have supplies sufficient for the age and number of children attending, the emergency supplies must include infant formula and spare sterile bottles.

The National Emergency Management Agency and the Ministry of Education have produced a template that can be used for planning for a variety of emergencies.

[National Emergency Management Agency](#)

Ministry of Education's [Emergency Management Plan template](#) [DOC, 719 KB].

Additional guidance is available specifically for services above ground level, we recommend you read [Guidance for ECE Services - Evacuation from High Rise Buildings](#) [PDF, 394 KB].

HS8 Emergency drills

Criteria

Health and safety practices criterion 8

[Adults providing education and care](#) are familiar with relevant emergency drills and carry these out with the children on an at least three-monthly basis.

Documentation required:

A record of the emergency drills carried out and evidence of how evaluation of the drills has informed the annual review of the service's emergency plan.

Rationale/intent:

The criterion aims to uphold the safety of children by ensuring that:

adults at the service have the necessary skills, knowledge and experience to deal with emergency situations;
review of the service's emergency plan and evacuation procedures are part of the service's regular self review processes; and
children are familiar with, and confident in, responding to emergency procedures.

Amended May 2015

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Research has shown that the factor that most contributes to reducing injuries and fatalities during any emergency evacuation is regular practice. This ensures that staff and adults at the centre are familiar with procedures and that children also become familiar and comfortable with what is expected of them.

Regular practice will also ensure that any equipment that will be relied on in an evacuation will be subject to regular checks, for example, any special equipment that might be used to assist in the evacuation of the non-walking children. It is also recommended that staff have a range of strategies available to manage any children whose behaviour has become disturbed during the evacuation.

The following activities will help to ensure all adults are familiar with the evacuation procedures:

- Evacuation procedure briefings for all relieving staff.
- Training as part of new staff induction.
- Regular refresher training for all staff.
- Including emergency plans and procedures as a regular agenda item for staff meetings.
- Communication with parents and families, via noticeboards and in newsletters.

Staff/ educators should be able to confidently:

- talk about the procedures without needing to refer to any documentation.
- identify the roles they and others will play during an emergency evacuation.
- describe how children (walking and non-walking) will be managed during an evacuation.
- describe how they will deal with any unexpected circumstance that arises during an evacuation – ie respond to questions such as "how will you manage if several of your 3-4 year olds refuse to walk independently from the building?"

It is also important that the children are familiar and comfortable with the evacuation procedures. In addition to participating in regular trial evacuations, familiarity with emergency responses can be included as appropriate in the service's programme.

Centres are expected to have trial evacuations at least every three months. Evacuation drills should be organised to test a variety of emergency situations and scenarios. For example, practising earthquake drills one day and fire evacuation drills another and practising evacuation via

alternative exits if these are available. You should aim to hold your trial evacuations at times when you have typical numbers of children, of varying ages, and adults at the centre. Consider also the timing of evacuations and whether or not staff will be notified in advance. Holding unannounced evacuations at challenging times (eg during lunch time or sleep time) may be inconvenient but will give greater assurance that procedures are effective. Roles for adults could be varied during trial evacuations so that any key responsibilities are covered even in the absence of a particular staff member.

The fire evacuation scheme needs to include regular trial evacuations for fire emergencies. Fire Regulations require this to be done at least every six months, and that it is reported to Fire and Emergency New Zealand within 10 days of taking place. There is information about maintaining an approved evacuation scheme on the [Fire and Emergency New Zealand website](#).

Centres are required to keep a record of each trial evacuation. At a minimum, this should record:

The date and time, number of under 2's and supervising adults, number of over 2's and supervising adults, other adults or children present, time taken for complete evacuation (for each separate group if appropriate)

A checklist of the key steps in the evacuation procedure, whether or not they were completed, and any comments.

A building assessment, eg checking that all appropriate notices were displayed, escape routes were clear, fire fighting equipment serviced etc. Details of any actions that need to be taken to rectify faults discovered or to improve on the planned procedure.

Keep the trial evacuation (drill) records two years.

Reviewing emergency plans and evacuation procedures should be a regular part of a centre's self review. Records of each trial evacuation, together with emergency training records, should be used to inform that review. If any changes are required to evacuation procedures, these should be noted promptly in evacuation plans and any other documentation and notices updated. Remember also to communicate any changes made.

The National Emergency Management Agency have a [What's the Plan Stan website](#) which focuses on helping children prepare for an emergency and a special section which aims to support teachers to develop children's knowledge, skills and attitudes to respond to and prepare for an emergency.

Additional guidance is available specifically for centres above ground level. [Guidance for ECE Services - Evacuation from High Rise Buildings](#) [PDF, 394 KB]

Sleep

Sleep criteria:

In this section

- [HS9 - Sleep monitoring](#)
- [HS10 - Sleep furniture spacing](#)
- [HS11 - Storage of sleep furniture and bedding](#)

HS9 Sleep monitoring

Criteria

Health and safety practices criterion 9

A procedure for monitoring children's sleep is displayed and implemented and a record of children's sleep times is kept.

Documentation required:

1. A procedure for monitoring children's sleep. The procedure ensures that children:

do not have access to food or liquids while in bed; and
are checked for warmth, breathing, and general well-being at least every 5-10 minutes, or more frequently according to individual needs.
2. A record of the time each child attending the service sleeps, and checks made by adults during that time.

Rationale/Intent:

The criterion aims to uphold the safety and wellbeing of children while they are sleeping, and minimise risk of harm.

Amended May 2015

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

A documented sleep procedure ensures a consistent approach by adults at the service to how they monitor the safety and wellbeing of children while sleeping. It will clearly outline the roles and responsibilities of the adults at the service when children are sleeping.

The sleep procedure must be displayed so all adults at the service understand what is expected and parents know what will occur.

Keeping a record of sleeping times and checks by adults will ensure that parents have access to important information about their child's sleeping patterns while at the service.

It demonstrates the fulfilment of the service's duty of care; that children have been suitably monitored while sleeping to ensure their safety and wellbeing while in the care of the service.

See Things to Consider for suggestions of other points to consider for sleep procedures.

Keeping records:

Keep the sleep records for the current year plus one additional year.

Services can record sleep in a variety of ways. These include:

a daily 'sleep sheet' (with date, names of children, times they slept, the name/signature of those checking them while in bed (every 5-10 minutes), and any other comments.

a whiteboard/ blackboard recording information for that session or day of operation. These services must develop a way to **retain this**

information, how they do this is up to them as long as these records can be accessed.

Things to consider

It may be useful for a service to include all information about sleep in one place such as the sleep procedure which may include aspects such as:

- The times of rest periods (e.g. structured or according to the needs of the individual child).
- Designation of the sleep space within the premises (and how non-sleeping children will be kept separate while the sleep area is in use).
- Minimum number of teachers responsible for supervision of sleeping children.
- Monitoring will include checking for warmth, breathing, general well-being every 5-10 minutes or more frequently according to the needs of the child. This will be recorded along with the time of the check and the name of the adult checking.
- Children not having access to liquids or food while in bed.
- The need to inform parents of their children's sleep patterns each day.
- How sleep times and checks will be recorded and the information relayed to parents and stored.
- How parents will be informed of this procedure (e.g. at point of enrolment, as part of induction process to service).

HS10 Sleep furniture spacing

Criteria

Health and safety practices criterion 10

§ Furniture or items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) are arranged and spaced when in use so that:

adults have clear access to at least one side (meaning the length, not the width);

the area surrounding each child allows sufficient air movement to minimise the risk of spreading illness; and

children able to sit or stand can do so safely as they wake.

Rationale/Intent:

The criterion aims to ensure that sleeping provisions are arranged so that they do not present a hazard to children's safety and wellbeing.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

The space between sleep furniture/items needs to allow adults to:

easily check on children,

ensure they are not too hot or cold,

check their breathing

move between them quickly in an emergency.

Allow space within the sleep room for door opening and adult supervision (e.g. An armchair for an adult).

If multi-level cots are used:

Centres must ensure that children who sit or stand when they wake have room to do so. Children who can pull themselves to a standing position should not be placed in the top cot for safety reasons.

Centres should consider the age of the children at the service and ensure there are sufficient low level cots for them to move into as they grow.

Further information around multi-level cots is given in [PF29 Design of Sleep Provisions](#).

HS11 Storage of sleep furniture and bedding

Criteria

Health and safety practices criterion 11

§ If not permanently set up, furniture or items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) and bedding is hygienically stored when not in use.

Rationale/Intent:

The criterion aims to prevent cross-infection by ensuring that sleep provisions used periodically (i.e. not permanently set up) are hygienically stored when not in use.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Furniture, such as cots, beds, stretchers or mattresses and bedding used periodically needs to be hygienically stored when not in use in order to prevent cross-infection.

Spraying and wiping cots, beds and mattresses with a suitable cleaning agent is needed before storage.

Linen must be removed from the mattresses and not stacked in between mattresses.

If bedding is to be used for the same child over the course of a week it should be labelled with the child's name or placed in a clean labelled bag.

Centres need to ensure there is adequate hygienic storage for this purpose such as wall hooks for linen bags. A cupboard or area which children cannot access is useful.

Ensure that storage

does not create hazards to children **but is easily accessible to adults.**

Is not in the toilet or nappy changing area.

Hazards and outings

Criteria for hazards and outings:

In this section

- [HS12 - Hazard and risk management](#)
- [HS13 - Temperature of hot water from taps children can access](#)
- [HS14 - Temperature of hot water in cylinders](#)
- [HS15 - Noise levels](#)
- [HS16 - Animals](#)
- [HS17 - Excursions](#)
- [HS18 - Travel by motor vehicle](#)

HS12 Hazard and risk management

Criteria

Health and safety practices criterion 12

Equipment, premises and facilities are checked on every day of operation for hazards to children. Accident/incident records are analysed to identify hazards and appropriate action is taken. Hazards to the safety of children are eliminated, isolated or minimised.

Consideration of hazards must include but is not limited to:

cleaning agents, medicines, poisons, and other hazardous materials;
electrical sockets and appliances (particularly heaters);
hazards present in kitchen or laundry facilities;
vandalism, dangerous objects, and foreign materials (e.g. broken glass, animal droppings);
the condition and placement of learning, play and other equipment;
windows and other areas of glass;
poisonous plants; and
bodies of water.

Documentation required:

A documented risk management system.

Rationale/Intent:

The criterion aims to uphold the safety of children by ensuring that services have a mechanism to assess and address environmental hazards in an ongoing way.

Amended May 2016

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

A key aspect of promoting the health and safety of everyone at the service is hazard and risk management.

A hazard is a situation or thing that has the potential to cause death, injury or illness to a person.

Risk is the likelihood that death, injury or illness might occur when a person is exposed to a hazard. Risks must be managed by taking action to eliminate them, and if that is not reasonably practicable, minimizing or isolating them. Eliminating a hazard will also eliminate any risks associated with that hazard.

It is important that the service assesses and understands the hazards and risks that are relevant to its own unique situation. To start this assessment there is a [sample list of Potential Hazards](#) [DOC, 156 KB].

Safety and suitability of surfaces, furniture, equipment and materials both indoors and outdoors are also covered under [Criterion PF5 – Furniture and Equipment](#) which covers purchasing and installing playground equipment and surfacing.

Areas which are primarily for adults such as the office are sometimes used for additional storage. Care should be taken to ensure that by doing this, no-one is exposed to the possibility of injury from tripping or falling over poorly stacked or stored items or resources.

Hazards and risks must also be managed on any excursion when children leave the service. See [HS17 for more guidance](#).

In order to meet this criterion service can use a daily check sheet. Any hazards found should be documented and eliminated, isolated or minimised.

Supervision

Supervision is an essential component of hazard and risk management in a service. Supervision must be active and focussed.

The type of supervision required depends on the layout of the premises, activities being undertaken, equipment being used, the ratio of adults to children, and the number, ages and needs of children.

Direct, close and constant supervision by teachers, educators and kaiako will be required if an activity includes an element of risk. For example, climbing, cooking, using ropes, cords or tools of any kind or activities near water.

Ensuring children do not have unsupervised access to hazardous equipment such as ropes, cords and tools is a key aspect of supervision. Access to any hazardous equipment must be closely monitored.

Teachers, educators and kaiako should guide children on how to use equipment appropriately and safely.

Knowing children's interests and abilities will assist teachers, educators and kaiako to anticipate children's play. Anticipating what children might do next will help teachers, educators and kaiako support children if challenges or difficulties arise, and intervene if there is potential danger. To ensure risk is minimised or eliminated, teachers, educators and kaiako should guide children's behaviour and approach to play when necessary.

If an activity poses a risk, teachers, educators and kaiako will use their professional judgement to ensure that the right kind of supervision can be provided. If close supervision cannot be provided for an activity which requires it, then teachers, educators and kaiako should encourage children to modify their activity, or defer it until the appropriate level of supervision can be provided.

Teachers, educators and kaiako should have regular conversations about how play is supervised in their own setting.

Health & Safety at Work Act 2015 (HSWA)

Services must comply with the standards set in the licensing criteria as well as the requirements of the HSWA and its regulations. [Additional guidance about the HSWA](#) is available for early learning services.

Documentation guidance:

Your hazard and risk management system is likely to be made up of three main processes:

Documented daily hazard checks – inside and out

Documented playground safety checks

Regular risk review – your risk register should be updated whenever new information comes available, and reviewed on an annual basis.

Keep the hazard and risk checklists for the current year and the preceding year.

[DOCX, 17 KB]

[DOCX, 13 KB]

[PDF, 51 KB]

[DOC, 156 KB]

Below are some additional sources of information for support around risk management:

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Things to consider

Consider a sequential approach to hazard and risk management. For example:

Identify hazards and risks.

Assess the likelihood and impact of identified risks.

Respond to hazard or risk – what will be done, when, by whom?

Monitor and review hazard and risk management system and practices.

Issues to consider in developing a hazard and risk identification and management system to ensure hazards are assessed and addressed in an ongoing way are:

How hazards and risks will be identified

How are hazard and risk identification processes and practices reviewed and updated?

If a hazard is identified, how it will be eliminated, isolated or minimised? When will it be done? Who is responsible for this?

What opportunity is there for educators, teachers and kaiako to contribute to hazard and risk management systems, processes and practice?

How will visitors to the service be informed about identified hazards?

How is the maintenance of premises and equipment documented, managed and budgeted for?

How are maintenance issues communicated to the person responsible or governance committee for any repairs or replacement?
How are the service's hazard and risk management checklists reviewed and used to inform the service's management and practice, eg supervision, maintenance, repairs?

HS13 Temperature of hot water from taps children can access

Criteria

Health and safety practices criterion 13

§ The temperature of warm water delivered from any taps that children can access independently is no higher than 40°C, and comfortable for children at the centre to use.

Rationale/Intent:

The criterion aims to uphold the safety of children by removing the risk of hot water scalding and to ensure that water is kept at a comfortable temperature to encourage hygienic handwashing practices.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

If the centre's hot water supply is produced by a continuous flow gas hot water system, Regional Public Health recommends it should be set to deliver water between 37°C and 40°C wherever children have access.

In cases where water is stored, a [tempering valve](#) can be installed. Refer to criterion [PF24 – Tempering Valve](#). The water temperature of child accessible taps needs to be checked on every day of operation before children use the tap(s).

HS14 Temperature of hot water in cylinders

Criteria

Health and safety practices criterion 14

§ Water stored in any hot water cylinder is kept at a temperature of at least 60°C.

Rationale/Intent:

The criterion aims to uphold the safety of children by ensuring that stored hot water does not support legionella and cryptosporidiosis bacterial growth.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

For water stored in a hot water cylinder, the cylinder's thermostat must be set to at least 60°, to prevent legionella bacteria from growing in the pipes.

Once the thermostat has been adjusted to the required temperature, it can be locked to prevent accidental or unauthorised re-adjustment. Refer to [PF24 – Tempering Valve](#).

Guidance for criterion [PF16 – Kitchen Facilities](#) provides information about domestic and commercial dishwashers. If your centre is considering installing a dishwasher you need to consult your local District Health Board Public Health Unit for advice about dishwashers and hot water requirements for ECE centres. Guidance is also provided for centres that do not have a dishwasher and wash dishes by hand.

HS15 Noise levels

Criteria

Health and safety practices criterion 15

§ All practicable steps are taken to ensure that noise levels do not unduly interfere with normal speech and/or communication, or cause any child attending distress or harm.

Rationale/Intent:

The criterion aims to uphold the health and wellbeing of children by ensuring that steps are taken, when necessary, to manage high noise levels in day-to-day operation (as in the case of ongoing construction next to the service).

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Managing noise levels will benefit everyone at the service. Establish expectations with children about what is an acceptable level of noise inside.

Services with high numbers of enrolled children may wish to have a noise level monitoring device.

Quieter spaces for children can be created simply by using low partitions. Further information is available for the criterion [PF12 – Heating, lighting, noise and ventilation](#).

Beware of environmental noise from outside the service such as roadworks or construction nearby and try to ensure that the negative effect is reduced where possible. If possible, staff should attempt to ascertain the length of time the noise might occur and if appropriate make contingency plans as to:

How this information will be communicated to parents

When it might be appropriate to relocate the centre.

Contact your local Ministry of Education office to determine what steps would need to be taken in exceptional circumstances.

HS16 Animals

Criteria

Health and safety practices criterion 16

§ Safe and hygienic handling practices are implemented with regard to any animals at the service. All animals are able to be restrained.

Rationale/Intent:

The criterion aims to ensure that animals at the service do not pose a health and safety risk to children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

ECE centres will need to ensure that children and adults who handle animals practice thorough hand washing procedures afterwards.

If an ECE centre has pets they need to be appropriately housed and restrained at all times and children supervised when interacting with them. Make sure their habitats are cleaned and maintained as required depending on the needs of the animal(s).

Centres will need to ensure that animals, including those brought to the centre, can be properly restrained at all times. This could include a procedure outlining:

where dogs brought at pick-up and drop-off should be tied (not immediately at the gate where children are passing)

what happens with visiting animals (such as pet days or farm animals)

what happens if a sight impaired family member of a child has a guide dog.

More information is available in the publication [Caring for animals: a guide for teachers, early childhood educators and students](#).

HS17 Excursions

Criteria

Health and safety practices criterion 17

Whenever children leave the premises on an [excursion](#):

assessment and management of risk is undertaken, and adult:child ratios are determined accordingly. Ratios are not less than the required adult:child ratio;

the first aid requirements in are met in relation to those children and any children remaining at the premises;

parents have given prior written approval to their child's participation and of the proposed ratio for:

regular excursions at the time of enrolment; and

special excursions prior to the excursion taking place; and

there are communication systems in place so that people know where the children are, and adults can communicate with others as necessary.

When children leave the premises on a regular or special excursion, the excursion must be approved by the Person Responsible.

Documentation required:

A record of excursions that includes:

the names of adults and children involved;

the time and date of the excursion;

the location and method of travel;

assessment and management of risk;

adult:child ratios;

evidence of parental permission and approval of adult:child ratios for special excursions; and

the signature of the Person Responsible giving approval for the excursion to take place.

Rationale/Intent:

The criterion is underpinned by the understanding that excursions outside the licensed premises are a valuable aspect of the service's curriculum.

The inherent risks involved in outings and excursions from the licensed premises must be managed to uphold the safety and well-being of children.

Amended May 2015

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

The responsibility for the assessment of risk lies with the service, and parents should also take responsibility by giving their written approval to the excursion and the proposed ratios.

See also the Guidance for [HS12 - Hazard Management](#)

Risk Assessment:

For **regular excursions**, the risk assessment can be a new plan or an update of a previous assessment so any new risks are identified. This should be made available for parents to sight at the time of enrolment.

A **special excursion** requires a specific risk assessment and development of a management plan prior to the excursion because the environment and circumstances in which these occur will be different each time.

If children are left at the centre during an excursion, the teaching staff: children ratios must be met and there must be a first aid qualified staff member at the centre.

Documentation Guidance:

Permission for special excursions needs to be sought for each excursion.

Written approval for regular excursions may be obtained via a signature on the Enrolment Form, provided the information also informs parents of the planned adult: child ratio.

Full records of both regular and special excursions should be kept for the current year plus one additional year.

To assist in planning and documenting your excursions, some sample documents are provided below. These can be altered to suit your centre's needs:

[DOCX, 20 KB]

[DOC, 42 KB]

[DOC, 36 KB]

Things to consider

If no one remains at the centre during the excursion, consider leaving a written notice at the centre that is visible to visitors providing information on:

- the location of the excursion,
- the predicted return time, and
- a contact name and phone number

Things to take

The following are useful things to take on an excursion:

A list of all children plus their emergency contact details in case of any accident or emergency. Include any siblings. Use this to take periodic roll checks.

First aid kit. Consider carrying some bags in case of travel sickness, and some portable instant ice-packs.

Personal medication for any of the centre's children – inhalers, epi pens etc. Also take any personal medication needed for adults and teachers.

Cellphone – with numbers for the bus or transport company, numbers for the destination or venue and a contact number for someone connected with the service who is not going on the excursions.

Sun protection. Rain wear if needed.

Books or other items to entertain children if there are any delays.

Drinking water for all children and adults

Spare clothing.

Ratios

Remember that the same ratios on the excursion must be met for all ages of children as you are required to do at the centre. However, given the

inherent risks involved in taking children out of the centre, consideration should be given to increasing ratios.

These ratios need to include all the children on the excursion –ie include all the siblings not just enrolled children.

If possible, aim for at least one member of the teaching staff to be excluded from the ratio calculation. This leaves them free to manage and coordinate during any unforeseen event, or to deal with routine items such as collecting tickets, managing storage of back packs etc.

Consider the travel arrangements and hazards identified on the way to and at the destination when determining adult: child ratios.

Consider whether ratios need to be improved if any part of the excursion is in the vicinity of an unprotected source of water.

Transport considerations

As a general rule, public transport generally offers less risk than using private vehicles. If private vehicles are used consider the following:

All drivers must have a current full New Zealand driver's licence, and how this will be checked.

Each vehicle must be registered and have a current warrant of fitness, and how this will be checked.

As safe practice, have two adults accompanying the children travelling in a private vehicle. The exception to this would be where a parent was transporting only their own children.

All private vehicles must have the appropriate safety restraints for adults and children in accordance with the NZ Transport Agency regulations.

See this for more details.

Supporting Volunteers/Parent Helpers

As parent helpers are a key part of adult: child ratio they are critical to the success of the supervision and health and safety on an excursion. Take some time to think through what they need to know about expectations of them, and how to communicate this to them. Consider the following:

Parent helpers need to actively supervise the children in their care. This means being close enough to keep them safe at all times. They should not let any child leave their group.

Parent's own behaviour should not put any children at risk – eg leaving the group for a coffee, popping into a shop etc.

If a parent has a health condition which might compromise their ability to supervise throughout the excursion, ask them to let you know.

Make sure each parent knows which children they are responsible for. Give them a list of names.

Make sure they are aware of the itinerary, timetable and general logistics of the excursion.

Parents need to stay with the main centre group at all times – unless some part of the activity is on a rotating basis. If they need to leave the group for some reason, make sure they know to notify a staff member first.

Parents need to accept that there is no place for smoking, alcohol, or other illegal drugs on any excursion.

Parents need to agree to follow all the requests and expectations of the teaching team.

Describe the positive behaviour policies of the centre – explain to parents how they are expected to manage children. Be clear about when they should seek immediate help from a staff member.

Be clear about what is acceptable in terms of taking photographs of children on the excursion.

Make sure parents know about the arrangements for toileting, food/drink, looking after children's belonging, who has the First Aid Kit, the number of the emergency cell phone and what will happen in any emergency.(ie adults should not take groups away from the main group unless this is planned and organised).

HS18 Travel by motor vehicle

Criteria

Health and safety practices criterion 18

If children travel in a motor vehicle while in the care of the service:

each child is restrained as required by Land Transport legislation;
required adult:child ratios are maintained; and
the written permission of a parent of the child is obtained before the travel begins (unless the child is travelling with their parent).

Documentation required:

Evidence of parental permission for any travel by motor vehicle. In most cases, this requirement will be met by the excursion records required for [criterion HS17](#). However, services that provide transport for children to and/or from the service must also gain written permission from a parent upon enrolment.

Rationale/Intent:

The criterion aims to uphold the safety of children while traveling in motor vehicles. Linking the restraint of children to licensing requirements allows Ministry of Education to put a regulatory intervention in place for non-compliance, as opposed to fines given by Police.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

If there are not sufficient child restraints or cars/vans available for any excursion, then other transport options need to be considered.

Ensuring children are properly restrained according to traffic law while travelling in a car is a bare minimum requirement.

Taxis and shuttles have different legislative requirements for child restraints. Ensure children travelling in taxis are restrained as if they were in a private car or van.

If travelling by bus where children are not restrained ensure there is adequate supervision.

If a centre is looking at transporting children to and from the centre, the accountability for regular transport (outside enrolled and licensed hours) is to be agreed between parents and the ECE centres concerned.

ECE centres should employ "best practices" and have procedures in place that focus on health and safety, such as

Who the adults will be – including any qualifications (teaching, first aid), if they have been police vetted/safety checked

Appropriate adult:child ratios

Supervision arrangements

Alternative arrangements if parents are not at home when children are dropped home

Sign-in procedures

Parental permission upon enrolment.

NZTA provide more information on the [NZTA website](#).

[Find out more information on Transporting children to and from ECE services and kōhanga reo.](#)

Things to consider

Other things to consider when arranging travel in motor vehicles include:

All drivers must have a current full New Zealand driver's licence, and how this will be checked.

Each vehicle must be registered and have a current warrant of fitness, and how this will be checked.

As safe practice, have two adults accompanying the children travelling in a private vehicle. The exception to this would be where a parent was transporting only their own children.

All private vehicles must have the appropriate safety restraints for adults and children in accordance with the NZ Transport Agency regulations.

Food and drink

Criteria for food and drink:

In this section

- [HS19 - Food and nutrition](#)
- [HS20 - Food hygiene](#)
- [HS21 - Drinking water](#)
- [HS22 - Supervision while eating](#)
- [HS23 - Bottle feeding](#)

HS19 Food and nutrition

Criteria

Health and safety practices criterion 19

§ Food is served at appropriate times to meet the nutritional needs of each child while they are attending. Where food is provided by the service, it is of sufficient variety, quantity, and quality to meet these needs. Where food is provided by parents, the service encourages and promotes healthy eating guidelines.

Documentation required:

A record of all food served during the service's hours of operation (other than that provided by parents for their own children). Records show the type of food provided, and are available for inspection for 3 months after the food is served.

Rationale/Intent:

The criterion aims to uphold the health, safety and wellbeing of children by ensuring the service meets their nutritional needs or alternatively

encourages parents to do so. Requirement to keep records for 12 months has been reduced to 3, as this is considered to be a more useful minimum period of time. Record-keeping requirements serve two purposes;

- a) to demonstrate compliance with the criterion; and
- b) to provide useful information in the event of any allergic reactions that may develop in children attending.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

There are a range of ways that centres can choose to meet the requirements of this criterion.

In an all-day service, this usually involves either:

- providing a full meal service (often prepared by designated kitchen staff)
- parents providing food for their child to eat while attending ('lunch-box' service)
- a combination of the two, for example, parents providing lunch, and the service providing morning and afternoon tea.

In sessional services, children attend for shorter periods of time so full meals are not usually provided for children. However, centres may either provide snacks, or ask parents to provide these.

Some services ask parents to donate food (usually fruit) that is prepared and served for all children to share while they are at the service.

Special events such as birthday celebrations are another common time when food is provided to share.

When providing food, the additional nutritional needs of children under the age of 2 needs to be considered.

Children with known allergies are to be supervised when selecting from shared food or encouraged to eat their own food only.

Some services may have set meal times and others have "rolling" morning or afternoon tea, i.e. the children are able to eat when they are hungry. If this practice is followed, staff or adult numbers need to allow for the supervision of children while they are eating ([HS22 - Supervision while eating](#)) and there needs to be a place set aside for the children to sit and eat ([PF15 - Dining Facilities](#)).

Documentation Guidance

It is important to note down any food served to children (other than what parents have provided for their own child to eat), so that information is available both in the event of an unexpected allergic reaction and for a historic record should an allergy develop.

If a service provides meals, a record of the daily menu will provide this information.

For a sessional service that routinely provides fruit, then a statement outlining that this will occur every day will meet this requirement, along with a note in the service's daily diary if any particular variations from the 'norm' occur.

If food is provided by parents to be shared, a simple list of all of the food provided for children will meet this requirement.

Keep the records of food served for 3 months.

Things to consider

Services may want to include Food and Nutrition as part of self review with all day services reviewing menus, and sessional services reviewing how and when food is provided.

There are a range of resources available to help ECE services make healthy and informed choices about food provided to children, and to encourage parents to do the same.

The has information on their free Healthy Heart Award programme which provides structure and guidance around all aspects of food and nutrition. This includes multilingual lunchbox resources, policies, sample menus, resources to engage whānau and professional development for staff
The Ministry of Health has produced a publication on
There is a list of [DOC, 161 KB] including information on allergies.

HS20 Food hygiene

Criteria

Health and safety practices criterion 20

§ Food is prepared, served, and stored hygienically.

Rationale/Intent:

The criterion aims to uphold the health and safety of children by ensuring hygienic practices occur in regard to food.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Basic food hygiene is important to avoid outbreaks of food-borne illness in ECE centres.

A centre should provide enough fridge space to store chilled foods – including milk and yoghurt provided by parents for infants and children.

Under the Food Act 2014 and Food Regulations 2015, if you provide food as part of your ECE service it must be safe and suitable. Depending on what kind of food you provide, you may need to register and operate under a [National Programme Level 2](#). Use the Ministry for Primary Industries' [Where do I fit tool](#) to find out if you need to register.

More information on the requirements of the Food Act and Food Regulations is available on the [Food Act section of this website](#).

Where children are involved in food preparation on a regular basis for consumption by others, food hygiene practices must be maintained and children supervised and provided with guidance around not eating the food and discarding dropped items. There should be utensils provided for children and appropriate surfaces should be used.

Things to consider

Under the Food Act 2014 there are no specific food safety training requirements for early childhood education staff.

The tips for food safety on the [MPI website](#) is useful for anyone handling food.

If you are operating a centre under National Programme 2, staff must have a good level of food safety knowledge relevant to the food provided at the centre and the ability to put it into practice.

For information on formal training courses, go to the [New Zealand Qualifications Authority website](#).

HS21 Drinking water

Criteria

Health and safety practices criterion 21

§ An ample supply of water that is fit to drink is available to children at all times, and older children are able to access this water independently.

Rationale/Intent:

The criterion aims to uphold the health and safety of children by ensuring they have access to a clean drinking water supply. Requirement for independent access is based on evidence that self-access to water enables children to maintain an adequate level of hydration.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

There are different ways to provide drinking water to ensure children maintain an adequate hydration level. These include:

- providing drinking fountains outdoors, or water coolers inside (these need to be secured to meet the standards of)
- using individually marked water bottles – these will need to be kept topped up and cleaned daily
- making water jugs and individual cups available for children to pour their own water. These need to be cleaned daily.

The provision of water should be included on the daily checks carried out by staff/adults at the centre.

The Ministry of Health have a number of publications on [drinking water](#).

Things to consider

Centres in rural or isolated areas that are not on a town water supply and use bores or water tanks must meet the [Drinking Water Standards for New Zealand](#).

These services should contact a Health Protection Officer at their local public health unit or an Environmental Health Officer at their local council for advice.

HS22 Supervision while eating

Criteria

Health and safety practices criterion 22

Children are supervised while eating.

Rationale/Intent:

The criterion aims to minimise the risk of choking on food and to ensure in an event of an adverse reaction appropriate action is taken.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

All babies and children must be closely supervised when eating. Staff or adults must sit with the children so attention is on the children and not on completing other tasks.

Children with special needs who may not be able to eat or drink independently will need one-on-one supervision.

Children should eat only when seated, and be encouraged to concentrate on eating only. Eating while walking or playing increases the risk of choking.

Educators need to be cautious when feeding toddlers small, round, hard or squashy foods like grapes, apple or sausage. For more specific advice on bottle feeding see [HS23 – Bottle Feeding](#).

There are many food allergies and intolerances that may cause adverse effects. Supervising children while eating allows any adverse or allergic reactions to be recognised and appropriate action taken (e.g. medication administered).

Young children and infants in highchairs must be closely supervised. The person supervising an infant or toddler needs to know how to respond if a child chokes or has an adverse reaction including how to safely remove the child from the highchair without worsening the situation as well as how to get appropriate assistance if required.

[More information on choking is provided by the Ministry of Health.](#)

Things to consider

Safety and Choking

How is children's safety supported while they are eating? E.g. making sure there are not too many distractions.

Has a child had a history of early reflux? If so, extra vigilance over the introduction of new foods is essential.

If food is provided selecting appropriate food for individual children is very important to minimise choking risk. It is important to discuss with a parent or caregiver the foods children can manage safely rather than relying on age alone as the indicator.

Be aware of foods which are more likely to cause choking.

Small hard foods that are difficult for children to bite or chew (eg. nuts, large seeds, popcorn husks, raw carrot, apple, celery)
small round foods that can get stuck in children's throats (eg. grapes, berries, raisins, sultanas, peas, watermelon seeds, lollies)
foods with skins or leaves that are difficult to chew (eg. sausages, chicken, lettuce, nectarines)
compressible food which can squash into the shape of a child's throat and get stuck there (eg. hot dogs, sausages, pieces of cooked meat, popcorn)
thick pastes that can get stuck in children's throats (eg. chocolate spreads, peanut butter)
fibrous or stringy foods that are difficult for children to chew (celery, rhubarb, raw pineapple)

To reduce the risk of choking on these foods:

- alter the food texture – grate, cook, finely chop or mash the food
- remove the high risk parts of the food – peel off the skin, or remove the strong fibres.

Learning whilst eating

How do children learn what is expected of them while eating? E.g. to remain seated until they have finished eating
How is children's learning supported while supervising their eating
What other learning is happening while eating? E.g. using utensils, textures, colours, appropriate social interactions.

HS23 Bottle feeding

Criteria

Health and safety practices criterion 23

APPLIES ONLY TO SERVICES LICENSED FOR UNDER 2 YEAR OLDS:

Infants under the age of 6 months and other children unable to drink independently are held semi-upright when being fed. Any infant milk food given to a child under the age of 12 months is of a type approved by the child's parent.

Rationale/Intent:

The criterion aims to uphold the safety and wellbeing of children by ensuring they are not 'propped' and left unattended with a bottle. The criterion also ensures a basic level of nurturing behaviour towards infants.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Infants or other children with special needs who may not be able to drink independently should not be "propped up" and left unattended by adults as they can move around or slide over which may lead to choking. Staff ratios should be sufficient for this and providing a comfortable adult sized chair will assist the required one-on-one supervision.

Centres need to decide who provides any infant formula and bottles. If formula is provided, parental approval of the brand/type is required before it is

used. If the usual brand/type is unavailable, parental approval of any substitute is also required prior to use.

The service needs to have a procedure for hygienic preparation of bottles including:

Sterilisation of bottles

Hand washing

Timing of preparation - as close as possible to feeding time

Following instructions for mixing formula (as different brands use different size scoops and volumes of water)

If storage of made up formula brought by parents is necessary, it should only be kept in the refrigerator for a maximum of four hours past the time it is made up.

[The Ministry of Health has produced a publication on infant formula.](#)

Child health and wellbeing

Criteria for child health and wellbeing:

In this section

- [HS24 - Room temperature](#)
- [HS25 - First aid qualifications](#)
- [HS26 - Response to infectious illnesses](#)
- [HS27 - Medical assistance and incident management](#)
- [HS28 - Medicine administration](#)
- [HS29 - Medicine training](#)
- [HS30 - Children washed when soiled](#)

HS24 Room temperature

Criteria

Health and safety practices criterion 24

§ Rooms used by children are kept at a comfortable temperature no lower than 16°C (at 500mm above the floor) while children are attending.

Rationale/Intent:

The criterion aims to uphold the wellbeing of children. Note that the wellbeing of adults at the service is covered by the Health and Safety in Employment legislation.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Rooms used by children must be kept at a minimum of 16°C at 500mm above the floor from the beginning of operating hours. This includes the sleep room/area, toilets and nappy changing area.

It is important to note that this is a minimum requirement. Services may choose to keep their centres at a higher temperature.

WHO guidelines state a minimum of 18°C for residential living spaces. The criteria requirement is lower than this to allow for temperature fluctuations due to doors opening to allow children to move between indoor and outdoor spaces.

Draughts should be minimised, especially at ground level where infants lie and crawl and children play.

Having a centre too warm could lead to lethargy in children and adults.

The Guidance for [PF12- Heating, lighting, noise and ventilation](#) provides options for efficient heating to ensure that rooms can be kept at a comfortable temperature, while ensuring the safety of children.

HS25 First aid qualifications

Criteria

Health and safety practices criterion 25

There is an adult present at all times for every 50 children attending (or part thereof) that:

holds a current First Aid qualification gained from a New Zealand Qualification Authority accredited first aid training provider; or
is a registered medical practitioner or nurse with a current practising certificate; or
is a qualified ambulance officer or paramedic.

If a child is injured, any required first aid is administered or supervised by an adult meeting these requirements.

Documentation required:

Copies of current first aid (or medical practising) certificates for adults counting towards this requirement.

Rationale/Intent

The criterion aims to uphold the safety of children by ensuring adults with the necessary skills and knowledge to deal with injuries and illness are present at all times and readily available.

Amended May 2016

Guidance

In order to ensure you have an adult for every 50 children attending, you can use the following table:

NUMBER OF CHILDREN ATTENDING	MINIMUM NUMBER OF FIRST AID QUALIFIED ADULTS REQUIRED
1-50	1
51-100	2
101-150	3

When a centre takes some children on an excursion and some children remain at the centre, the ratio must be met both on the excursion and at the centre.

First Aid Qualifications:

Information on the required first aid qualifications is available of the [First Aid page of this website](#).

This includes who to contact to have an international first aid qualification assessed to see if it meets requirements.

HS26 Response to infectious illnesses

Criteria

Health and safety practices criterion 26

§ All practicable steps are taken to ensure that children do not come into contact with any person (adult or child) on the premises who is suffering from a disease or condition likely to be passed onto children and likely to have a detrimental effect on them.

Specifically:

the action specified in is taken for any person (adult or child) suffering from particular infectious diseases; and children who become unwell while attending the service are kept at a safe distance from other children (to minimise the spread of infection) and returned to the care of a parent or other person authorised to collect the child without delay.

Rationale/Intent:

The criterion aims to uphold the health and safety of children by preventing undue exposure to disease or illness while attending the service.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

It is very common for early childhood services to have to deal with children experiencing different forms of illness. Some will be infectious; that is,

spread from person to person or from animal to person. Other forms of illness do not spread and will only affect the child or adult who has the illness.

It is not always easy to tell when a child is becoming ill. (A change in behaviour can be one indicator.) It is also quite difficult to tell what has caused the illness and whether or not it is infectious. Familiarity with the information in [Appendix 2](#) of the criteria on infectious illnesses, incubation periods, symptoms, recommended exclusion times from attending the service etc will be helpful.

ECE services must take steps to minimise the contact of children with any person who has an infectious illness.

When a child becomes ill at a centre, the sooner they can be taken home, the better. The centre is not usually set up to deal with sick children for long periods of time, although an area away from other children at the centre where sick children can rest comfortably under supervision, while waiting to be taken home is required. For more information see [PF27 - isolation area](#).

Services should develop a procedure with parents/whānau about what will happen when a child is ill or appears to be becoming ill. This will ensure there is common understanding about what will happen if a child is brought to the centre who is already ill or who becomes ill while there. It is vital to have up-to-date contact information for the parents on children's enrolment records.

Having a policy and procedure to cover exclusion for general or infectious illness will assist staff to make a decision about whether or not to exclude a child on the grounds of ill health – either on the spot or when parents have a doctor's diagnosis.

Refer to [HS27 - Medical assistance](#) for the requirement to keep records of serious illnesses.

When an illness appears to be affecting many children or adults, the service should contact their local Public Health Unit for information and advice.

[Regional Public Health produce a number of fact sheets on a variety of diseases.](#)

Things to consider

When should children stay away from the service?

In general children should stay away from an early childhood service when they are ill and causing concern or:

- have no interest in activities or play
- have little energy - want or need to sleep or rest for long periods
- cry easily, are irritable or in pain
- constantly want to be held and comforted, are 'clingy'
- have a fever
- have diarrhoea or vomiting.

What to do if children become ill while at the service

Send them home as soon as possible. Recommend that they stay at home until well again.

If a child cannot go home immediately, keep them away from others, stay with them at all times, and give them plenty of clear fluids to drink (water).

Keep them cool if there is a fever and warm if they are cold.

Assess the child's illness. If a parent or caregiver is not available and the child seems to be becoming more ill, arrange for the child to be seen by a doctor.

If you know what is causing the illness, make sure the child or staff member stays away for the recommended (or required) time.

If you are not sure, but think the illness may be infectious, contact the Public Health Unit for information and advice.

Preventing spread of illness to others

If the illness is infectious, contact the parents or caregivers of children with low immunity. They may want to keep their children at home until the risk of illness is over.

If other children develop the illness, take a careful look at the hygiene and cleaning routines used at your service:

make sure everyone is washing their hands thoroughly before eating and after using the toilet

check the nappy changing procedure and make sure that all staff are following it carefully

look at the cleaning programme, including the cleaning of toys, bedding, equipment, and frequently handled fixtures and fittings such as door handles, toilet flush buttons and taps and improve the programme if necessary.

Wash children and wipe noses with disposable wipes or cloths that are used only once.

Make sure that any sores and weeping cuts, spots and scratches are covered at all times in all environments, and encourage children not to scratch or pick at them. If these wounds cannot be covered, the child or staff member should stay at home until they have healed.

Make sure that staff wear gloves and use disinfectant to clean up spills, or blood or other body fluids.

Check that cups and eating utensils are washed thoroughly in hot water.

Keep the immunisation register up to date.

Contact your public health service for more information and advice.

HS27 Medical assistance and incident management

Criteria

Health and safety practices criterion 27

All practicable steps are taken to get immediate medical assistance for a child who is seriously injured or becomes seriously ill, and to notify a parent of what has happened.

Documentation required:

A record of all injuries, illnesses and incidents that occur at the service. Records include:

the child's name;

the date, time, and description of the injury, illness or incident;

actions taken and by whom; and

evidence that parents have been informed.

A procedure outlining the service's response to injury, illness and incidents, including the review and implementation of practices as required.

Rationale/Intent:

The criterion aims to uphold the health and safety of children by ensuring that children who fall ill or are injured are given appropriate care.

Amended May 2016

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Injuries, illnesses and incidents can be a part of early childhood experiences. When a child becomes seriously ill or suffers a serious injury while in the care of the service, services must get medical assistance. This would usually be ringing for an ambulance or taking the child to see a doctor. It is always better to seek medical assistance if you are unsure of the extent of the injury or the seriousness of the illness than to risk the consequences of doing nothing.

Notifying parents

Services must notify parents as soon as possible of the event, and be able to provide as much detail as possible about what happened, when, and what actions the service took. It is vital to have up-to-date contact information for the parents on children's enrolment records.

When notifying parents of an accident or incident in person, think about the sensitivity of the situation and the need for privacy away from the presence of children and other parents.

When informing parents by phone, ascertain where possible whether they have other adult support to deal with the event, e.g. support to look after other children, transport etc.

Notifying other agencies

Some injuries, illnesses and accidents must be notified to specified agencies under separate legislation. Services should familiarise themselves with their wider obligations to notify these agencies.

The Ministry of Education must also be notified of such incidents. See [HS34 – Incident notification to the Ministry of Education](#).

[An injury and incident procedure flowchart is available for services to use](#) [PDF, 49 KB].

Under the Health and Safety at Work Act 2015, ECE services must notify WorkSafe New Zealand if there is a notifiable event. Services should ensure that their health and safety practices are aligned to their obligations under other legislation.

Documentation Guidance

It is important that ALL injuries, illnesses and incidents are recorded, even if only minor injuries are sustained. This is for two reasons:

A very minor injury can sometimes become more serious after a period of time, e.g. a minor graze becomes infected and a child requires hospitalisation.

A pattern or trend in the occurrence of minor injuries may lead to awareness of the need to make changes at the service.

It does not matter who witnesses the incident – if the service is told of an incident by a visiting adult or parent this must be documented in the same way as if an educator witnessed the incident.

The record of injury, incident or illness that services must keep will also be of assistance to paramedics or the child's doctor if further assessment of the child's health is required.

[Regional Public Health has an illness register template that can be used.](#) You should keep the injury/illness/incident record for **two years** from the date of the incident.

For any injury/incident that is notifiable under the Health and Safety at Work Act 2015 (HSWA), it is a requirement to keep the records for **five years** from the date of the incident.

Things to consider

Some issues to consider are:

If a child needs to go to hospital or the doctor, who will go with them and how will care be ensured for the other children at the centre? Ratios must still be met at the centre, and there must be a first aider remaining at the centre.

At what point are the child's parents/caregiver first notified about an accident or illness?

Children's allergies, particularly allergic reactions to medication and medical conditions that are caused by allergies.

Maintaining a list of allergies for children attending the centre, and ready access to the list and relevant medications in the event of an allergic reaction.

What do you do if the illness is contagious?

There may be costs associated with calling an ambulance. Centres should plan in advance for this contingency.

HS28 Medicine administration

Criteria

Health and safety practices criterion 28

Medicine (prescription and non-prescription) is not given to a child unless it is given:

by a doctor or ambulance personnel in an emergency; or

by the parent of the child; or

with the written authority (appropriate to the category of medicine) of a parent.

Medicines are stored safely and appropriately, and are disposed of, or sent home with a parent (if supplied in relation to a specific child) after the specified time.

Documentation required:

1. A record of the written authority from parents for the administration of medicine in accordance with the requirement for the category of medicine outlined in [Appendix 3](#).

2. A record of all medicine (prescription and non-prescription) given to children attending the service. Records include:

name of the child;

name and amount of medicine given;

date and time medicine was administered and by whom; and evidence of parental acknowledgement. Related to clause 46 (1)(b) of standard.

Rationale/Intent:

The criterion aims to uphold the health and safety of children by ensuring that children are given proper care, and that medication is not administered inappropriately by services.

Amended May 2015

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Medicines must be stored out of the reach of children, but still be easily accessed by an adult if needed in an emergency. Some medicines may require refrigerated storage.

Services must take note of the expiration dates of any Category 1 medicines, and ensure that they are not administering medicines that have passed their use-by date. Service supplied (Category 1) medicines that have expired must be disposed of appropriately – check with a pharmacist about the best way to do this. Parent-supplied medicines should be sent home for disposal.

The different categories of medicines have different parent authorisation requirements, as set out [Appendix 3](#). For categories (i) and (iii), parent authorisation must be given at enrolment of the child at the service. Category (ii) medicines require daily parental authorisation. For category (i) medicines, services must be specific about what products they will use (including brand names).

When administering medicine check that the **right dose** (use a standard measuring syringe or spoon) of the **right medicine** is given to the **right child** (double-check the details on the label each time) at the **right time** (follow any instructions provided by parents or medical staff about this).

Documentation Guidance:

Administration:

Every service must keep a record of all medicine (prescription and non-prescription) given to children when attending the centre, regardless of whether it is administered by a staff member or by the child's parent.

The record of medicine administered to children should be kept for 2 years.

Keeping a record of medicine administration demonstrates that the service has fulfilled its duty of care; that the child needing medicine has been given the right dose of the right medicine at the right time.

It is a useful record for both parents and medics in the event of a child experiencing an adverse reaction or sudden-onset illness.

The recording of category (i) medicines administered in relation to injuries as required by criterion HS25 will meet this requirement for those medicines.

Authorisation and Acknowledgement:

The written authority for categories (i) and (iii) medicines is on the enrolment form so must be kept for 7 years. For category (ii) medicines, the

written authority should be kept for as long as the child is receiving that medicine.

Parental acknowledgement of the medicine having been given to their child must also be recorded. Category (i) and (ii) medicines require daily parental acknowledgement, whereas parental acknowledgement may be obtained and recorded weekly or every three months for category (iii) medicines whose dosage does not change.

Downloads

[Childcare Centre Medication Register 1](#) [DOC, 38 KB]

[Childcare Centre Medication Register 2](#) [DOC, 31 KB]

Things to consider

Centres must ensure that during cooking activities children are closely supervised if they are to have access to the fridge and if possible any medicines are stored out of the reach of children.

HS29 Medicine training

Criteria

Health and safety practices criterion 29

Adults who administer medicine to children (other than their own) are provided with information and/or training relevant to the task.

Documentation required:

A record of training and/or information provided to adults who administer medicine to children (other than their own) while at the service.

Rationale/Intent:

The criterion is linked to Education Circular 2001/15. The criterion aims to uphold the health and safety of children by ensuring that medication is given to children only by people with the necessary knowledge and skills.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Adults at the centre need to feel confident and capable of providing the necessary support to children when medication is administered. Because educators/staff do not generally have medical training, some form of training or information is required so they can do this. First aid courses do not commonly cover the correct administration of medicine, so this will not usually be sufficient.

An example might be insulin injections for diabetics, epi-pens for anaphylactic shock, or the use of asthma inhalers with a spacer. Work together

with the child's family to find the best way of providing the training needed for staff in these situations.

Training could be provided via a conversation / demonstration / written information by any of:

the parents

the child's GP or practice nurse

a public health nurse

a pharmacist

a foundation or society e.g. asthma foundation

For common medicines administered by mouth (such as antibiotics), the level of information needed will be minimal. Check that the **right dose** (use a standard measuring syringe or spoon) of the **right medicine** is given to the **right child** (double-check the details on the label each time) at the **right time** (follow any instructions provided by parents or medical staff about this).

Documentation Guidance

Keep the record of training for the duration of the child's enrolment or the staff member's employment, whichever is longer. This record should be kept with the child's enrolment records.

HS30 Children washed when soiled

Criteria

Health and safety practices criterion 30

Children are washed when they are soiled or pose a health risk to themselves or others.

Rationale/Intent:

The criterion aims to uphold the health and wellbeing of children by requiring services to use the body wash facilities as appropriate.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

It might be necessary to wash a child:

at nappy change time – sometimes wipes are not enough

if a child has vomited over themselves or another person

if a child has a toileting accident

if children become wet or dirty during play.

Washing practices should be consistent with the requirements of [PF26 - body wash facilities](#).

Consider the child's need for privacy. Respectful interactions between the adult and child are important.

Staff protection and child protection policies need to be kept in mind.

[Regional Public Health](#) provides guidelines for washing soiled children including suggested spill kit contents.

Child protection

Criteria for child protection:

In this section

- [HS31 - Child protection](#)
- [HS32 - Inappropriate material](#)
- [HS33 - Alcohol and other substances](#)

HS31 Child protection

Criteria

Health and safety practices criterion 31

There is a written child protection policy that meets the requirements of the Vulnerable Children Act 2014. The policy contains provisions for the identification and reporting of child abuse and neglect, and information about how the service will keep children safe from abuse and neglect, and how it will respond to suspected child abuse and neglect.

The policy must be reviewed every three years.

Documentation required:

A written child protection policy that contains:

- provisions for the service's identification and reporting of child abuse and neglect;
- information about the practices the service employs to keep children safe from abuse and neglect; and
- information about how the service will respond to suspected child abuse and neglect.

A procedure that sets out how the service will identify and respond to suspected child abuse and/or neglect.

Intent:

Child protection policies support children's workers to identify and respond to vulnerability, including possible abuse and neglect.

Amended 26 February 2016

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Centres must have a child protection policy that meets the Children's Act's requirements.

The policy must:

contain provisions on the identification and reporting of neglect and abuse, and
be written, and
be reviewed every three years.

To be helpful, the policy should contain definitions of neglect and abuse so that staff can apply these consistently when needed.

Centres must make the policy and information about its practices available to parents as required by criterion [GMA1 - Parent access to information](#).

Documentation guidance:

The [Oranga Tamariki website](#) has a publication [Safer organisations, Safer children \[PDF: 1.06\]](#) that provides advice on good practice to help organisations draft high quality child protection policies and review their procedures.

The guidelines include a review tool to help services identify gaps in current policies, information about what to include in a new policy, as well as example policies including a policy used in an early childhood education setting.

The policy needs to be consistent with advice provided by CYFS that can be found in the publication called "[Working together to keep children and young people safe](#) [PDF, 3 MB]".

Centre staff require guidelines and opportunities for training to further develop their knowledge and understanding of:

the signs and symptoms of child abuse and neglect
roles and responsibilities around record keeping and reporting
responsibilities to children
limitations of their role.

HS32 Inappropriate material

Criteria

Health and safety practices criterion 32

All practicable steps are taken to protect children from exposure to inappropriate material (for example, of an explicitly sexual or violent nature).

Rationale/Intent:

The criterion aims to uphold the safety and wellbeing of children by ensuring that pornographic or violent material (electronic games, DVDs, websites, magazines, etc) is not available to children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Censor classifications can be used as a guide, however material should be listened to or previewed to check for suitability before sharing it with children.

What **may** be regarded as not objectionable under the Films, Videos, and Publications Classification Act may, nevertheless, be inappropriate and harmful to young children given the impact of the medium in which the publication is presented and the age of the children to whom the publication is available.

Supervising children using computers at the service is essential. If a centre has access to the internet (either for use with the children or in the office) consider password protection and the use of parental locks.

Exposure to objectionable material may occur inadvertently through normal and legitimate searching activities or by unsolicited email delivery.

Educators **should** be aware of safe searching techniques and provide information to children on how to react and deal with unsolicited, inappropriate material.

Netsafe, the Internet Safety Group, has developed that providers can adapt for early learning services.

Things to consider

What can children see or hear when they are at the service? Consider areas designated for adults as well (e.g. offices and staffrooms), as children may have access to them at times.

What kinds of images can children see in magazines and other print materials available for collage activities (e.g. 'sealed sections' and photo spreads appearing in some women's magazines)?

How would staff respond when children bring inappropriate material from home?

Do children have access to the internet when at the centre? How can their learning be supported while keeping them safe?

Consider the use of software programmes available to support safe searching techniques.

HS33 Alcohol and other substances

Criteria

Health and safety practices criterion 33

No person on the premises uses, or is under the influence of, alcohol or any other substance that has a detrimental effect on their functioning or behaviour during the service's hours of operation.

Rationale/Intent:

The criterion aims to uphold the safety and wellbeing of children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Centres should have a policy and procedure in regard to alcohol and other substances for staff, volunteers, parents and visitors to the centre.

This should be developed in conjunction with parents so there is a shared understanding of what actions staff may take.

This policy should cover:

What would staff do if a parent or caregiver arrived to drop off or collect a child and they were under the influence of alcohol or any other substance?

When is it more appropriate to inform the police rather than trying to prevent an adult from removing a child from the premises?

If a member of staff is under the influence of alcohol or any other substance consider what action you will take. This is an employment issue and appropriate procedures would need to be followed.

No alcohol is to be consumed on the premises when children are present.

Any alcohol is to be stored in a locked cupboard.

Notification

Criterion for notification:

In this section

- [HS34 – Incident notification to the Ministry of Education](#)

HS34 Incident notification to the Ministry of Education

Criteria

Where there is a serious injury or illness or incident involving a child while at the service that is required to be notified to a [specified agency](#), the service provider must also notify the Ministry of Education at the same time.

Documentation required:

A copy of the notification sent to the specified agency.

Guidance

A [specified agency](#) is any government agency or statutory body that a centre is required to notify if there is a serious (or as defined) injury, illness, incident or allegation.

This may include but is not limited to:

the New Zealand Police;
the Ministry of Health;
Child, Youth and Family;
; and
.

The Ministry and WorkSafe have produced a [factsheet to see what events need to be notified](#) [PDF, 1.5 MB].

After the incident has been managed on site (e.g. first aid provided, parents notified, specified agency notified), you must then call your [Ministry area office adviser](#) to inform them of the incident. Then you should send them a copy of the notification.

Once notified, the Ministry of Education will follow up with the service to ensure any recommended actions are put in place.

Documentation guidance:

A copy of the notification sent to the specified agency is required to be sent to the Ministry of Education.

Governance, management and administration

47 Governance, management, and administration standard: general

(1) The governance, management, and administration standard: general is the standard that requires every licensed service provider to whom this regulation applies to ensure that—

- (a) the service is effectively governed and is managed in accordance with good management practices; and
- (b) the service provider regularly collaborates with—
 - i. parents and family or whānau of children enrolled in the service; and
 - ii. the adults responsible for providing education and care as part of the service; and
- (c) appropriate documentation and records are—
 - i. developed, maintained, and regularly reviewed; and
 - ii. made available where appropriate; (A) at any reasonable time on request by a parent of a child enrolled in the service; and (B) at any time on request by any person exercising powers or carrying out functions under Part 26 of the Act; and
- (d) adequate information is made available to parents of enrolled children and, where appropriate, to the families or whānau of those children about the operation of the service; and

(e) all reasonable steps are taken to provide staff employed or engaged in the service with adequate professional support, professional development opportunities, and resources.

(2) Each licensed service provider to whom this regulation applies must comply with the governance, management, and administration standard: general.

The criteria in this section are grouped together by topic. Each criterion has also been given a short, descriptive title. These titles are provided only to help you navigate around more easily on the website – they do not form part of the criteria themselves.

In this section

- [Parent involvement and information](#) - Criteria and guidance for GMA1-GMA4
- [Professional practices](#) - Criteria and guidance for GMA5-GMA7A
- [Planning and documentation](#) - Criteria and guidance for GMA8-GMA12

Parent involvement and information

Criteria for parent involvement and information:

In this section

- [GMA1 - Display of information](#)
- [GMA2 - Parent access to information](#)
- [GMA3 - Information provided to parents](#)
- [GMA4 - Parent involvement](#)

GMA1 Display of information

Criteria

Governance Management and Administration criterion 1

The following are prominently displayed at the service for [parents](#) and visitors:

the Education (Early Childhood Services) Regulations 2008, and the Licensing Criteria for Early Childhood Education and Care Centres 2008;
the full names and qualifications of each person counting towards regulated qualification requirements;
the service's current licence certificate; and
a procedure people should follow if they wish to complain about non-compliance with the Regulations or criteria.

Documentation required:

A [procedure](#) people should follow if they wish to complain about non-compliance with the Regulations or criteria. The procedure includes the option

to contact the local Ministry of Education office and provides contact details.

Rationale/Intent:

The criterion aims to ensure that parents are aware of key regulatory information relating to the service's operation (thus providing an additional level of accountability for the service), and are given the information they need if they wish to raise concerns and be involved in the service.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

ECE Centres are required to clearly display the following documents so that they are easily available to be read by anyone at the centre. These could be displayed in an entryway or on a notice board so they are clearly visible and can be read by parents/whānau, caregivers or any other visitors.

the Education (Early Childhood Services) Regulations 2008, and
the Licensing Criteria for Early Childhood Education and Care Centres 2008;
the full names and qualifications of each person counting towards regulated qualification requirements;
the service's current licence certificate; and
a procedure people should follow if they wish to complain about non-compliance with the Regulations or criteria.

The [procedure](#) for people with complaints about any instance of non-compliance must include the option for people to contact the local Ministry of Education office, with appropriate contact details.

Good practice for any service provider is to have policies and procedures in place to deal with a range of complaints from a variety of sources. These may come from a parent, a member of the community or a staff member. They may be about a specific teaching practice, routine or policy, an event, a particular staff member, a member of the management team or board, or about the service in general.

Complaints will vary from minor to major, and may escalate rapidly from one to the other unless they are well managed.

For clarity, a simple summary notice about the complaints process could be displayed close to the licence. This summary notice would cover the key steps and people to contact, and include details of the local Ministry office.

Further guidance on developing a complaints policy and process is available, which includes a suggested template for developing a complaints policy and procedure.

Guidance for developing a Complaints Policy/process for an ECE Service

[Guidance for developing a Complaints Policy Process for an ECE Services](#) [PDF, 73 KB]

GMA2 Parent access to information

Criteria

Governance Management and Administration criterion 2

Parents are advised how to access:

information concerning their child;
the service's operational documents (such as its and any other documents that set out how day to day operations will be conducted); and
the most recent Education Review Office report regarding the service.

Documentation required:

Written information letting parents know how to access:

information concerning their child;
the service's operational documents; and
the most recent Education Review Office report regarding the service.

Rationale/Intent:

To ensure that parents know how to access information about the service's operation and their child's education and care

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Providing written information to parents could take a variety of forms, including:

as part of a parent induction pack,
newsletters,
or a notice on the wall of the service.

A way of meeting the criterion could be to provide copies of the statement of philosophy and important service policies are made available to parents after a child has enrolled or all relevant documents could be kept in one place in the centre, so that these can be easily accessed by parents.

To ensure parents are well informed about the service's operation and are supporting their children's learning and development consider:

creating a portfolio for each child that is readily accessible to the child and his or her parents/caregivers. For more information on child portfolios, refer to the .

Portfolios can be paper based or electronic and stored online and accessed securely by parents.

Educators could arrange individual meetings with parents to discuss their children's learning. The emphasis of the session could be on what each child is learning and how educators and parents can work together for the benefit of the child.

Educators could hold workshops for parents/caregivers to share the learning experiences of their children.

Service providers could hold meetings to convey information about the service, for example upcoming self reviews; transitional procedures; excursions etc)..

Parents/caregivers need to be made aware that reports from ERO are free and available from the local ERO office on request.

They can also be downloaded from the [Education Review Office](#).

Things to consider

Services may want to consider how information is shared so it is culturally appropriate for the centre's community.

Things to consider include:

Parent's first language

Communal decision making practices

The topic or subject

Resources that can be used are:

, a best practice resource developed to help educators understand and strengthen children's learning and to show how children and parents can contribute to this assessment and improve parental awareness of teacher intentionality around ongoing learning.

a resource that explores cultural contexts and methods that contribute significantly to nurturing all aspects of children's growth and development. It provides guidance for the assessment of Māori children in a Māori early childhood setting.

However services can use other resources that may have been developed in-house for this purpose.

If a child attending the service is from a family with separated parents, the Education Act 1989 sets out the right of entry to early childhood education (ECE) services for parents and guardians.

Unless a court order rules otherwise, all parents and guardians are entitled to:

Reports about their child's participation and learning experiences in ECE

Participate in the opportunities provided by the ECE service to engage with parents

Have access to any official records held at the service about their child's participation in that service

GMA3 Information provided to parents

Criteria

Governance Management and Administration criterion 3

Information is provided to parents about:

how they can be involved in the service;

any fees charged by the service;

the amount and details of the expenditure of any Ministry of Education funding received by the service; and

any planned reviews and consultation.

Documentation required:

Written information letting parents know:

how they can be involved in the service;

any fees charged by the service;
the amount and details of the expenditure of any Ministry of Education funding received by the service; and
about any planned reviews and consultation.

Rationale/Intent:

To ensure parents are well informed about the service's operation and their child's education, and are made aware of the input they are able to have.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Providing information to parents could take a variety of forms. This information could be:

included as part of a parent induction pack,
in newsletters,
a fees schedule,
annual reports,
provided at regular meetings
notices on the wall of the service,
website
communications in languages other than English

Many services develop regular reporting processes including providing an annual report. Often monthly financial reports are made available. This is a good way to provide information to parents on a regular basis.

Amount and details of Ministry funding

Information provided to parents about Ministry funding must be for the individual centre, not consolidated for an association or membership body that has multiple centres.

Things to consider

Services may want to consider how information is shared so it is culturally appropriate for the centre's community.

Things to consider include:

Parent's first language
Communal decision making practices
The topic or subject

The service should identify the best method of communicating with for each family/whanau. Written information may not be sufficient where there are language or literacy issues.

If a child attending a service is from a family with separated parents the Education Act 1989 sets out the right of entry to early childhood education (ECE) services for parents and guardians.

Unless a court order rules otherwise, all parents and guardians are entitled to:

- Reports about their child's participation in ECE and learning experiences
- Participate in the opportunities provided by the ECE service to engage with parents
- Have access to any official records held at the service related to their child's participation in that service

GMA4 Parent involvement

Criteria

Governance Management and Administration criterion 4

Parents of children attending the service and [adults providing education and care](#) are provided with opportunities to contribute to the development and review of the service's operational documents (such as [philosophy, policies, and procedures](#) and any other documents that set out how day to day operations will be conducted).

Documentation required:

Evidence of opportunities provided for parents and adults providing education and care to contribute to the development and review of the service's operational documents.

Rationale/Intent:

The criterion is underpinned by the belief that parent and whānau involvement can positively contribute to the service's operation and quality of education and care provided to their children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Services are required to show evidence they have provided opportunities for parents and educators to contribute to the development and review of your centre's operational documents.

Documentation Guidance:

Evidence that parents have had opportunities to contribute to the development and review of the service's operational documents could include the following:

For meetings, attendance records and minutes could be considered as evidence.

If you are providing documents for parents to read, having a sheet parents can tick and sign when they have reviewed documents would also be a way of recording evidence

Professional Practice regarding separated parents/guardians

[Professional Practice regarding Separated Parents/Guardians](#) [PDF, 56 KB] [PDF; 56kb]

Things to consider

If a child attending a service is from a family with separated parents the Education Act 1989 sets out the right of entry to early childhood education (ECE) services for parents and guardians.

Unless a court order rules otherwise, all parents and guardians are entitled to:

Reports about their child's participation in ECE and learning experiences

Participate in the opportunities provided by the ECE service to engage with parents

Have access to any official records held at the service related to their child's participation in that service

Professional practices

Criteria for professional practices:

In this section

- [GMA5 - Philosophy statement](#)
- [GMA6 - Self-review](#)
- [GMA7 - Human resource management](#)
- [GMA7A - Safety checking](#)

GMA5 Philosophy statement

Criteria

Governance Management and Administration criterion 5

A [philosophy](#) statement guides the service's operation.

Documentation required:

A written statement expressing the service's beliefs, values, and attitudes about the provision of early childhood education and care.

Rationale/Intent:

The criterion aims to ensure that the service has information available for parents and staff about the philosophy that underpins their provision of early childhood education and care. This information supports the collaboration between parents and the service to achieve positive outcomes for children.

Amended 21 July 2011

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

A Philosophy Statement expresses the fundamental beliefs, vision, values and ideals a service operates under. It is a core document providing the basis for decisions on both how the service is managed and how the service operates on a day-to-day basis.

It needs to be easy to understand by everyone including families and members of the community and should be clearly displayed.

Every Philosophy Statement will be different but could include:

the learning outcomes expected for children
why the service was established
what values underpin the service.

The Philosophy Statement is a living document that should be reviewed regularly as part of a service's self-review process.

More information on philosophy statements can be found in the Ministry of Education's publication [Community based early childhood education/Governing and managing](#).

The [Education Review Office](#) produced a report on service philosophy statements that may be of use when developing a philosophy statement.

GMA6 Self-review

Criteria

Governance Management and Administration criterion 6

An ongoing [process](#) of self-review helps the service maintain and improve the quality of its education and care.

Documentation required:

A process for reviewing and evaluating the service's operation (for example, learning and teaching practices,) by the people involved in the service. The process is consistent with , and includes a schedule showing timelines for planned review of different areas of operation. outcomes from the review process.

Rationale/Intent:

The criterion is to ensure that services have processes for continual improvement to maintain the quality of the education and care provided to children. It is underpinned by the belief that ongoing self -review is part of good management and administration.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to

use other approaches better suited to their needs as long as they comply with the criteria.

Self-review is an ongoing and continuous process of quality improvement. It involves gathering and analysing information about the service from a range of sources; and using that information to inform decisions aimed at improving service performance and the learning outcomes of children. These improvement opportunities are then detailed in a plan implemented by the service. The plan should be regularly reviewed and the self-review cycle repeats itself.

Self review enables early childhood services to evaluate what they do to improve the quality of education provided for children.

Self review can be planned or spontaneous and can be formal (for decisions requiring consultation) or informal.

Self review should be guided by procedures that involve gathering, analysis and use of information.

The perspectives of managers, educators, children, parents and whanau should be included in review and the findings should lead to decisions about changes to what the service does and to the service's priorities.

Any changes made to the service's operation from self review should be revisited in future self reviews to ensure they are having the intended effect.

Documentation Guidance:

Each service needs to have a process for self review including a schedule or timetable for planned reviews.

All self review must be documented – this could include:

- session diaries;
- meeting minutes;
- survey results;
- formal write-ups in a dedicated folder

Things to consider

[Ngā Arohaehae Whai Hua/Self-review Guidelines for Early Childhood Education](#) have been developed to encourage ECE services to adopt a process of self-review. The Guidelines cover all areas of the self-review process – including when to undertake self-review and what to review. A series of templates of review plans and frameworks that can be used as guides for review, and examples of self-review in practice are included as appendices. Review stories have also been provided by a range of ECE services, which show different approaches to review.

ERO has also prepared a set of evaluation indicators for use in its reviews of early childhood services. Services may also choose to use the indicators when reviewing their own performance. These indicators can be found at the [Education Review Office](#).

GMA7 Human resource management

Criteria

Governance Management and Administration criterion 7

Suitable human resource management practices are implemented.

Documentation required:

[Processes](#) for human resource management; including:

selection and appointment procedures;

job/role descriptions;

induction procedures into the service;

a system of regular appraisal;

provision for professional development;

a definition of serious misconduct; and

discipline/dismissal procedures.

Rationale/Intent:

The criterion informs the Ministry of Education about the management's commitment and capability to implement human resource management practices that will recruit, manage and develop competent staff, as the ongoing quality of the staff engaging with and educating children is important in a quality service.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Acting as a good employer is fundamental to the success of an ECE service. This covers the full range of employment activities from recruitment, through managing and developing staff, to the eventual ending of the employment relationship. Employers are expected to be familiar with all the relevant employment related legislation.

While services will not have an employment relationship with contract staff or volunteers, the same principles apply to ensure that all adults engaging with or educating children understand the requirements of the role and expectations of them.

[NZ Government Business website](#) carries a range of resources and tools for employers covering recruiting, appointing and managing staff.

Leadership is a key to successful people management and development in ECE services. Good practice is likely to include a model of leadership where:

Managers have a range of skills and knowledge to support them in fulfilling their roles and responsibilities.

A team approach to leadership supports growing staff capability.

Managers have a good understanding of employment practices and are committed to employing staff who fit well with the philosophy and context of the service.

Staff are encouraged and supported to individually review their teaching practices or critically reflect as a group.

Managers support and appropriately resource professional development.

Managers provide a supportive, caring, open and respectful environment, and actively advocate for, and support bicultural development and associated practices.

The following are highly effective employment practices:

Recruitment and appointment of staff

Clear policies and procedures that reflect the requirements of current legislation and provide managers with useful guidance

Regularly reviewed job descriptions and appointment policies and procedures

Job descriptions and person specifications that reflect the philosophy and needs of the service and, for teachers, link to the Registered Teachers Criteria

Before confirming an appointment, referees are contacted; qualifications verified; and police vetting checks are completed.

Support for staff development

Orientation and ongoing support programme for new staff

Services proactively support staff with ongoing professional development Services support Provisionally Registered Teachers to become fully registered and

support staff newly appointed to leadership positions

Philosophy, goals and professional development are clearly linked

Professional development is closely aligned to individual appraisal goals

Professional development is a priority and appropriately resourced

Improving staff performance

Appraisal practices are part of an annual cycle linked to professional development and includes provision for ongoing coaching or mentoring.

Processes for teachers are aligned to the Registered Teachers Criteria and expectations are made explicit through performance indicators linked to job descriptions.

Appraisal process includes opportunities for self reflection.

Staff, in conjunction with the appraiser, identify specific and measurable goals, and progress towards achieving these is monitored through observations, conversations and ongoing feedback.

The Ministry of Education provides [further information on staff employment](#).

[Tātaiako](#) outlines competencies for teachers' relationship and engagement with māori learners in ECE services and schools

There are some specific requirements for ECE services contained within the Education Act and ECE Regulations. These are:

Police vetting and safety checks

There are police vetting and safety checking requirements for all early learning services under the [Education Act 1989](#) and the [Vulnerable Children Act 2014](#). See more details about [police vetting](#) and [safety checking](#).

Reporting to NZ Teachers Council

The Education Act 1989 states that an employer must provide a mandatory report to the New Zealand Teachers Council in certain circumstances. Failing to file a report is an offence, which carries a fine of up to \$5000, unless there is reasonable justification. Service providers can find out more

about their responsibilities for mandatory reporting on the NZ Teachers' Council website.

Service providers need to make a mandatory report when:

An employee who is a registered teacher is dismissed for any reason

An employee who is a registered teacher resigns from a teaching position if, within the 12 months preceding the resignation, the employer had advised the teacher that it was dissatisfied with, or intended to investigate, any aspect of the teacher's conduct or competence

A registered teacher ceases to be employed by the employer, and within the following 12 months the employer receives a complaint about the teacher's conduct or competence while he or she was an employee

the employer has reason to believe that the registered teacher has engaged in serious misconduct

the employer is satisfied that, despite completing competence procedures with the registered teacher, the teacher has not reached the required competence level.

Information on [mandatory reporting to the NZ Teachers' Council](#).

A [Conduct and Competence Process Guide](#) provides a comprehensive coverage of the process and requirements.

Things to consider

Other useful sites for help with employment issues:

The Ministry of Business, Innovation and Employment provides comprehensive advice for employers through its Employer Relations website. This gives you access to such tools such as an Employment Agreement Builder and a Holiday and Leave calculator, and resources including:

The Employment Relations Service website has a wealth of information. This includes templates for letters to appoint staff, fact sheets, employment agreement guides and help calculating parental leave for your staff. There is also an 'Ask a question' feature. This site is highly recommended - there is a huge range of resources to help.

The State Services Commission website has a section on [Equal Employment Opportunities \(EEC\)](#), including EEC documents produced for the New Zealand public service.

The [Human Rights Commission website](#) provides information about equal opportunities, including a discrimination and complaints guide.

The [New Zealand Education Institute \(NZEI\)](#) is a union that negotiates collective employment agreements on behalf of many early childhood teachers. As a condition of receiving higher levels of government funding, teachers must be paid at a rate that is at least as high as the lowest step on their 'consenting parties early childhood collective agreement'.

[Te Rito Maioha Early Childhood New Zealand](#) provides members with information and advice on industrial issues, including management handbooks and other resources.

The [Early Childhood Council](#) provides members with information and advice on industrial issues, including a range of resources.

The [NZ Kindergarten Association](#) provides information on employment issues as well as a range of resources.

The [Inland Revenue Department](#) is a good starting point for finding out about obligations and entitlements concerning tax.

GMA7A Safety Checking

Criteria

All children's workers who have access to children are safety checked in accordance with the Vulnerable Children Act 2014.

Safety checks must be undertaken and the results obtained before the worker has access to children.

The results of the safety checks must be recorded and the record kept as long as the person is employed at the service.

Every children's worker must be safety checked every three years. Safety checks may be carried out by the employer or another person or organisation acting on their behalf.

Documentation required:

A written procedure for safety checking all children's workers before they have access to children that meets the safety checking requirements of the Vulnerable Children Act 2014; and

A record of all safety checks and the results.

Intent:

Consistent robust safety checking helps assess whether people might pose a risk to children.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

We've published a guide to help you navigate the safety checking requirements set out in the Children's Act 2014. [Download the guide.](#)

Who needs to be safety checked?

The Children's Act 2014 specifies who needs to be safety checked. You can read this in [section 23 of the Children's Act 2014](#).

Core children's worker

All staff who have access to children would be considered a 'core children's worker', as there will be times during the day when their duties require them to have 'primary responsibility for, or authority over' children and/or be the 'only children's worker present'.

Non-core children's worker

A 'non-core children's worker' would include staff whose main duties do not require them to have 'primary responsibility for, or authority over', children and/or be the 'only children's worker present', but whose work may include having access to children.

Components of the safety check

Full requirements for safety checking are set out in the [Children's \(Requirements for Safety Checks of Children's Workers\) Regulations 2015](#).

Safety checking includes the collection and consideration of a range of information about the person.

A safety check is made up of 7 components:

- verification of identity (including previous identities)
- an interview
- information about work history
- referee information
- information from any relevant professional organisation or registration body
- a New Zealand police vet
- a risk assessment.

The risk assessment involves an evaluation of all information collected to assess if there is any risk to the children's safety. For example, is a driving offence relevant to the requirements of the role or going to pose a risk to children? Would this information mean you should or shouldn't employ or engage the person? You must take into account the guidance we have provided in your risk assessment.

The publication [Safer recruitment, safer children \[PDF; 3.13MB\]](#) provides best practice guidance and [Children's worker safety checking under the Vulnerable Children Act 2014 \[PDF, 1.2 MB\]](#) provides advice for organisations interpreting and applying the safety checking regulations.

A safety check of a **new children's worker** requires all 7 components to be completed.

A safety check of an **existing children's worker** requires the following 4 of the 7 components to be completed:

1. verification of identity (including previous identities),
5. information from any relevant professional organisation or registration body,
6. a New Zealand police vet, and
7. a risk assessment.

An existing children's worker is someone you have continuously employed since before 1 July 2015.

Periodic rechecking of all children's workers requires the following 4 of the 7 components to be completed:

1. that the person hasn't changed their name and if so reconfirmation of their identity,
5. information from any relevant professional organisation or registration body,
6. a New Zealand police vet, and
7. a risk assessment.

Certificated teachers

Persons responsible and teaching staff who hold a current practising certificate will be police vetted by the Teaching Council as part of issuing and renewing the person's practising certificate.

If the Teaching Council has issued or renewed a practising certificate, they will have considered them to have a satisfactory vet. Centres/services can choose to rely on this or carry out their own police vet.

More information is available on the [Police Vetting page](#).

The service provider or centre will need to carry out all of the other components of the safety checking process for certificated teachers.

It must also:

- meet the teacher in person
- check a primary identification document
- check a specified form of photographic identification
- check that the name on the practising certificate matches the name on the person's identity documentation
- check the Teaching Council's online register () for the latest updates to the teacher's registration and practising certificate status
- undertake a risk assessment.

When do people need to be safety checked?

You **cannot** employ or engage a person as a new children's worker until the safety check has been completed.

Centres/services cannot rely on a safety check done by a different employer (either current or previous) as the check was not done on their behalf. They must carry out all of the components themselves.

After 1 July 2018 you **cannot** continue to employ an existing core children's worker until the safety check has been completed.

After 1 July 2019 you **cannot** continue to employ an existing non-core children's worker until the safety check has been completed.

Periodic rechecking must be done every 3 years.

Umbrella organisations carrying out safety checks

If an umbrella organisation carrying out the safety checks is the employer for staff at multiple centres, then member centres (Playcentres/Kindergartens) can use the children's workers who have been safety checked by that employer.

Relying on safety checking completed by another organisation on your behalf

Where some or all components of the safety check have been completed by another organisation on a centre's/service's behalf, the centre/service is responsible for confirming that these components have been completed, and that a full safety check has been done.

If the centre/service chooses to rely on a safety check completed on their behalf, we recommend that they:

Seek permission from the person who is being safety checked for the information to be shared. Permission could be sought by the person or organisation completing the safety check **before** it is undertaken, or by the centre/service prior to requesting the information.

Prior to the safety check, obtain confirmation from the person or organisation that they are undertaking the safety check on your behalf.

Obtain in writing from the person or organisation completing the safety check that they have done this to the standard set out in the Children's Act 2014.

Complete the identity check and risk assessment for all children's workers, even if these have already been completed by another person or organisation.

Keep records about the safety checking of children's workers they engage or employ.

Responsibility for safety checking always rests with the employing or contracting organisation. This means centres/services should exercise due diligence when relying on checks undertaken by others. Things to consider include:

How long ago the safety check was done

The purpose of the safety check that was done (for example what role).

Safety checking relief teachers

Sometimes centres/services use relief teachers to cover short-term staff absences. These people must be safety checked.

Where some components of the safety check have been completed by another organisation on their behalf, the centre/ service is responsible for confirming that these components have been completed, and that a full safety check has been done.

We recommend that the centre/service itself always completes the identity check and risk assessment for all children's workers, even if these have already been completed by another organisation.

Agency relief teachers

Agencies providing relief teachers are likely to be completing some components of the safety check. Centres/services can agree with the agency that it will complete those components on their behalf.

Independent relief teachers

Centres/services that engage a relief teacher independently (ie, not through an agency) will need to complete the safety check. Once this has been done, the completed check can be relied on for up to 3 years by the centre/service.

Safety checking of trainees / students on practicum

Under the Children's Act 2014, the requirements apply to unpaid work that is undertaken as part of an educational or vocational training course (e.g. a student teacher undertaking and practicum placement).

Providers of educational or vocational training courses may have completed some of the components of the safety check as part of their enrolment process. For example an interview, reference check and police vet.

Centres/services need to agree **in advance** with the training provider what components of the safety check it will complete on their behalf. The centre/service must then get a letter from the training provider stating the student's name, what components of the safety check have been completed, and that they have been done to the standard set out in the Children's Act 2014.

The centre/ service must still complete the identity check and risk assessment for all children's workers, even if these have already been completed by another organisation.

Police vetting

In addition to safety checking children's workers under the Children's Act 2014, centres/services still need to meet their police vetting obligations under [Sections 319D-319FE of the Education Act 1989](#).

Further information is available on the [Police vetting](#) page of the Education website.

Workforce restriction and core worker exemption

The Children's Act 2014 introduces a new children's workforce restriction, which prohibits centres/services from employing or engaging people with a specified offence as core workers, unless they hold a Core Worker Exemption.

A specified offence means an offence identified in [Schedule 2 of the Children's Act 2014](#).

You can read more about the [workforce restriction here](#).

Individuals prohibited from being employed or engaged in a core worker role under the workforce restriction can apply for a [Core Worker Exemption](#).

Employers will be able to confirm whether a person holds a [Core Worker Exemption](#).

Short-term emergencies

Centres/services may employ a children's worker they have previously police vetted and whose vet is current, without completing the remaining components of the safety check, to manage short-term emergencies.

If a centre/service considers that an emergency or unexpected situation has arisen that increases risks to children, they may engage or employ a children's worker to reduce those risks without completing all components of the safety check, for up to 5 consecutive working days, as long as the employee has a current police vet.

However, in the interests of children's safety, we recommend that centre/service begin the full safety checking process as soon as possible in an emergency or unexpected situation.

Documentation guidance:

Under Section [39\(3\) of the Children's Act 2014](#), service providers are required to be able to provide details on any safety check done on a person and their work history including:

- how their identity was confirmed, and
- all information provided during the safety check, and
- the risk assessment, and
- the date or dates on which the person was engaged or employed by the organisation, and
- the nature of the work the person is/was engaged in.

Evidence of all children's worker safety checks must be kept for at least as long as the children's worker is employed or engaged, then securely destroyed. All information must be provided to the Ministry of Education, or any other relevant agency, on request.

The result of the safety check is confidential and the service provider and only those staff delegated with responsibilities that would require them to access the information should be able to do so.

Information needs to be stored appropriately. Typically, screening information will be kept on a person's personnel file. Files should be stored in a secure location with access only available for appropriate staff.

Once information is no longer required to be retained, it must be securely destroyed.

Planning and documentation

Criteria for planning and documentation:

In this section

- [GMA8 - Annual plan](#)
- [GMA9 - Annual budget](#)
- [GMA10 - Enrolment records](#)
- [GMA11 - Attendance records](#)
- [GMA12 - Availability of documentation](#)

GMA8 Annual plan

Criteria

Governance Management and Administration criterion 8

An annual plan guides the service's operation.

Documentation required:

An annual plan identifying 'who', 'what', and 'when' in relation to key tasks undertaken each year.

Rationale/Intent:

An annual plan is part of good business practice and will show the Ministry of Education how the service intends to ensure ongoing compliance with all regulatory requirements and criteria.

Amended 21 July 2011

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

The annual plan describes what the service will do in the next 12 months. It is detailed enough to cover day-to-day events, for example, excursions, staff appraisals or professional development.

The annual plan should be created in consultation with the Person Responsible so that the teaching and learning needs of the children can be met. In developing the annual plan the following questions can be asked:

What purchases need to be made this year?

Is any major maintenance work required?

Will our staffing needs change?

Is any fundraising required?

How will the service better engage with their (parent) community

The annual plan should be developed at the same time as the annual budget.

[Childcare Centre Annual Management Plan Example](#) [DOC, 47 KB]

Things to consider

In addition to the required annual plan, services may also have a strategic plan.

Strategic plans are not a licensing requirement. However, having a plan that looks beyond 'this year' to the medium or long term can be very helpful for services. Strategic planning enables a service to determine its direction and what it hopes to achieve in the future.

Strategic plans are best developed in consultation with all stakeholders, e.g. parents/whanau, management committees/staff.

Strategic plans should be regularly reviewed and modified. Progress could be recorded, perhaps on the bottom or back of the annual plan.

GMA9 Annual budget

Criteria

Governance Management and Administration criterion 9

An annual budget guides financial expenditure.

Documentation required:

An annual budget setting out the service's estimated revenue and expenses for the year. The budget includes at least:

staffing costs, including leave entitlements;

professional development costs;

equipment and material costs for the ongoing purchase of new equipment and consumable materials; and

Provision for operational costs (such as electricity, telephone, food purchases, and other day to day items) and maintenance of the as appropriate.

Rationale/Intent:

The criterion will provide the Ministry of Education with evidence of the service's ability to continue to meet regulatory standards and criteria and afford the financial costs of providing a quality licensed ECE service.

Amended 21 July 2011

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

An annual budget should be prepared once a year and then reviewed every six months, or more frequently throughout the financial year.

When setting and reviewing the budget, the service can:

- develop criteria for allocating resources
- identify priorities for expenditure
- establish clear procedures for monitoring income and expenditure.

A budget of income and expenditure should be broken down on a monthly basis.

The annual budget should be developed at the same time as the annual plan.

You can find a basic template for a budget here: [Childcare Centre Budget Spreadsheet Template](#) [XLS, 26 KB]

GMA10 Enrolment records

Criteria

Governance Management and Administration criterion 10

Enrolment records are maintained for each child attending. [Records](#) are kept for at least 7 years.

Documentation required:

Enrolment records for each child currently attending and for those who have attended in the previous 7 years.

Records meet the requirements of the Early Childhood Education Funding Handbook and include at least:

- the child's full name, date of birth, and address;
- the name and address of at least 1;
- details of how at least 1 parent (or someone nominated by them) can be contacted while the child attends the service;
- the name of the medical practitioner (or medical centre) who should, if practicable, be consulted if the child is ill or injured;
- details of any chronic illness/condition that the child has, and of any implications or actions to be followed in relation to that illness/condition;
- the names of the people authorised by the parent to collect the child; and
- any court orders affecting day to day care of, or contact with, the child.

Rationale/Intent:

The maintenance of enrolment records provides evidence of the accountability of service providers to the community and government for Crown funding. Enrolment records are also an indicator of good management and administration practices necessary to ensure the safety of the children attending.

Amended May 2015

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.

Enrolment records are kept for at least seven years, either paper based or electronically. Records should be stored in a way that they can't get corrupted or altered after a parent has signed them.

Services need a process to ensure that enrolment forms are checked by parents at least annually to ensure all enrolment details are up to date. It is good practice to have enrolment forms checked more often if possible

Services must wherever possible sight the child's birth certificate. Each child must have an NSN (National Student Number) that requires sighting of the child's birth certificate or passport. If you can't sight this documentation contact MOE Resourcing contact centre on 0800 ECE ECE to discuss.

It is recommended that you keep a copy of the birth certificate of each new child permanently enrolled in your service but these must be kept in a secure place (locked filing cabinet) to protect children's privacy.

An example enrolment form can be downloaded from [Chapter 6-1 in the Early Childhood Funding Handbook](#). This form can be adapted to suit the services particular circumstances but must have at least the mandatory requirements.

Services should be familiar with the obligations of the Privacy Act and understand the twelve information privacy principles dealing with collecting, holding, use and disclosure of personal information. Information on this can be found at the [Privacy Commissioner website](#).

Note: if a parent states that another parent or guardian has restricted or no access to their child, a copy of the applicable court order needs to be provided to the centre. This should be attached to the child's enrolment information and staff should be made clearly aware of the situation.

After 7 years, records can be disposed of. This needs to be done so that unauthorised access to the information is not possible.

GMA11 Attendance records

Criteria

Governance Management and Administration criterion 11

An attendance [record](#) is maintained that shows the times and dates of every child's attendance at the service. Records are kept for at least 7 years.

Documentation required:

An attendance record that meets the requirements outlined in the Early Childhood Education Funding Handbook for children currently attending, and children who have attended in the previous 7 years.

Rationale/Intent:

The maintenance of attendance records is an indicator of good management and administration practices and supports the accountability of service providers to the community and government.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria

Attendance records for all children who attend the service are required and these records must be kept for seven years. This could be either paper based or electronically. Records should be stored in a way that they can't get corrupted or altered after a parent has signed them.

The [Section 6-3 in the Early Childhood Education Funding Handbook](#) details what is required in keeping attendance records. Attendance records may be kept in a form to suit the service.

Service must keep evidence that a parent or guardian of each child has regularly examined and confirmed the attendance record. This needs to be completed:

Once a month for sessional teacher led and parent/whanau led services, or

Once a week for all-day teacher led services

A template for sign-in/sign-out records is included in [Appendix 2 in the Funding Handbook](#).

After 7 years, records can be disposed of. This needs to be done so that unauthorised access to the information is not possible.

GMA12 Availability of documentation

Criteria

Governance Management and Administration criterion 12

Required documentation is made available as appropriate to [parents](#) and Government officials having right of entry to the service under Section 319B of the Education Act 1989.

Rationale/Intent:

This criterion ensures records are made available as required, which supports the accountability of service providers to the community and government.

Guidance

Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria

Services need to ensure the required documentation as outlined in the Governance, Management and Administration criteria is made available when required.

Any historic documentation stored off-site needs to be easily retrievable when required.

Glossary

For the purposes of these criteria:

'Adults providing education and care' means kaiako, teachers, supervisors, parent helpers, kaiawhina, fa'iaoga, or other adults who have a designated role of providing education and care to children at a service and are included in required adult: child ratios.

'Assessment' means the process of noticing children's learning, recognising its significance, and responding in ways that foster further learning. It includes documenting some, but not all, of what and how children are learning in order to inform teaching, and make learning visible.

'Culture' means the understandings, patterns of behaviour, practices, and values shared by a group of people.

'Excursion' means:

- being outside the licensed premises whilst receiving education and care from the services; but
- does not include an outing for the purposes of emergency evacuations, drills or the receipt of urgent medical attention
- regular excursion means – excursions that parents have agreed to at the time of their child's enrolment, that are part of an ongoing planned and consistent routine of education and care
- special excursion means – excursions that parents have agreed to prior to the excursion taking place, that are not a regular excursion.

'Existing service' means an early childhood service deemed to have been issued a licence under section 319K(1) of the Education Act 1989 at 1 December 2008.

'Medicine' means any substance used for a therapeutic purpose and includes prescription and non prescription preparations having the meaning assigned to these under Appendix 3.

'Non-porous material' means a material which does not allow water to pass through it.

'Parent' means:

- the person (or people) responsible for having the role of providing day to day care for the child; and
- may include a biological or adoptive parent, step parent, partner of a parent of a child, legal guardian or member of the child's family, whānau or other culturally recognised family group.

'Philosophy' means a statement that:

- outlines the fundamental beliefs, values, and ideals that are important to the people involved in the service - management, adults providing education and care, parents, families/whānau and perhaps the wider community;
- identifies what is special about the service; and
- is intended to be the basis for decisions about the way the service is managed and about its direction in the future.

'Policy' means a statement intended to influence and determine decisions, actions, and other matters.

'Premises' means the land and buildings (or parts of buildings) intended for the exclusive use as a licensed early childhood education and care centre during hours of operation.

'Procedure' means a particular and established way of doing something.

'Process' means a goal-directed, interrelated series of actions, events, procedures, or steps.

'Records' means information or data on a particular subject collected and preserved.

'Regulation' means a regulation under the Education (Early Childhood Services) Regulations 2008.

'Required adult:child ratio' means the adult:child ratio with which the service provider is required to comply under regulation 44(1)(b) or any direction by the Secretary under regulation 54(2).

'Service' means an early childhood education and care centre.

'Service curriculum' means all of the experiences, interactions, activities and events – both direct and indirect, planned and spontaneous - that happen at the service. Teaching practices including planning, assessment, and evaluation form part of the service curriculum.

'Service provider' means the body, agency, or person who or that operates the early childhood education and care centre.

'Specified agency' means any government agency or statutory body that an early childhood education and care service is required to notify if there is a serious (or as defined) injury, illness, incident or allegation. This may include but is not limited to: the New Zealand Police; the Ministry of Health; Child, Youth and Family; WorkSafe New Zealand; and the Teaching Council.

'Tempering Valve' A tempering valve is a safety device fitted by a plumber designed to provide water to taps at a consistently controlled temperature. It works by mixing hot and cold water between the hot water source and the outlet.

Appendix 1: First aid requirements for Criterion PF28

First aid kits must include at least the following:

- disposable gloves
- sterile saline solution (or some other means of cleansing wounds)
- safety pins, bandage clips or tape (or some other means of holding dressings in place)
- sterile wound dressings, including sticking plasters
- rolls of stretchable bandage
- triangular bandage (or some other means of immobilising an upper limb injury)
- scissors
- tweezers
- cold pack
- first aid manual
- National Poisons Centre phone number - **0800 POISON / 0800 764766**
- Healthline phone number - **0800 611 116**

The first aid kit may also contain any Category (i) medicines the service chooses to use, providing the appropriate written authority has been gained from parents (see Criterion HS28)."

Amended May 2015

Appendix 2: Infectious diseases for criterion HS26

Note: Conditions marked with an asterisk (*) are notifiable diseases.

DISEASE	TIME BETWEEN EXPOSURE AND SICKNESS	THIS DISEASE IS SPREAD BY...	EARLY SIGNS	INFECTIOUS PERIOD	ACTION TO BE TAKEN ¹
Chicken Pox	10 - 21 Days	Coughing and sneezing. Also direct contact with weeping blisters.	Fever and spots with a blister on top of each spot	From up to 5 days before appearance of rash until lesions have crusted (usually about 5 days).	Exclude from service for one week from date of appearance of rash.
* Hepatitis A	15 - 50 days (average 28 - 30 days).	From food or water contaminated with faeces from an infected person, or by direct spread from an infected person.	Nausea, stomach pains, general sickness. Jaundice a few days later.	From about 2 weeks before signs appear until 1 week after jaundice starts.	Exclude from service for 7 days from onset of jaundice.
* Hepatitis B	6 weeks - 6 months (usually 2 - 3 months).	Close physical contact with the blood or body fluids of an infected person.	Similar to Hepatitis A.	The blood and body fluids may be infectious several weeks before signs appear and until weeks or months later. A few are infectious for years.	Exclude from service until well or as advised by GP.
* Measles (immunisation usually prevents this illness)	Usually 10 days to onset, 14 days to rash.	Coughing and sneezing. Also direct contact with the nose / throat secretions of an infected person.	Running nose and eyes, cough, fever and a rash.	From 5 days before until 5 days from onset of rash.	Exclude from service for at least 5 days from onset of rash.
* Meningitis (Meningococcal)	2 - 10 days (usually 3 - 4 days).	Close physical contact such as kissing, sleeping in the same room.	Generally unwell, fever, headache, vomiting, sometimes a rash. Urgent treatment is important!	Until 24 hours after starting treatment with antibiotics.	Exclude from service until well, with no symptoms for at least 48 hours.
* Mumps (immunisation usually prevents this illness)	12-25 days, usually 16-18 days.	Contact with infected saliva - coughing, sneezing, kissing and sharing food or drink.	Pain in jaw, then swelling in front of ear, and fever.	For one week before swelling appears until 9 days after.	Exclude from service until 9 days after swelling develops, or until child is well, whichever is sooner.

DISEASE	TIME BETWEEN EXPOSURE AND SICKNESS	THIS DISEASE IS SPREAD BY...	EARLY SIGNS	INFECTIOUS PERIOD	ACTION TO BE TAKEN ¹
Ringworm	10 - 14 days	Contact with infected person's skin or with their clothes or personal items. Also through contaminated floors and shower stalls.	Flat spreading ring-shaped lesions.	While lesions are present, and while fungus persists on contaminated material.	Restrict contact activities e.g. gym and swimming until lesions clear.
* Salmonella	6 - 72 hours (usually 12 - 36 hours).	Under-cooked food like chicken, eggs and meat; food or water contaminated with faeces from an infected person or animal; or direct spread from an infected person or animal.	Stomach pain, nausea, fever and diarrhoea.	Until well, and possibly weeks or months after.	Exclude from service until well with no further diarrhoea.
Streptococcal Sore Throat	1 - 5 days	Usually contact with the secretions of a strep sore throat.	Headache, vomiting, sore throat. An untreated sore throat can lead to Rheumatic Fever.	For 24 - 48 hours after treatment with antibiotics is started.	Exclude from service until 24 hours after antibiotics started.
* Whooping Cough (immunisation usually prevents this illness)	5-21 days, usually 7-10 days	Coughing. Adults and older children may pass on the infection to babies.	Running nose, persistent cough followed by "whoop", vomiting or breathlessness.	From runny nose stage and for 3 weeks after the onset of cough, if not treated with antibiotics. Or until 5 days of antibiotic treatment.	Exclude from service until 21 days from onset of coughing or after 5 days antibiotics.

¹ Or as advised by a GP, local Public Health Service, or the Ministry of Health.

Appendix 3: Categories of medicine for criterion HS28

Category (i) medicines

Definition - a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment spray etc) that is:

- not ingested;
- used for the 'first aid' treatment of minor injuries; and
- provided by the service and kept in the first aid cabinet.

Authority required - a written authority from a parent given at enrolment to the use of specific preparations on their child for the period that they are enrolled. The service must provide (at enrolment, or whenever there is a change) specific information to parents about the Category (i)

preparations that will be used.

Category (ii) medicines

Definition - a prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is:

- used for a specific period of time to treat a specific condition or symptom; and
- provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

Authority required - a written authority from a parent given at the beginning of each day the medicine is administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Category (iii) medicines

Definition - a prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream etc) medicine that is:

- used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema etc); and
- provided by a parent for the use of that child only.

Authority required - a written authority from a parent given at enrolment as part of an individual health plan, or whenever there is a change, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) the medicine should be given.