

## Licensing criteria for hospital-based ECE services

[Section 10 of the Education and Training Act 2020\(external link\)](#) defines hospital-based education and care service as the provision of education or care to 3 or more children under the age of 6 who are receiving hospital care.

ECE services operating from hospital premises that provide education and care to siblings of patients or children of hospital staff or patients are [centre-based ECE services](#), not hospital-based ECE services.

Hospital-based services are licensed in accordance with the Education and Training Act 2020 under the [Education \(Early Childhood Services\) Regulations 2008\(external link\)](#), which prescribe minimum standards that each licensed service must meet. Licensing criteria are used to assess how the services meet the minimum standards required by the regulations.

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

The publication of the [criteria on its own can be downloaded as a PDF\[PDF, 1.6 MB\]](#) and printed.

The licensing criteria were last updated in January 2022.

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Downloads

- [Licensing Criteria: Hospital-based Education and Care Services 2008 \[PDF, 1.6 MB\]](#)

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. 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**

- [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
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- [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**

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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. More information about the curriculum framework can be found on the homepage of this site.

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](#) and [Quality in Action](#), 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?

## 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 for learning to ensure that the learning, development, and experiences provided for children are connected.

##### 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. To aid transitions, a hospital based process is likely to include interaction with the early childhood service that the child attends when they are not in hospital.

Documentation and evidence gathered during this process may take a variety of forms to suit the service's operation and can include: notes made by medical staff; observations and learning stories; examples of children's work; posters and wall displays; recorded discussions; and policies and procedures. Children, their families, staff (including medical 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.

The learning needs of children in hospital based settings are likely to change rapidly and the educator needs to be particularly sensitive and responsive to this change.

Further information about Planning, Evaluation and Assessment can be found on pages 63-65 of [Te Whāriki](#).

#### Things to consider

Things to consider:

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

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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 all staff, including medical?  
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 factors influence our team's views on assessment, e.g. the medical view? 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?

## **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, doing things 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 are 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.

## **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

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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?

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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?

## 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 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 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

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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 *Te Whāriki* inform our approach to new knowledge?

How does our professional learning change our perspectives of *Te Whāriki*?

## 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:

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This criterion is a means of ensuring that the service curriculum supports all children to develop an understanding and appreciation of New Zealand's 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 Pākehā 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 foster the learning of and provide genuine opportunities for participation and quality 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?

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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?

## **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 is a means of ensuring that the service curriculum is responsive to the different cultures of the families of the children attending and helps children 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 wellbeing 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 among all aspects of a 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' culture?

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 take part in events and customs of cultural significance?

How does our behaviour demonstrate that we value and respect diversity?

## 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

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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 gazetted 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. 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 health and/or educational 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 activity room is set up so that children can independently access equipment and resources

A wide range of learning experiences are offered, 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 to make choices by giving them the information they need to make informed decisions

Children with special health and/or educational needs are fully engaged in the programme

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 all children?

## **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, 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:

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The service curriculum is print-focused: educators encourage print-awareness in children's activities; have 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?

## 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 - 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 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. In a hospital setting resources may be provided in a shared activity area for those children whose health allows it. Curriculum experiences for children who are unable to access this space will need to be flexible to enable participation.

The experiences and opportunities available should enable children to make choices about their learning; take the form of individual or group learning; happen in different environments; and 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 appropriate access to varied environments that they can explore and investigate

Equipment can be used in a variety of different ways

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, 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, 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 figure in this?

How are children and their families/whānau engaged with 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 recognises the importance of children's social confidence in establishing and maintaining 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. In a hospital it will depend on the values that families, educators, and the hospital hold. It is therefore vital that educators, parents, the medical staff, 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 to be socially appropriate and competent behaviours.

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

##### **Practice**

Examples of what this might look like in practice:

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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, exploration, solitary, and group play

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

Educators use a range of conversations 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 and in stressful situations?

How does the structure of our staffing 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?

## 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

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Positive steps are taken to respect and acknowledge the aspirations held by parents [link] 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' perspective in regards to their 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.*

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 find 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:

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. 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?

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What happens when parents/whānau challenge our interpretations of anything? Is the process around this 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 parent interview when the child is admitted to hospital. Informal opportunities are likely to occur each day during the daily routines.

### **Practice**

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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 give them a sense of belonging and are culturally appropriate

Parents' 'voices' are apparent in documentation concerning children

Families are confident to 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:

What ways are utilised to 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?

How 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.

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## 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 numerous situations in a hospital-based setting 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, medical professionals, health and social services, and other appropriate specialists, allow the children's learning and development needs to be met more holistically. For timely assistance, it is useful for an early childhood service to establish these links within their community before they are needed.

It is likely that a large number of specialists will already be working with a child in a hospital-based setting. Before educators approach an additional 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 that additional specialist information and guidance is required

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

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

Documentation is kept in relation to the identification of, and the planned response to, a need to seek additional specialist information and guidance.

## Things to consider

Things to consider:

How do our policies provide a clear process for identifying when additional 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.

**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-PF6
- [ECE activity room](#) - Criteria and guidance for PF7-PF12



## General

General criteria:

### In this section

- [PF1 - Hospital legislation compliance](#)
- [PF2 - Variety of equipment](#)
- [PF3 - Safe furniture and equipment](#)
- [PF4 - Storage](#)
- [PF5 - Adult workspace](#)
- [PF6 - Art sink](#)

## PF1 Hospital legislation compliance

### Criteria

#### Premises and facilities criterion 1

The hospital from which the service operates has been granted certification under the Health and Disability Services (Safety) Act 2001 either:

for a period of at least 3 years; or

for a period of less than 3 years, but the lesser period of certification does not reflect problems identified with requirements relating to the hospital's premises and facilities that would affect children participating in the ECE service.

#### Documentation required:

Copy of the current certificate issued to the hospital under the Health and Disability Services (Safety) Act 2001; and

If the certificate denotes a certification period of less than 3 years, a copy of the Corrective Action Plan from the hospital's Audit Report, showing that failure to meet and facilities requirements that affect children participating in the ECE service is not the reason for a shorter certification period being granted.

#### Rationale/Intent:

The Ministry of Education places fewer premises- and facilities-related requirements on hospital-based services because the hospital within which it operates is subject to health legislation that achieves many of the same outcomes.

### 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.*

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If certification has been granted for less than 3 years, the Ministry of Education will view the Corrective Action Plan that forms part of the Hospital's Audit Report, in order to be satisfied that the relevant aspects of operation remain compliant.

A copy of the current certificate issued to the hospital under the Health and Disability Services (Safety) Act 2001 is required to be held by the service.

## **PF2 Variety of equipment**

### **Criteria**

#### **Premises and facilities criterion 2**

A sufficient quantity and variety of furniture, equipment, and materials is provided that is appropriate for the learning and abilities of the children participating in the service.

##### **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 used by the service will need to engage and challenge children and be flexible enough for children to construct their own learning.

Exactly what type and quantity of furniture, equipment, and materials provided in the activity room will differ between services.

### **Outdoor equipment**

If there is an outdoor play area provided for children in a hospital-based setting, the service will need to consider the type of outdoor equipment to provide.

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.

See further information on [equipment in early childhood education \(ECE\) services](#)

## Things to consider

Consider how the furniture, equipment, and resources you provide in a hospital-based service 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.

## PF3 Safe Furniture and Equipment

### Criteria

#### Premises and facilities criterion 3

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 equipment is 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

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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 NZS5828:2015:

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\[DOCX, 11 KB\]\(external link\)](#) 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.

## **PF4 Storage**

### **Criteria**

#### **Premises and facilities criterion 4**

There are spaces for the safe storage of equipment and materials.

**Rationale/Intent:**

To ensure that equipment is safely stored.

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## 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.

If equipment is accessed outside of the service's hours of operation, consider a designated area for that equipment.

## 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.

## PF5 Adult workspace

### Criteria

### Premises and facilities criterion 5

There is space for adults working at the service to:

withdraw from children for planned breaks as appropriate

meet privately with parents and colleagues;

store curriculum support materials; and

, 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.

Also 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.*

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Adults should have adequate space to meet their own needs as they are working to support the education and care of the children.

If space allows, hospital management may be in a position to provide a separate room for the exclusive use of early childhood education staff. Where separate space is not available, staff may share space with other hospital staff.

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

## **Things to consider**

Considerations when deciding upon the provision of staff space should include:

size

its location in relation to the activity room

ability of staff to assess, plan, and evaluate if space is shared with others

appropriate and secure storage for early childhood education curriculum support materials and records.

## **PF6 Art sink**

### **Criteria**

### **Premises and facilities criterion 6**

There are facilities (other than those used for body wash) or alternative arrangements available for the preparation and cleaning up of paint and other art materials.

#### **Rationale/Intent:**

To ensure that services 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. Alternative systems should (as much as possible) eliminate the risk of art materials either causing contamination, or becoming

contaminated by pathogens or toxic substances.

Alternative systems may include:

using one or more buckets to wash materials, and disposing of the waste water in a 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.

## ECE activity room

Criteria for the ECE activity room:

### In this section

- [PF7 - Design and layout](#)
- [PF8 - Premises support effective supervision](#)
- [PF9 - Infant toddler safe space](#)
- [PF10 - Flooring](#)
- [PF11 - Telephone](#)
- [PF12 - Handwashing facilities](#)

## PF7 Design and layout

### Criteria

### Premises and facilities criterion 7

The design and layout of any ECE Activity Room supports the provision of a range of different types of learning experiences that are appropriate to the number, ages, abilities, and specific mobility or treatment needs of the children likely to use it.

#### Rationale/Intent:

To ensure that children have access to an environment that is 'fit for purpose' – that is, can support a range of activities.

### Guidance

*Any examples in the guidance are provided as a starting point to show how services can meet (or exceed) the*

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*requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.*

The ECE activity room needs 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.

The primary purpose of an activity room is to facilitate group activity and the provision of play experiences that cannot be easily taken to the child at their bedside.

## **PF8 Premises support effective supervision**

### **Criteria**

#### **Premises and facilities criterion 8**

The design and layout of any ECE Activity Room supports effective adult supervision.

##### **Rationale/Intent:**

To ensure that the activity room is 'fit for purpose' – that is, the children's use of it 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 activity room. Activity rooms that are irregularly shaped (perhaps because they are 'reclaimed' spaces within a hospital, rather than purpose built) can make supervision difficult.

The arrangement of furniture and equipment in the activity room needs to be designed and laid out so effective supervision is easy.

Adults should be able to scan the environment while working alongside children.

## **PF9 Infant toddler safe space**

### **Criteria**

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## Premises and facilities criterion 9

There are safe and comfortable spaces in any ECE Activity Room 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 uphold the safety of infants and toddlers as well as a minimum level of quality education by ensuring that mixed-age environments are designed to consider their unique needs.

## Guidance

This criterion does not require that infants and toddlers are kept separated from older children.

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. This does not mean that infants and toddlers cannot move throughout the ECE activity room, 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.

## PF10 Flooring

### Criteria

## Premises and facilities criterion 10

Floor surfaces in any ECE Activity Room are durable, safe and suitable for the activities to be carried out at the service (including wet and messy play), and can easily be kept clean.

### Rationale/Intent:

To uphold a minimum level of quality education as well as safety for children.

## Guidance

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*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.

It is a good rule of thumb to have about 2-thirds hard surface (or similar) and one-third carpet in the ECE activity room. 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.

## **PF11 Telephone**

### **Criteria**

#### **Premises and facilities criterion 11**

A telephone or other means of communication is available in the ECE Activity Room to enable adults providing education and care to call for assistance when necessary.

#### **Rationale/Intent:**

To ensure service staff can call for assistance from medical staff as required.

### **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.*

Hospital play specialists need to have some means of calling for help in an emergency when they are in the ECE activity room. A phone is one way, but a call bell or intercom system (perhaps linked to the nurse's station) may be another option.

## **PF12 Handwashing facilities**

### **Criteria**

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## Premises and facilities criterion 12

There are facilities (or appropriate arrangements in place) for hygienic hand washing and drying in any ECE Activity Room.

### Rationale/Intent:

To ensure that minimum handwashing facilities are provided for children and adults, and to encourage handwashing 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.*

Any hand washing facilities in the ECE activity room need to meet the particular requirements of the children using them.

For example, a hand washing basin may not be appropriate in a room that is going to be used by children who are nil by mouth (unless it is fitted with some way of ensuring children do not have independent access to the water). In this instance, the play specialist would need to be able to provide moistened individual flannels for children, and supervise hand washing to ensure the child does not try to suck them.

### Things to consider

If the height of hand basins 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. Consider the age range of children who will attend.

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.

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.

## Health and safety practices

### 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.

**The criteria in this section are grouped together by topic. Each criterion has also been given a short, descriptive title. These titles and the group topics 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 HS1-HS7
- [ECE activity room](#) - Criteria and guidance for HS8-HS11
- [Child protection](#) - Criteria and guidance for HS12-HS16

## General

General criteria:

### In this section

- [HS1 - Hospital legislation compliance](#)
- [HS2 - Premises and contents are safe and hygienic](#)
- [HS3 - Assembly areas safe](#)
- [HS4 - Emergency drills](#)
- [HS5 - Animals](#)
- [HS6 - Excursions](#)
- [HS7 - Travel by motor vehicle](#)

## HS1 Hospital legislation compliance

### Criteria

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## Health and safety practices criterion 1

The hospital from which the service operates has been granted certification under the Health and Disability Services (Safety) Act 2001 either:

for a period of at least 3 years; or

for a period of less than 3 years, but the lesser period of certification does not reflect problems identified with requirements relating to the hospital's health and safety practices that would affect children participating in the ECE service.

### Documentation required:

Copy of the current certificate issued to the hospital under the Health and Disability Services (Safety) Act 2001, and

If the certificate denotes a certification period of less than 3 years, a copy of the Corrective Action Plan from the hospital's Audit Report, showing that failure to meet health and safety practices requirements that affect children participating in the ECE service is not the reason for a shorter certification period being granted.

### Rationale/Intent:

The Ministry of Education places fewer health and safety related requirements on hospital-based services, because the hospital within which the service operates is subject to Health legislation that achieves many of the same outcomes. This criterion has been added to make clear that ongoing compliance with Health legislation (on the part of the hospital) is an integral part of compliance with this standard. Advice from the Ministry of Health has indicated that a hospital that has been granted certification for a period of 3 years or more will be performing to at least the equivalent standard required of other ECE service types.

If certification has been granted for a shorter period of time, the Ministry of Education will view the Corrective Action Plan that forms part of the Hospital's Audit Report, in order to be satisfied that the relevant aspects of operation remain compliant.

### 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.*

Hospital based services need to provide evidence that there is a current certificate issued to the hospital under the Health and Disability Services Act 2001.

## HS2 Premises and contents are safe and hygienic

### Criteria

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## Health and safety practices criterion 2

Premises, furniture, furnishings, fittings, equipment, and materials used by children as part of the ECE programme 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.*

Any damage to premises, furnishing or fittings should be removed or items replaced as soon as possible.

Hard surfaces should be kept clean and equipment or toys should be kept hygienic – items mouthed by babies or infants should be washed as soon as practicable.

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

### Things to consider

Staff, volunteers and relievers need to be familiar with the hospital's infection control policies, including policies for play and other equipment taken into isolation rooms.

Play specialists should be guided by their hospital's infection control policies as to which cleaning agents to use.

## HS3 Assembly areas safe

### Criteria

## Health and safety practices criterion 3

Designated assembly areas 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.*

All DHBs have emergency plans. When an evacuation does occur the service will need to follow the guidance of the wardens of the DHB the DHB evacuation plan. The plan will include the assembly area(s) for the hospital buildings.

In an evacuation of a hospital based service all children will be under the management of the medical staff not the play specialist.

Additional guidance is available specifically for services above ground level, we recommend you read [Guidance for ECE Services - Evacuation from High Rise Buildings \[PDF, 394 KB\]](#)

## HS4 Emergency drills

### Criteria

#### Health and safety practices criterion 4

[Adults providing education and care](#) are familiar with relevant emergency drills.

#### Documentation required:

A record of the emergency drills carried out.

#### 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.

### 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.*

Drills should be carried out in line with the hospital's requirements and procedures.

Centres need to first determine which emergency drills are relevant to their location, and then carry each of these drills

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out with children at least every three months.

Relevant drills are likely to at least include fire evacuation, earthquake, lockdown and tsunami, depending on the service's location.

## **Why practice emergency drills?**

Research has shown that the factor that most contributes to reducing injuries and fatalities during any emergency situation is regular practice. This ensures that staff and volunteers are familiar with procedures.

Regular practice will also ensure that any equipment that will be relied on in an emergency drill 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 an emergency drill.

In the event of an emergency, hospital play specialists may have a useful role in supporting children who are distressed, and should be prepared with strategies for such situations.

The following activities will support all adults being with the emergency drill procedures:

Emergency drill procedure briefing for all relieving staff and volunteers.

Training as part of new staff and volunteer induction.

Regular refresher training for all staff and volunteers.

Including emergency plans and procedures as a regular agenda item for staff meetings.

Communication with parents and families, via noticeboards and in newsletters.

Staff and volunteers should be able to confidently and knowledgeably:

talk about the procedures without needing to refer to any documentation.

identify the roles they and others will play during an emergency drill.

describe how children (walking and non-walking) will be managed during an emergency drill.

describe how they will deal with any unexpected circumstance that arises during an emergency drill – 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?"

You should aim to hold your trial emergency drills at times when you have typical numbers of children, of varying ages, and adults at the centre. Consider also the timing of the emergency drills and whether or not staff will be notified in advance. Holding unannounced emergency drills 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 emergency drills so that any key responsibilities are covered even in the absence of a particular staff member.

## **Fire evacuation**

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\(external link\)](#).

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## Record keeping

Centres are required to keep a record of each emergency drill. 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 emergency drill (for each separate group if appropriate)

A checklist of the key steps in the emergency drill, whether or not they were completed, and any comments.

For fire evacuations: 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 emergency drill records for two years.

Reviewing emergency plans and evacuation procedures should be a regular part of a centre's self review. Records of each emergency drill, together with emergency training records, should be used to inform that review. If any changes are required to any emergency drill, these should be noted promptly in evacuation plans and any other documentation and notices updated. Remember also to communicate any changes made with staff, parents and whānau as required.

The National Emergency Management Agency have a [What's the Plan Stan website\(external link\)](#) 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\(external link\)](#)

## Things to consider

It is essential that staff, relievers and volunteers are made familiar with these requirements before commencing work, and are confident in knowing what they are expected to do, both for practice drills and should there be an actual emergency.

In the event of a major disaster, they should make themselves available to assist, with particular reference to providing support for the emotional wellbeing of children and suitable coping strategies.

If a service is closed because of emergency, staff should ensure they are available wherever they can be of help to children, families and colleagues.

## HS5 Animals

### Criteria

### Health and safety practices criterion 5

Safe and hygienic handling practices are implemented with regard to any animals at the service. All animals are able to be restrained.

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**Rationale/Intent:**

The criterion aims to ensure that animals kept by the service 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.*

Animals brought to the hospital would usually be part of a formalised visiting programme.

Considerations would need to include:

Infection control

Choice of where the animal(s) will be, e.g. visiting wards, individual rooms, or in public areas

Suitable restraint.

You will need to ensure that children and adults who handle animals practice thorough hand washing procedures afterwards.

## **HS6 Excursions**

### **Criteria**

#### **Health and safety practices criterion 6**

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;

parents have given prior written approval of their child's participation and of the proposed ratios; and

there are communication systems in place so that people know where the children are, and adults can communicate with others as necessary.

**Documentation required:**

A record of excursions. Records include:

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; and

evidence of parental permission.

**Rationale/Intent:**

The criterion is underpinned by the following premises:

excursions outside the licensed premises are a valuable aspect of the service curriculum  
there are inherent risks involved in excursions from the licensed premises  
risks should be mitigated as much as possible to uphold the safety and wellbeing of children  
the responsibility for the assessment of risk should lie with the service rather than with the Ministry of Education via a ratio  
formula applied through regulation  
parents should also take responsibility by giving their informed consent of the proposed excursion ratios.

*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.*

Children should not be taken from their ward, even to other area of the hospital or grounds including an outdoor garden or play area , without consent from the child's nurse/ charge nurse.

If children are being taken out of the hospital grounds, then they need written parental consent.

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.

A **special excursion** requires a specific risk assessment and development of a management plan made in consultation and with consent from the children's medical teams prior to the excursion because the environment and circumstances in which these occur will be different each time. This may require medical staff to accompany the children.

To assist you in planning and documenting your excursions, some sample documents are provided below. These can be altered to suit your service's needs:

**Things to consider**

**Things to take**

The following are useful things to take with you on an excursion:

A list of all children plus their emergency contact details in case of any accident of emergency. 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.  
Cellphone – with number for the destination or venue and a contact number for someone connected with the service who is not going on the excursion.  
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 the same ratios on the excursion for all ages of children as you are required to do in the hospital based service must be met.

For children in hospital, ratios may need to be higher to cater to the children's medical needs and any other considerations such as wheelchairs.

Nurses may need to be included.

If possible, aim for at least one of your teaching staff to be excluded from the ratio calculation. This will leave them free to manage and co-ordinate 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 at the destination when determining your adult: child ratios.

## **HS7 Travel by motor vehicle**

### **Criteria**

#### **Health and safety practices criterion 7**

If children travel in a motor vehicle while in the care of the service:

each child is restrained as required by the 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 (when children are not travelling with their parent).

#### **Documentation required:**

Evidence of parental permission for any travel by motor vehicle as part of the ECE programme.

#### **Rationale/Intent:**

The criterion aims to uphold the safety of children while travelling 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 legislated requirements for child restraints. Children travelling in taxis should be restrained as if they were in a private car or van.

## Things to consider

Other things to consider when arranging travel in motor vehicles include:

vehicles having current registration and warrants of fitness

all drivers having a current full driver's licence

all private vehicles must have the appropriate safety restraints for adults and children in accordance with the NZ Transport Agency regulations.

managing any supervision issues, is an extra adult in the car a good idea, so the driver can concentrate on driving, and children can make the most of the experience?

## ECE activity room

Criteria for the ECE activity room:

### In this section

- [HS8 - Room temperature](#)
- [HS9 - Securing furniture](#)
- [HS10 - Hazard and risk management](#)
- [HS11 - Noise levels](#)

## HS8 Room temperature

### Criteria

## Health and safety practices criterion 8

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Any ECE Activity Room is kept at a comfortable temperature no lower than 18°C (at 500mm above the floor) while children are attending.

**Rationale/Intent:**

The criterion aims to uphold the wellbeing of children.

**Guidance**

*The following examples are provided as a starting point to show how services can meet the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.*

**Temperature in ECE Activity Rooms used by children**

The temperature in rooms must be no lower than 18 °C at 500mm above the floor when **used by children**. Services should ensure that the heating is turned on (if required) before children attend for the day to give time for the rooms used by children to heat up to 18 °C.

**Temperatures are kept no lower than 18 °C**

To ensure the temperature in rooms used by children is **kept** no lower than 18 °C, a service must have a means of checking the temperature regularly at 500mm above the floor. This might include a thermometer that can measure ambient room temperature attached to the wall at 500mm above the floor, or a portable thermometer.

Services will need to manage fluctuations of temperature in rooms used by children eg caused by the opening and closing of doors to the outside space, so that the temperature in rooms used by children is kept no lower than 18 °C.

**Rooms used by children at a comfortable temperature**

18 °C at 500mm above the floor is a minimum requirement. World Health Organisation guidelines, including those with vulnerable persons such as young children, have been considered in setting this minimum.

Services may choose to keep a higher indoor temperature but should ensure that is comfortable for children. Having a service temperature that is too warm could lead to lethargy.

**Other licensing criteria that interact with HS8**

[PF2\(external link\)](#), and [C9\(external link\)](#).

## **HS9 Securing furniture**

**Criteria**

### **Health and safety practices criterion 9**

Heavy furniture, fixtures, and equipment in any ECE Activity Room that could fall or topple and cause serious injury or

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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 ECE Activity Room, large and heavy items of furniture, equipment and appliances must be secured to the structure of the building. Smaller appliances such as stereos or microwave ovens can be secured with industrial velcro.

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.

Lockable castors should be used to prevent trolleys or shelving on wheels from moving around. Think about weight distribution on free standing shelves.

**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 you use are strong enough to hold the weight of the heavy object. What will happen if it gets bounced up/down?

Where possible, try to fasten objects near the top rather than at the bottom. This can't be done, the fastenings at the bottom need to be very strong, 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. Consider placing fastening points at several places around the walls.

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 furniture can be changed around; while still having secure fastening for heavy objects.

## **HS10 Hazard and risk management**

### **Criteria**

### **Health and safety practices criterion 10**

Any ECE Activity Room and equipment used by children as part of the ECE programme are checked on every day of

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operation for hazards. 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);  
vandalism, dangerous objects, and foreign materials  
the condition and placement of equipment; 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, minimising or isolating them. Eliminating a hazard will also eliminate any risks associated with that hazard.

In a hospital, services use the ECE Activity Room, which is covered by this criterion, as well as the licensed premises which includes wards and other areas of the hospital. These areas are not the responsibility of the service.

Safety and suitability of surfaces, furniture, equipment and materials are also covered under Criterion [PF3 Safe Furniture and Equipment](#) which covers purchasing and installing playground equipment and surfacing.

Hazards and risks must also be managed on any excursion outside the hospital. See [HS6 for more guidance](#).

In order to meet this criterion services 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:**

Your hazard and risk management system is likely to be made up of two main processes:

- Documented daily hazard checks – inside and out

- 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.

Below are some additional sources of information for support around risk management:

### **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 processes for updating the identification of hazards and risks on a regular basis will be 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?

## HS11 Noise levels

### Criteria

#### Health and safety practices criterion 11

All practicable steps are taken to ensure that noise levels in any ECE Activity Room 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 Activity Room).

#### 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.

You can create quieter spaces for children simply by using low partitions.

Beware of environmental noise from outside the service such as road works or construction nearby and try to ensure

that the negative effect is reduced where possible.

## Child protection

Criteria for child protection:

### In this section

- [HS12 -Medicine administration](#)
- [HS13 -Child protection](#)
- [HS14 -Inappropriate material](#)
- [HS15 -HS15 Alcohol and other substances at the service](#)
- [HS16 -Practicable steps](#)

## HS12 Medicine administration

### Criteria

### Health and safety practices criterion 12

Medicine (prescription and non-prescription) is not given to a child unless it is given by authorised personnel, in an emergency or as part of the child's treatment as a patient of the hospital.

#### Rationale/Intent:

The criterion aims to uphold the health and safety of children by ensuring that medication is not administered inappropriately by services.

*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.*

Adults providing education and care must ensure any medicine given to a child is administered by authorised hospital personnel.

It may be useful for staff to familiarise themselves with the child's medical requirements so they can be supportive.

### Things to consider

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Services might consider having policies for what, if any, treatment or medication giving can take place in activity rooms. Some services regard the activity room as an emotionally safe place where no treatment or medications can be given. Other services may consider that, for some children, certain types of medication are a regular part of their life, and therefore should be normalised and the child's play should not need to be interrupted unnecessarily.

Considerations might vary depending on, for example:

the age and understanding of the child  
how comfortable / familiar they are with the procedure  
whether or not it is (or will be) a regular, routine part of their daily life for some time to come  
whether other children are present whom may be distressed by observing the treatment.

## **HS13 Child protection**

### **Criteria**

#### **Health and safety practices criterion 13**

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.*

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Services must have a child protection policy that meets the Children's Act 2014 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.

Services must make the policy and information about its practices available to parents as required by criterion [GMA1 - Parent access to information](#).

We've published a guide to help you navigate the child protection policy requirements set out in the Children's Act 2014. [Download the guide](#).

#### **Documentation guidance:**

The [Safer Organisations, Safer Children \[PDF, 1.1 MB\]](#) publication 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 Oranga Tamariki that can be found in the publication called "[Working together to support tamariki, rangatahi and their family/whānau\(external link\)](#)".

Service 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.

#### **Things to consider**

Staff should be able to talk confidently and knowledgeably about the policies and processes in place to uphold children's safety and wellbeing.

## **HS14 Inappropriate material**

### **Criteria**

#### **Health and safety practices criterion 14**

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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.*

In a hospital, inappropriate material may also include exposure to frightening or inappropriate sights and sounds connected with medical treatment, equipment and procedures. Without skilled staff and sensitive opportunities to ask questions, express fears, and receive explanations, children can misunderstand what is happening and/or become very anxious.

Tensor classifications on DVDs and games 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 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.

If there is access to the internet (either for use with the children or in an 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.

Play specialists **should** be aware of safe searching techniques and provide information to children on how to react and deal with unsolicited, inappropriate material.

[Netsafe has a range of resources for educators and parents\(external link\)](#)

#### **Things to consider**

What kinds of images are children able to see in the surrounding environment as well as in magazines and other print materials available for collage activities (e.g. 'sealed sections' and photo spreads appearing in some women's magazines)?

Do children have access to the internet when at the service? How can their learning be supported while keeping them safe?

## HS15 Alcohol

### Criteria

#### Health and safety practices criterion 15

[Adults providing education and care](#) must not use, or be under the influence of, alcohol or any other substance that has a detrimental effect on their functioning or behaviour while responsible for children participating in the service.

#### 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.*

Hospital-based services will need to consider in advance the steps they would take if any adult providing education and care was found to be under the influence of alcohol or any other substance having a detrimental effect on their functioning or behaviour. This is a staff management issue and appropriate procedures would need to be followed.

The service should follow the hospital's employment policy on alcohol.

Hospital service staff should be familiar with the hospital's policy, and know who to take any concerns at possible breaches to.

## HS16 Alcohol and other substances at the service

### Criteria

#### Health and safety practices criterion 16

All practicable steps are taken to ensure that children do not come into contact with any person on the premises who is under the influence of alcohol or any other substance that has a detrimental effect on their functioning or behaviour.

#### Rationale/Intent:

The criterion aims to uphold the safety and wellbeing of children by ensuring children attending the service are not exposed to the risks of persons under the influence of alcohol or other harmful substances.

#### Guidance

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*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 service must follow the hospital's policy on alcohol and other substances.

Staff of hospital services should be familiar with the hospital's policy, and know to whom they should go with any concerns at possible breaches.

It is important for staff to have considered in advance the types of situations that might occur in a hospital-based setting and how these would be handled. For example, staff will need to have considered in advance what they would do in situations such as if a parent or caregiver under the influence of alcohol or any other substance arrives in the activity room.

## **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.**

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## In this section

- [Parent involvement and information](#) - Criteria and guidance GMA1-GMA4
- [Professional practices](#) - Criteria and guidance GMA5-GMA7A
- [Planning and documentation](#) - Criteria and guidance 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.

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## 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 services are required to clearly display the required documents so that they are easily available to be read by anyone using the activity room.

These could be displayed on a notice board so they are clearly visible and can be read by parents/whānau, caregivers or any other visitors.

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 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 philosophy, policies, and procedures 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:**

The criterion aims 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. This information can be provided in a variety of ways including:

a handout for parents containing relevant information,  
or a notice on the wall of the service.

As parents are usually present and actively engaged with their children in hospital for much of the time, they see what is occurring and are involved in watching the child's interactions with the play specialists. The educator may need to explain to them the purpose, educational benefits and learning from activities.

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\(external link\)](#).

## Things to consider

There will be hospital policy covering adults who may not have access to a child. 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.

If parents wish to gain information related to a child's participation in ECE that has been documented in clinical notes they will need to follow hospital policy for reading these notes.

Note too, staff of hospital-based services may be strongly discouraged from retaining information about individual children on file separately from the clinical notes, as clinical notes are the official record of all aspects of a child's stay. One way of dealing with this is by documenting "Learning stories" or similar during the child's stay then giving them to the family when the child is discharged.

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## Related downloads:

[Professional Practice regarding Separated Parents/Guardians \[PDF, 181 KB\]](#)

## 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.

Related to clause 47(1)(d) of standard.

#### Rationale/Intent:

The criterion aims to ensure that 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 handout for parents, which may be specific to the ECE service and/or as part of brochures of information about the children's ward  
in the annual plan

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in meetings with parents  
notices on the wall of the activity room  
on the hospital website.

## **Things to consider**

Services may want to consider how information is shared so it is culturally appropriate for the audience. Things to consider include:

Parent's first language  
Communal decision making practices  
The topic or subject.

Resources that can be used are:

[Kei Tua o te Pae/Assessment for learning: Early Childhood Exemplars](#) 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.

[Te Whatu Pōkeka: Kaupapa Māori Assessment for Learning: Early Childhood Exemplars](#) 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 are also able to use other resources that they may have developed in-house for this purpose.

If parents wish to gain information related to a child's participation in ECE that has been documented in clinical notes they will need to follow hospital policy for reading these notes.

There will be hospital policy covering adults who may not have access to a child. 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.

There will be hospital policy covering adults who may not have access to a child. 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.

### **Professional practice regarding separated parents/guardians**

If parents wish to gain information related to a child's participation in ECE that has been documented in clinical notes they will need to follow hospital policy for reading these notes.

Note too, staff of hospital-based services may be strongly discouraged from retaining information about individual children on file separately from the clinical notes, as clinical notes are the official record of all aspects of a child's stay.

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One way of dealing with this is by documenting "Learning stories" or similar during the child's stay then giving them to the family when the child is discharged.

## **Related downloads:**

[Professional Practice regarding Separated Parents/Guardians \[PDF, 181 KB\]](#)

## **GMA4 Involving parents and educators**

### **Criteria**

#### **Governance, management and administration criterion 4**

Parents of children participating in 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.*

Hospital-based service providers are required to show evidence they have provided opportunities for parents and educators to contribute to the development and review of the service's operational documents.

Given the special nature of the service provided by hospital-based service providers, creating opportunities for parents and educators to engage with and have input into the service's key operational documents could require considerable advance planning.

#### **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:

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For meetings, attendance records and minutes could be considered as evidence.

If you are sending documents out to parents, having a sheet parents can tick and sign when they have reviewed documents would also be a way of recording evidence.

Documentation of discussions with families.

## Things to consider

If a child attending the service is from a family with separated parents, the Education and Training Act 2020 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

Services will need to develop a process which supports staff to ascertain how a relationship between separated parents and the service may be established so that communication channels can be opened. This could include ensuring educators have a copy of the enrolment form so they are clear what any court orders are.

## Related downloads:

[Professional Practice regarding Separated Parents/Guardians \[PDF, 181 KB\]](#)

## Professional practices

Criteria for professional practices:

### In this section

- [GMA5 -Philosophy statement](#)
- [GMA6 -GMA6 Self-review](#)
- [GMA7 -GMA7 Human resource](#)
- [GMA7A - Safety checking](#)

## GMA5 Philosophy statement

### Criteria

### Governance, management and administration criterion 5

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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\(external link\)](#) produced a report on service philosophy statements that may be of use when developing a philosophy statement.

## GMA6 Self-review and internal evaluation

### Criteria

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## Governance, management and administration criterion 6

An ongoing [process\(external link\)](#) of self-review and internal evaluation 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, its curriculum, learning and teaching practices, [philosophy](#), [policies](#), and [procedures](#)) by the people involved in the service. The process is consistent with [criterion GMA4/GMA3](#), and includes a schedule showing timelines for planned review of different areas of operation.

[Recorded\(external link\)](#) outcomes from the review and evaluation process. Outcomes show how the service has regard for the Statement of National Education and Learning Priorities (NELP) in its operation.

### 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

*The following is a starting point to show how services can meet the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.*

### What is an ongoing process of self-review and internal evaluation?

**Self-review** is about looking back on the implementation of policies, procedures and practices to ensure licensing requirements are met. Self-review involves asking questions such as:

Are we following our policies and procedures?  
Are we doing what we are required to?

**Internal evaluation** is about identifying what is and is not working, and for whom. This is carried out with the aim of improving practice and what is happening for children and then to determine what changes are required.

Internal evaluation involves asking questions such as:

How well....?  
How effectively...?  
What next....?

The Ministry would expect to see scheduled self-review and internal evaluation, in a service's annual plan. Spontaneous self-review may happen in response to an incident or complaint.

An **ongoing process** means that scheduled self-reviews and internal evaluations are undertaken regularly and are linked to and reflect on previous reviews or evaluations. An ongoing process involves asking questions such as:

What actions did we take?

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What were the outcomes of those actions?

How have those outcomes informed the current self-review/internal evaluation?

### **What should be included in the documented process?**

The documented self-review and internal evaluation process should identify:

Who will be involved in review and evaluation?

How often will review and evaluations take place?

How parents of children attending the service are provided with the opportunity to contribute to the review and evaluation?

What type of incident/complaint would initiate a spontaneous review?

### **What outcomes need to be recorded?**

Recorded outcomes should include changes that were made (or not made) to the service's policies, procedures and practices, the rationale for these changes (or lack of change), what impact these changes (if applicable) have had on tamariki and how the service has regard for the statement of National Education and Learning Priorities (NELP) in its operation.

### **How to have regard for the NELP?**

Having regard for the [NELP\(external link\)](#) means being able to demonstrate in the documented outcomes of self-review and internal evaluation how any change made to the service's policies, procedures and practices align with priorities 1-6 of the NELP. Services will need to ensure those involved in any review and evaluation are familiar with priorities 1-6 of the NELP.

### **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\(external link\)](#).

### **NELP**

At this stage, the Ministry is taking an educative approach to assessing the NELP, given these are recent criteria change.

Ministry staff will engage in conversations with services about how they may show they have regard for the NELP. For example, some services may be due to update their annual plan so it could be as simple as including the NELP in this. Services could look at how the NELP can be woven into their self-review and internal evaluation processes and systems as well as professional growth cycles.

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We are realistic that services providers are unlikely able to provide a lot of documentation to demonstrate full compliance with these criteria right now. Over time we will be expecting more, which will be indicated in discussions between advisers and service providers.

The Ministry is currently working on developing a suite of resources to assist services to meet the NELP criteria. This is likely to include PLD webinars later in the year. More information will be provided when available.

## Resources

Te Hurihanganui: [Te Hurihanganui – Education in New Zealand\(external link\)](#)

Ka Hikitia: [Ka Hikitia – Ka Hāpaitia – Education in New Zealand\(external link\)](#)

Tau Mai i te Reo: [Tau Mai Te Reo – Education in New Zealand\(external link\)](#)

Action Plan for Pacific Education: [Action Plan for Pacific Education 2020–2030 – Education in New Zealand\(external link\)](#)

Early Learning Action Plan: [https://conversation-space.s3-ap-southeast-2.amazonaws.com/SES\\_0342\\_ELS\\_10YP\\_Final+Report\\_Web.pdf\(external link\)](https://conversation-space.s3-ap-southeast-2.amazonaws.com/SES_0342_ELS_10YP_Final+Report_Web.pdf)

Learning Support Action Plan: [Learning Support Action Plan – Conversation space \(education.govt.nz\)\(external link\)](#)

## GMA7 Human resource management

### Criteria

### Governance, management and administration criterion 7

Suitable human resource management practices are implemented.

#### Documentation required:

[Policies](#) and processes for human resource management, including:

- selection and appointment procedures;
- job/role descriptions
- induction 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 Ministry of Education about management capability and gives some assurance that the service is

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likely to meet standards that rely on there being appropriate numbers of competent staff in an ongoing way (i.e. if staff are not performing effectively, job descriptions, staff appraisal, professional development, and discipline/dismissal procedures will help ensure this can be dealt with - reducing the risk of negative impacts on outcomes for children).

*Amended 21 July 2011*

## **Guidance**

The requirement to ensure that human resource management practices are implemented is underpinned by Regulations 47(1)(a) and 47(1)(e). These require service providers to ensure that the service is effectively governed, is managed in accordance with good management practices and all reasonable steps are taken to provide staff employed or engaged in the service with adequate professional support, professional development opportunities, and resources.

*The following examples are provided as a starting point to show how services can meet the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.*

## **Selection and Appointment Processes**

[NZ Government Business website\(external link\)](#) carries a range of resources and tools for employers covering recruiting, appointing and managing staff.

Services should ensure that:

Job descriptions for are regularly reviewed and reflect the philosophy and needs of the service. For certificated teachers, link to the . The Ministry of Education provides.

Appointment policies and procedures are clear, reflect the requirements of current legislation, provide managers with useful guidance and are regularly reviewed.

Before confirming an appointment a safety check is undertaken in accordance with the Children's Act 2014 (see also). All staff employed or engaged in the service are provided with ongoing support and receive a documented orientation and induction into the service which outlines all policies and procedures.

## **Professional Development and Appraisals (or Professional Growth Cycle)**

Services should ensure that:

Professional development for staff employed or engaged in the service is a priority, proactively supported and appropriately resourced.

Tōmua (Provisionally Certificated Teachers) are proactively supported to become fully certificated.

Philosophy, goals and professional development are clearly linked.

Professional development is closely aligned to individual appraisal goals or the professional growth cycle for certificated teachers.

A regular appraisal system or professional growth cycle is documented and is part of an annual cycle linked to professional development and includes provision for ongoing coaching or mentoring and self-reflection.

Staff employed or engaged in the service, in conjunction with the appraiser, identify specific and measurable goals, and progress towards achieving these is monitored through documented observations, conversations and ongoing feedback.

Professional development for certificated teachers (in all practising certificate categories Tōmua, Tūturu and Pūmau) is aligned with the Professional Growth Cycle for Teachers as required by the Teaching Council of Aotearoa New Zealand, and .

## **Discipline/Dismissal Procedures**

The Employment New Zealand Website carries a range of resources and tools for employers covering [Disciplinary Processes\(external link\)](#) and [Dismissal\(external link\)](#).

Discipline and dismissal policies and procedures must be clear, reflect the requirements of current legislation and provide managers with useful guidance.

The Education and Training Act 2020 states that an employer must provide a mandatory report to the Teaching Council of Aotearoa New Zealand in certain circumstances. A provides a comprehensive coverage of the process and requirements.

### **Serious Misconduct**

The [Education and Training Act 2020\(external link\)](#) and the [Teaching Council Rules 2016\(external link\)](#) outline the criteria for reporting serious misconduct and may assist in defining serious misconduct in your service.

## **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.

### **Rationale/Intent:**

Consistent robust safety checking helps assess whether people might pose a risk to children.

### **Guidance**

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*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\(external link\)](#).

The Ministry has prepared flow charts which explain the checks that must be completed on adults in specific roles.

### 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\(external link\)](#).

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

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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 \[PDF, 2.4 MB\]](#) provides best practice guidance and [Children's worker safety checking under the Vulnerable Children Act 2014 \[PDF, 1.32 MB\] \[PDF, 1.2 MB\]](#) 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. 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.
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## 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.

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 services, then member services 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 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 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 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 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 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 service is responsible for confirming that these components have been completed, and that a full safety check has been done.

We recommend that the 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. Services can agree with the agency that it will complete those components on their behalf.

### Independent relief teachers

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 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.

Services need to agree **in advance** with the training provider what components of the safety check it will complete on their behalf. The 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 service should 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 [Schedule 4 clauses 1-8 of the Education and Training Act 2020\(external link\)](#)

Further information is available on the [Police vetting](#) page of the Education website.

## Workforce restriction and core worker exemption

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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\(external link\)](#).

Individuals prohibited from being employed or engaged in a core worker role under the workforce restriction can apply for a [Core Worker Exemption\(external link\)](#).

Employers will be able to confirm whether a person holds a Core Worker Exemption.

## Short-term emergencies

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 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 service begin the full safety checking process as soon as possible in an emergency or unexpected situation.

## Screening service for early learning service owner operators who are children's workers

A screening service is available to undertake safety checks for specified groups of children's workers.

This service has been established to provide third party safety checks for children's workers in the health, education and social development sectors who are self-employed or sole-practitioners.

In the education sector, this screening service has been approved for early learning service owner-operators.

Anyone who works with children must be safety checked.

You may choose to use this approved screening service, but you are not obliged to do so. You can conduct your checks through another service.

There is a cost to applicants for this service. To find out more, go to [CV Check\(external link\)](#).

## Documentation guidance:

Under [Section 39\(3\) of the Children's Act 2014\(external link\)](#), 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 - Participation 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 the service intends to undertake each year, and how key tasks will have regard to the Statement of National Education and Learning Priorities (NELP).

#### Rationale/Intent:

An annual plan is part of good business practice and will show the Ministry of Education how the service intends to

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ensure ongoing compliance with all regulatory requirements and criteria.

## Guidance

*The following is a starting point to show how services can meet the requirement. Services may choose to use other approaches better suited to their needs as long as they comply with the criteria.*

### **An Annual Plan guides the service's operation**

The annual plan describes and guides what the service will do in its operation in the next 12 months. It is detailed enough to cover day-to-day events, for example, excursions, staff appraisals or professional development, but is also a schedule of planned strategic opportunities, including for self-review and internal evaluation (GMA6). An annual plan aligns with other aspects of governance, management and administration (GMA) and therefore should be developed at the same time as the annual budget.

### **Key Tasks the service intends to undertake**

An annual plan can be divided up into each month in the annual cycle, with key tasks grouped by area. The Ministry would expect each task to identify who is responsible for the task, what the task is, and when in the annual cycle the task is scheduled to be undertaken.

The annual plan should be created in consultation with the Person Responsible so that the teaching and learning needs of children can be met. The aspirations of whānau, community, hapū and iwi should be sought and embedded in the plan, and the plan should at least demonstrate when the service plans to involve these groups in planning.

The [Example Annual Management Plan \[DOC, 47 KB\]](#) is a starting point for how services can arrange key tasks in an annual plan.

In developing the annual plan services can ask:

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 whānau, community, hapū and iwi?

Is there regular opportunity for self-review, internal evaluation, and to set priorities for the year ahead?

### **Services have regard for the The National Education and Learning Priorities (the NELP)**

Having regard for the [NELP\(external link\)](#) means being able to demonstrate in the documented annual plan how relevant key tasks e.g. curriculum review or policy review align with priorities 1-6 of the NELP. Services will need to ensure those involved in the creation of the annual plan are familiar with priorities 1-6 of the NELP.

## Things to consider

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.

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Strategic plans are best developed in consultation with all stakeholders, e.g. parents/whanau, management committees/staff.

Once strategic plans have been developed they should be reviewed and modified each year. Progress should be recorded, perhaps on the bottom or back of the annual plan.

## **NELP**

At this stage, the Ministry is taking an educative approach to assessing the NELP, given these are recent criteria change.

Ministry staff will engage in conversations with services about how they may show they have regard for the NELP. For example, some services may be due to update their annual plan so it could be as simple as including the NELP in this. Services could look at how the NELP can be woven into their self-review and internal evaluation processes and systems as well as professional growth cycles.

We are realistic that services providers are unlikely able to provide a lot of documentation to demonstrate full compliance with these criteria right now. Over time we will be expecting more, which will be indicated in discussions between advisers and service providers.

The Ministry is currently working on developing a suite of resources to assist services to meet the NELP criteria. This is likely to include PLD webinars later in the year. More information will be provided when available.

## **Resources**

Te Hurihanganui [Te Hurihanganui – Education in New Zealand\(external link\)](#)

Ka Hikitia [Ka Hikitia – Ka Hāpaitia – Education in New Zealand\(external link\)](#)

Tau Mai i te Reo [Tau Mai Te Reo – Education in New Zealand\(external link\)](#)

Action Plan for Pacific Education [Action Plan for Pacific Education 2020–2030 – Education in New Zealand\(external link\)](#)

Early Learning Action Plan [https://conversation-space.s3-ap-southeast-2.amazonaws.com/SES\\_0342\\_ELS\\_10YP\\_Final+Report\\_Web.pdf\(external link\)](https://conversation-space.s3-ap-southeast-2.amazonaws.com/SES_0342_ELS_10YP_Final+Report_Web.pdf)

Learning Support Action Plan [Learning Support Action Plan – Conversation space \(education.govt.nz\)\(external link\)](#)

## **GMA9 Annual budget**

### **Criteria**

### **Governance Management and Administration criterion 9**

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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 premises as appropriate.

**Rationale/Intent:**

The criterion will provide 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.

**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 in conjunction with the hospital's Business Analyst or equivalent, and then reviewed every six months, or more frequently throughout the financial year.

Hospital managers should consult with and engage the ECE service in any budget development that may impact on the service and senior service staff should be consulted on how MOE funding is used.

While the service falls under the hospital's budgeting process, there are certain requirements for reporting on how ministry funding is spent. This includes equity funding. See [section 12-2 of the Funding Handbook](#)

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.

## **GMA10 Enrolment records**

### **Criteria**

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## Governance, management and administration criterion 10

[Adults providing education and care](#) have access to information held by the hospital for each child participating in the service that includes:

the child's full name, date of birth, and address;  
the name and address of at least 1 parent;  
details of how at least 1 parent (or someone nominated by them) can be contacted while the child is participating in the service;  
the name of the medical practitioner with overall responsibility for the child's care;  
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;  
and any court orders affecting day to day care of, or contact with, the child.

### Rationale/Intent:

The maintenance of records provides evidence of the accountability of service providers to the community and government for Crown funding. Participation records are also an indicator of good management and administration practices necessary to ensure the safety of the 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.*

Educators will need to ensure they have a system in place to access relevant information held by the hospital for children participating in the service. This information will be on the child's clinical notes.

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\(external link\)](#).

See [section 3-B-3 of the Funding Handbook](#)

## GMA11 Participation records

### Criteria

## Governance, management and administration criterion 11

A [record](#) is maintained for children participating in the service. Records are kept for at least 7 years.

### Documentation required:

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An attendance record that meets requirements outlined in the Early Childhood Education Funding Handbook for children participating in the service, and children who have attended in the previous 7 years.

**Rationale/Intent:**

The maintenance of participation 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.*

Participation records for all children who participate in the service are required and these records must be kept for seven years. Records could include ward records or lists and can be either paper based or electronic. Records should be stored in a way that they can't get corrupted or altered.

The hospital records including the ward list will give the dates and times that a child is admitted and discharged and this will be signed by the child's parent/guardian.

[Chapter 6 of the Funding Handbook](#) details what is required in keeping attendance records. Attendance records may be kept in a form to suit the service.

After 7 years, records can be disposed of. This needs to be done so that unauthorised access to the information is not possible.

**Things to consider**

Hospital services are entitled to use Notional Rolls to calculate their Funded Child Hours (FCH). Please contact your local Ministry Office to discuss or apply to be on a Notional Roll.

[Section 7-4 of the Early Childhood Funding Handbook](#) gives more information about Notional Rolls.

## **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 [626 of the Education and Training Act 2020\(external link\)](#).

**Rationale/Intent:**

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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 hospital play specialists 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 necessarily 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.

**'ECE'** means early childhood education.

**'Excursion'** means:

- being outside the licensed premises whilst receiving education and care from the service; but
- does not include an outing for the purposes of emergency evacuations, drills or the receipt of urgent medical attention.

**'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; and

- 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 parts of the hospital where children participating in the service receive early childhood education and care.

**'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 a hospital-based education and care service.

**'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 hospital-based education and care service.