

Licensing Operational Guide for CBC5



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Version 2 – 30/03/2023

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I Standard I – Fitness and Propriety

The care of children in the absence of their parents requires a high degree of responsibility and the State licensing authority (the Education and Care Unit (ECU)) must be satisfied that a licensee and those directly involved in the management of a child care service will ensure the welfare of the children at all times, that is, that they are fit and proper persons.

Section 16(3) of the *Child Care Act 2001* specifies that the Secretary must not grant a licence unless he/she is satisfied that the applicant or a holder of a licence is a fit and proper person to hold that licence. Section 15A also states that in order to determine whether the applicant or a holder of a licence is a fit and proper person, a number of other matters must be taken into account. These matters include a list of the people who must be suitable to fulfil their roles in regard to the child care service and an outline of a series of checks used to determine that suitability.

The Licensing Standards outline the main requirements for determining whether a person is fit and proper, including, but not limited to the person holding a current Tasmanian Working with Vulnerable People Registration.

What is a Fitness and Propriety check?

A 'fitness and propriety check' or assessment of fitness and propriety may include:

- Verifying the individual holds a current Tasmanian Working with Vulnerable People Registration.
- Ensuring the individual has completed the relevant Declaration Form(s) which covers areas such as their qualifications, experience, understanding of their legislative responsibilities under the *Child Care Act 2001* and specific declarations in regard to offences against other legislation.
- Verifying the applicant's understanding of their duty of care.
- Conducting checks against the ECU database(s) and register(s) to determine whether there is anything relevant in that person's previous history with child care that should be taken into account.
- Obtaining Referee Reports.
- Conducting enquiries with interstate child care licensing colleagues and other agencies as required.

The extent of the check is dependent on the role that the individual may hold, or propose to hold.

What categories of people must demonstrate their 'fitness and propriety' or suitability to fulfil their role?

- Applicants for a licence or holder of a licence
- Each director and other persons directly involved in the management of the body (service operator) operating the child care service
- Responsible persons
- Persons in charge
- Child carers (educators)
- Ancillary staff
- Spouses or close relatives (of any of the people in this list) who may have contact with the children in care
- Any persons who may have frequent or extended contact with children in care.

Who is responsible for determining whether someone is ‘fit and proper’?

The responsibility for determining a person’s fitness and propriety may fall to both the licensing authority and to the licensee of the service. The ECU directly assesses the fitness and propriety of the persons in the following roles:

- Licence applicants/holders (or 2 licensee representatives, where the applicant is a body, e.g. incorporated committee, government agency, private company)
- Responsible persons
- Persons in charge (where a nominated person in charge is in the position for 4 weeks or longer, or the nominated person works on a regular part-time basis (e.g. 1 or 2 days per week) as person in charge, that person must satisfactorily meet all requirements of the ‘fitness and propriety’ checks).

In accordance with Section 16(3) of the *Child Care Act 2001*, the ECU will not be able to progress a licence application unless the applicant is a fit and proper person to hold that licence; while section 16(4) outlines a range of matters that the Secretary, Department of Education, may consider in determining whether an applicant is fit and proper to hold a licence – such as the quality and standard of any child care services previously operated by the applicant, in Tasmania or elsewhere.

The responsibility for determining fitness and propriety is shared when assessing that all staff are fit and proper persons, as it is not appropriate for authorised officers to assess all child care staff across Tasmania. Generally, it is the licensee’s responsibility to ensure that all staff, and others associated with the service, have a current Tasmanian Working with Vulnerable People Registration and that they have the necessary knowledge, skills and experience for the position. For further information, see the heading, *How can our service ensure that our staff, and other persons involved with the service are fit and proper?*

For further information about the Fitness and Propriety assessment processes, please read the *Fitness and Propriety Information Sheet* available on the website: [Information Sheet-Fitness and Propriety \(education.tas.gov.au\)](https://www.education.tas.gov.au/information-sheet-fitness-and-propriety)

What is a current Tasmanian Working with Vulnerable People Registration?

A Tasmanian Working with Vulnerable People Registration is a compulsory national criminal record check required under the Tasmanian *Registration to Work with Vulnerable People Act 2013* (Registration Act) for people who engage in child-related work in Tasmania.

The Tasmanian Working with Vulnerable People Registration is carried out to identify individuals who may pose a risk of harm to children. Those individuals who are deemed unsuitable, will not be able to work with children in a range of regulated activities. ‘Child care services’ is a regulated activity under the Registration Act.

This Act is intended to reduce the likelihood of harm to children through background checking and risk assessment of persons working with children. Importantly, the check provides the ability to quickly remove a person from child-related activities if an event occurs that might indicate a risk of future harm to children.

When to apply

Persons will need to apply for a Tasmanian Working with Vulnerable People Registration prior to engagement in the child care sector.

From 1 October 2014, people working or volunteering in certain roles in child care services will need to hold a Tasmanian Working with Vulnerable People Registration.

For further information see www.justice.tas.gov.au/working_with_children.

How can our service ensure that our staff, and other persons involved with the service are fit and proper?

As stated above, the licensee is responsible for:

- Ensuring that all staff and others associated with the service (including any person 18 years and over, who will be in contact with the children, whether working in a paid position, volunteer, or student; and staff members who are under the age of 18 years) hold a current Tasmanian Working with Vulnerable People Registration. This will include sighting the identifying number and expiry date of the Tasmanian Working with Vulnerable People Registration and verifying the currency of the registration online.
- Maintaining records of the identifying number and expiry date of the current Tasmanian Working with Vulnerable People Registration for all the people outlined above.
- Ensuring that all staff and others associated with the service have the necessary knowledge, skills and experience for the position they hold.

Other measures that the service may use to assess whether a person is fit and proper include, personal and professional referees, medical checks, conducting interviews with prospective staff to ensure they have the appropriate knowledge, skills and experience. (The minimum requirements are outlined in Standard 2: Qualifications; however, the centre may require a higher standard than that stated).

***Note:** Consideration of the processes that the licensee has in place to ensure that the staff are fit and proper, will help the ECU to determine whether the licensee is a fit and proper person.*

It is required that the licensee verify the currency of the Tasmanian Working with Vulnerable People Registration with the Department of Justice and recommended that the licensee verify the validity of the registrations, particularly with new employees.

This is because a person may hold a hard copy Tasmanian Working with Vulnerable People Registration, however, their registration or clearance may have been suspended or cancelled.

In what circumstances are parents required to hold a Tasmanian Working with Vulnerable People Registration?

Parents of children enrolled at a child care service generally do not need to hold a current Tasmanian Working with Vulnerable People Registration, for example, if assisting with the children's program and remaining under direct supervision of a carer (educator), or they are visiting or collecting their children.

However a service may elect to develop and implement a policy which requires parents and close family relatives to hold a current Tasmanian Working with Vulnerable People Registration where they are actively involved in the delivery of the program from time to time.

Under the requirements of the Licensing Standards, parents must maintain a Tasmanian Working with Vulnerable People Registration in the following circumstances where they are involved in:

- a management role within the service (where a parent is a representative for the license applicant/holder, they must also meet additional requirements to demonstrate fitness and propriety), Standard 1; or

- overnight excursions, Standard 4.

Note: The definition of 'parent' in the Child Care Act 2001 includes step parent and guardian.

For licensing, the applicant will need to provide the following documents

The identification number and expiry date of Tasmanian Working with Vulnerable People Registration for:

- the person in charge
- all staff
- persons 18 years or older who are volunteers, students and regular visitors
- the applicant (where the applicant is a body corporate or government agency, for two representatives).

Induction process

ACECQA give guidance (inserted below) on the induction process and how an effective and engaging induction process can be achieved in approved services. These same practices can be applied to the licensed service's settings to achieve best outcomes for children.

'Inducting new team members (including educators) to your service is a valuable process that "plays a critical role in creating and maintaining a positive and professional culture" (Guide to the National Quality Framework, p.297).

The main focus of an induction is providing the team member with the required knowledge, guidance and support to commence at your service and set them up for success. It is important they have a thorough understanding of all aspects of the service (including the service philosophy, policies, procedures, and expectations), the regulatory requirements, and their roles and responsibilities.

The induction is also an opportunity to answer their questions, seek their feedback, understand their motivations and aspirations, and inspire them to work towards goals that support their professional growth.'

ACECQA Supporting an Engaging Induction Process information booklet:

<https://www.acecqa.gov.au/sites/default/files/2021-08/QA7-SupportingEngagingInductionProcess.pdf>

2 Standard 2 – Carer (educator) Qualifications

How can our service ensure that carers (educators) possess appropriate knowledge, skills and experience?

It is the licensee's responsibility to ensure that carers (educator) possess appropriate knowledge, skills and experience. High quality recruitment and selection procedures, and clear record keeping will assist the licensee to meet this responsibility.

As part of the licensing process, the service must complete a Schedule of Personnel, which will detail all staff, their positions, qualifications, and first aid qualifications. This form will be provided to the service by the licensing authority (the Education and Care Unit).

The minimum requirements are outlined in Standard 2.1. Documented selection procedures may include:

- referee checks
- an interview addressing at least the minimum requirements.

The service may consider it appropriate to observe the applicant's interaction with children.

What is an approved qualification in an under school age setting?

An approved qualification is a minimum of a two-year full-time or equivalent accredited post-secondary education or equivalent tertiary qualification in child care (early childhood) or education (early childhood), e.g. Diploma/Advanced Diploma in Child Care.

Education degrees that demonstrate early childhood specialisation (Bachelor of Education – Early Childhood) are approved qualifications under the centre based care class 5 standards. A person who holds a Bachelor of Education (that does not state early childhood specialisation) must demonstrate that they have completed the majority (3 out of 4) of their school experience practicums in the early childhood area, i.e., from Kindergarten to Grade 2 inclusive, by providing a copy of their academic transcript and/or school experience reports.

From October 2022, a tertiary qualification in education (primary) is considered an approved qualification for appointment to qualified positions where the person will be working exclusively with children aged three years or older.

The licensee is required to keep copies of carers' (educators') qualifications on file.

Some carers (educators), employed prior to 1997, hold relevant qualifications such as Mothercraft Nursing – under what circumstances can these qualifications continue to be recognised as 'approved qualifications'?

A carer (educator) who holds a qualification approved prior to July 1997 (refer to Standard 2: Schedule 2), will maintain their qualified status, provided that they have not had a break from the child care profession for more than five years.

Assessment of Qualifications

Any qualification that is not *clearly* the equivalent of a two-year full-time course in early childhood or early childhood education must be forwarded to the Education and Care Unit (ECU) for assessment.

Persons with teaching qualifications may have their training, knowledge and vocational experience assessed, to measure whether these are consistent with a Child Care Diploma qualification.

Where assessed as consistent with the Diploma, the ECU will approve that person to act in a qualified position.

Where there are training 'gaps', such as components relevant to children aged 0 – 4 years are identified, the person may be approved on condition that they undertake the training within a stated timeframe.

Please refer to Standard 3 in the Licensing Operational Guide for further details regarding the criteria and the process of applying for approval to employ a person who does not hold relevant qualifications in a qualified position.

Experience and qualifications of the person in charge:

The person in charge has a complex role, with responsibilities potentially covering programming, parent communication, staff selection, induction and supervision, and all aspects of administration of the service.

An applicant for a person in charge position must therefore demonstrate, to the satisfaction of the service, relevant experience in child care/early childhood, and appropriate administration and management skills, including the appropriate qualification required in an under school age care setting.

We wish to appoint a carer (educator) without an approved qualification to a position which requires a qualification - are we able to do this?

A carer (educator) without an approved qualification may be approved to occupy a qualified position(*), under certain conditions approved by the licensing authority:

- the nominated person undertakes training which will lead to an approved qualification (as required)
- their progress towards the qualification will be reviewed by the ECU twice a year, and the qualification is to be completed within an agreed time frame; and
- where relevant, the carer (educator) and/or service participates in a mentorship program approved by the licensing authority.

* e.g., in an under school age care setting, when the service is having difficulty in finding suitably qualified staff, refer to the Licensing Operational Guide Standard 3: Ratios of Carers (educators) to Children, for more information about the process of applying for approval to appoint an unqualified person to act in a qualified role. Information is also available at [Education and Care Unit website](#) or telephone your service's Authorised officer.

What is a current recognised First Aid qualification?

Please refer to the Education and Care Unit, Department of Education's [website](#), which specifies the published, approved courses, including the agreed codes for First Aid, CPR, asthma and anaphylaxis training. Any course that has a different code, must be a nationally accredited equivalent course. Where staff attend a course that has a different code to that specified on the Education and Care Unit's website, evidence will need to be provided that the course attended is a nationally accredited equivalent course. It is expected that this documented evidence will be provided by the Registered Training Authority (RTO).

Please refer to ACEQA's website for a list of approved courses: [First aid qualifications & training | ACEQA](#).

How many people do we require with First Aid qualifications?

It is the expectation that there will always be a person with current First Aid, CPR, asthma and anaphylaxis qualifications immediately available in an emergency situation.

Although the licensing standard requires one staff member with current first aid qualifications (first aid/CPR – including child CPR/asthma/anaphylaxis) to be present at all times, some services require all staff to have a current First Aid qualification which makes rostering of staff much easier.

The licensee is required to keep copies of carers' (educators') First Aid qualifications on file (refer to Standard 15.4 j).

Annual updates of CPR, asthma and anaphylaxis

An annual update of CPR is required. Annual updates are recommended but not required for asthma and anaphylaxis.

To undertake an annual *update* of CPR, asthma or anaphylaxis, the person must first hold a current, approved qualification for CPR, asthma or anaphylaxis.

First Aid Qualification required for administration of asthma medication, i.e. both as a first aid response in an emergency and where a child is known to have asthma.

To obtain a supply of or to administer Salbutamol*, both where a child is known to have asthma (has an 'Asthma Plan') or in an emergency, child care personnel are required to hold a current, approved emergency asthma management qualification.

As previously stated, the Education and Care Unit, Department of Education's website, specifies the agreed codes for asthma qualifications.

An annual update is recommended to maintain skill level but is not required.

*Persons authorised to administer Salbutamol are detailed in the Tasmanian *Poisons Regulations 2008* reg54 (4).

Anaphylaxis and allergic reactions

There has been a sharp increase in the number of children with allergic/anaphylactic reactions in recent years and there is growing recognition of the need for child care personnel to be aware of such issues.

Administration of adrenaline auto-injecting devices, e.g., EpiPen, AnaPen in an emergency situation is potentially emotive, and it is recognised that a trained person will be in a better position to deal with an emergency.

Having persons trained also assists the service with the implementation of safe practice and procedures, thereby minimising risk for children with allergic/anaphylactic reactions while in the care of the service. An annual update is recommended to maintain skill level but is not required.

In general, adrenaline must only be administered if there is a Medical Action Plan in place for the child. In other circumstances Tasmanian Ambulance Services must be called on 000 and their directions followed.

Please note that the Anaphylaxis Australia website <http://www.allergyfacts.org.au/> has useful information.

For licensing, the applicant will need to provide the following documents:

- schedule of Personnel (Department of Education form)
- copies of current first aid qualifications (first aid/CPR – including child CPR/asthma/anaphylaxis).

In an under school aged care setting:

- copies of approved qualifications for carers (educators) in qualified positions, including the person in charge
- where relevant, copies of documentation to validate that a carer (educator) with a pre-1997 qualification meets the current qualification, as per the Schedule to Standard 2
- where relevant, copies of documentation to validate carer's (educator's) progress towards an approved qualification.

***Note:** Documentation will be assessed under Standard 15: Administration and Records.*

3 Standard 3 – Ration of carers (educators) to children

An important indicator of quality care for children is the carer (educator) to child ratio. A child's development is fostered when there is frequent and personal interaction between a carer (educator) and child.

Having adequate numbers of carers (educators) is not, alone, sufficient to meet this standard. **Direct involvement** of the carers (educators) with the children and the children's program is the crucial key.

When carers (educators) are involved with, for example, cleaning tasks not concerned with the immediate comfort and safety of the children, program planning or with other ancillary tasks, they are not effectively part of the carer (educator) to child ratio.

Ratios

Standard 3.2 outlines the requirements for the minimum ratios in a child care services:

- Under school age children:
 - Under three years 1:5 (or part thereof)
 - Three to five years inclusive 1:10 (or part thereof)
- School age children: 1:15 (or part thereof)

Standard 3.3 outlines the requirements for the minimum number of staff on premises for children under three years of age and children aged three and older. Although the ratios for children aged three and over are 1:10(3-5 years old) and 1:15(school aged), when the number exceeds 6 children there are required to be two staff on premises, as outlined in standard 3.6.

At least one staff member on the premise needs to be qualified. This means they don't need to be directly working with children and included in ratio, but they need to remain on the premise and be contactable to provide immediate assistance if required.

Staff ratios- under 3 years

Where there are children under three years of age, and the number of children exceeds five, there must be at least two staff on duty, one of whom must be qualified. Educator-to-child ratio 1:5 (for example you can have up to 10 children with 2 educators, one of which must be a qualified educator).

Staff ratios- 3 to 5 years

Where the youngest child is three years or older, and the number of children exceeds six, there must be at least two staff on duty, one of whom must be qualified. Educator to child ratio is 1:10 (for example you can have up to 20 children with 2 educators, one of which must be a qualified educator).

Approved qualifications for under-school-age care setting include a minimum of a two-year full-time or equivalent accredited post-secondary education, or tertiary qualification in child care (early childhood), or education (early childhood).

Note: A tertiary qualification in education (primary) is an approved qualification where the person works exclusively with children aged three years or older.

The educator in a position not requiring an approved qualification must have:

- a) an understanding of their duty of care in relation to children

- b) experience in caring for children, or the ability to acquire the skills to care for children
- c) an understanding that the environment provided for children needs to be safe
- d) basic knowledge of ages and stages of development
- e) basic knowledge of children's health, hygiene, nutritional and safety needs
- f) an understanding that the environment needs to also:
 - i. be challenging, whilst safe
 - ii. foster children's sense of security
 - iii. support children's learning and social development.

The service must have a staffing roster which outlines how staff will be involved in the children's program throughout the day, including staff lunches and breaks, planning time and ancillary tasks.

As part of the licensing process, services are required to submit a staffing roster and attendance records for every type of care offered, for a defined period of time (as specified by the licensing authority). The roster will be matched against the attendance records for that same period to assess whether the minimum staff to child ratio has been consistently implemented.

Standard 15.4 j) iii) requires that staff rosters are kept for two years.

Our under school age service has decided to use the averaging option for staffing – do we need to note this for licensing purposes?

Yes, it must be noted on the relevant section in the Licensing Application Package, because this will impact on the way the service's staffing ratios are assessed.

The purpose of this provision is to maximise flexibility for the service.

The averaging provision will depend on how a service groups children – overall, the average carer (educator) to child ratio for children under three years must be 1:5. The service will need to note on the staffing roster submitted to the licensing authority (the Education and Care Unit) whether they use the averaging provision, to assist the Education and Care Unit with their assessment of the carer (educator) to child ratios.

What if a child does not leave at the booked sessional time?

Standard 6.1 *Licensed Capacity* states that the licensee is to ensure that the licensed capacity, as noted on the licence, is not exceeded.

There is one exception to this. To enable services to manage situations at sessional changeover times, the maximum licensed number of children may be extended by up to 10%, but only where it is anticipated that the equivalent number of children will leave the service within one hour.

Carer (educator): child ratios must be maintained at sessional changeover times when the maximum number of children is extended potentially by up to 10%. This provision does **not** allow the service to exceed the maximum licensed number at any time other than the 'changeover'.

Standard 3.1 is about the person in charge position - what is the purpose of Standard 3.1 b), which requires a nominated person in charge when the appointed person in charge is absent?

Under the Act, the person in charge of a centre based care service is defined as a person who:

- is physically at the licensed centre/facility/premises where children are provided with child care by that service; and
- is in charge of the day-to-day running and supervision of that licensed centre/facility/premises.

The Licensing Standards require firstly that a service appoint a person to the role of person in charge, to ensure that the service meets its duty of care in relation to the children in care; and secondly that there is a *nominated* person in charge whenever the *appointed* person in charge is absent from the premises.

The purpose is to ensure that at all times the service is open there is a person fulfilling the role and responsible for the day-to-day operations. Staff and parents must be aware who the nominated person in charge is.

In practice, there may be a number of persons nominated to fill the person in charge role in the absence of the appointed person in charge.

Note: In an under school age care setting, the person in charge is to hold an approved qualification.

Our service would like to have a ‘job-share’/part-time arrangement for the qualified person in charge position – what must we do?

The service may contact the licensing authority. The service will need to develop a management plan which demonstrates how it will deal with, for example:

- day to day operational issues
- licensing preparation and visits
- management structure
- broader management issues
- continuity and consistency of cover and service delivery, levels of responsibility
- appropriate communication strategies
- evaluation/review of the management plan.

The licensing authority understands that some of the management/administration responsibilities may be held by a person(s) other than the person(s) in charge, off-site from the licensed premises. The licensing authority will monitor the arrangement from a licensing perspective.

Where the person in charge works part-time, and another carer (educator) works regularly as person in charge for the remainder of the week – is this covered by Standard 3.1c)?

Yes. Where a service appoints a person in charge on a part-time basis, then, in order to promote consistency of practice, and to meet their duty of care, the service must ensure that the person who covers as person in charge in their absence also works on a regular part-time basis. Standard 3.1 c) covers these arrangements. The service must demonstrate that there is a satisfactory management plan in place, as outlined above for a job-share/part-time arrangement.

Note: Where a nominated person in charge is in the position for 4 weeks or longer, or the nominated person works on a regular part-time basis (e.g. 1 or 2 days per week) as person in charge, that person must satisfactorily meet all requirements of the ‘Fitness and Propriety’ check, as outlined in this Guide for Standard 1.

In a school age care setting, when the number of children using our service is 12 or less can our service operate with only one staff member on the premises?

Yes. However, the service must undertake to meet, and maintain, strict parameters to ensure the safety of children in the program. The service must ensure that:

- The carer (educator) has an operating mobile OR cordless telephone if unable to readily access the fixed telephone.
- The name and telephone number of a nominated person who is on call and available when the service is operating is clearly displayed (as well as the other emergency contacts).
- The written evacuation plan and emergency procedures are on display.
- The children and staff are familiar with and regularly practise the evacuation plan and other emergency procedures.

What are the requirements around the management of staff breaks?

Standard 3.4 states that carer (educator):child ratios are to be maintained at all times, including lunch breaks and children's sleep/rest times.

In relation to morning and afternoon tea breaks, a service may meet this standard:

either by having the correct ratios;

or by implementing a management plan which is approved by the licensing authority (the Education and Care Unit).

The implementation of the management plan will be checked at licence renewal and other service visits.

If the service elects to have a management plan to manage staff breaks, this will be included as a Condition of Licence.

In an under school age care setting what is the purpose of the requirement that there be 'an even distribution of qualified carers (educators) across the service'?

The intention of this standard is:

- to ensure there is at least one qualified carer (educator) with each 'grouping' of children within the program, or in each 'children's area', in line with the ratio specified for each age group; and
- a qualified carer(s) (educator(s)) is rostered for all hours that the service is open.

The purpose of the standard is to ensure the provision of developmentally appropriate programs, and overall organisation of the daily program, and support for other staff.

Where the children are attending an excursion, it may not be possible to meet the qualified staff ratios for each group of children both at, and away from, the licensed premises. The service must make a judgment about where the qualified staff are best placed to maintain the provision of quality care.

What if our under school age care service cannot attract a person with an 'approved' child care qualification for a qualified position – must we contact the licensing authority (the Education and Care Unit) immediately?

Yes. The licensing authority recognises that in some circumstances it may be difficult to fill a qualified

position with a person who has the required qualifications, e.g., when there are no qualified applicants; or when no qualified applicant meets the selection criteria.

When a service is experiencing difficulties in fulfilling the requirements for qualified staff, it must notify the Education and Care Unit, and develop alternative arrangements which do not compromise the standard of children's care; and **these alternative arrangements must be approved** by the Education and Care Unit.

One factor taken into consideration by the licensing authority when considering a request to approve a carer (educator) who does not hold an approved qualification is the impact that an approval would have on the balance between qualified and unqualified (with approval) staff. As a general 'rule of thumb', the licensing authority considers that no more than 50% of staff filling qualified positions may hold an approval to do so.

The Education and Care Unit (ECU) recognises that this 'rule of thumb' may not be applicable in smaller rural services, where there may not be a pool of qualified people available and where there may only be one qualified position.

Please refer to the Matrix on Page 16, *Examples of situations where qualified carer (educator) requirements cannot be met*, for information on situations where a request for an approval may be appropriate.

Note: The approval of an application for an unqualified carer (educator) to act in a qualified position will apply to the approved person only, and a review period will be stipulated.

How does our service go about requesting approval for an unqualified person to occupy a qualified position in an under school age care setting?

The process for applying to the licensing authority for approval to have an unqualified person occupy a qualified role is found on the licensing authority's website, at <http://www.education.tas.gov.au> or phone your authorised officer for information.

Is an approval with respect to qualified carers (educators) ongoing?

A service must endeavour to meet all the requirements in relation to staffing, at all times. It is important that service providers understand that an approval to employ a person without an approved qualification in a qualified position is not designed to undermine the requirements in relation to qualified carers (educator), as outlined in Standard 3: Ratio of Carers (educators) to Children – it is a strategy to assist a centre to continue functioning without the correct number of qualified staff, for a limited period of time, and is subject to review, e.g. the licensing authority will require written evidence at least twice a year of progress towards the qualification. Where the service is not meeting the conditions of approval, the approval may be withdrawn.

Approval will apply only to the particular person and the specific situation for which approval was sought - it is not transferable to another service. In addition, all other carer (educator) to child ratios, first aid requirements, senior to junior ratios must continue to be met.

How can we encourage our carers (educators) to gain approved qualifications?

There are a number of strategies in place to promote and support carers (educator) who are eligible to gain qualifications, such as scholarships, recognition processes, and mentorship.

The licensing authority will encourage services to consider such options, where appropriate.

Examples of situations where qualified carer (educators) requirements cannot be met in an under school age care setting:

	1. A qualified position which is required on a permanent or long-term temporary basis	2.2 A short-term situation e.g. a qualified staff member who is ill is unable to be replaced – frequently	2.3 A planned temporary situation, e.g. annual leave	3. The qualified ratio cannot be maintained for short periods of time, e.g. over lunch hours, beginning/end of days.	2.1 A short-term situation e.g. a qualified staff member who is ill cannot be replaced – short notice, infrequently
	<p>The service must notify the licensing authority (ECU).</p> <p>Service must either submit a copy of the advertisement, which acknowledges the necessity for qualifications;</p> <p>Or submit, in writing, specific reasons for not wishing to advertise the position.</p> <p>The service's application must address the following criteria:</p>	<p>The service must notify the licensing authority (ECU).</p> <p>The service's application must address the following criteria:</p>	<p>The service must notify the licensing authority (ECU).</p> <p>The service's application must address the following criteria:</p>	<p>The service must notify the licensing authority (ECU).</p> <p>The service's application must address the following criteria:</p>	<p>The service does not have to notify, but must document</p> <p>1. the process undertaken to replace the staff member with a qualified person</p> <p>2. arrangements to ensure that the service continues to meet its duty of care.</p>
The carer (educator)					
▪ is undertaking study towards an approved qualification				✓ OR Carer (educator) is experienced, with 3 year's service (minimum)	Not applicable
▪ has demonstrated skills to be able to continue the program					Not applicable
▪ can manage staff as necessary					Not applicable
▪ can communicate well with parents, and has other skills the service considers necessary					Not applicable
▪ has a demonstrated knowledge of the service's policies and procedures, including emergency procedures					Not applicable
▪ has undertaken professional development					Not applicable

Appointing 'junior' carers (educators) (Standard 3.7 a) iii)

This standard, 'there is no more than one carer (educator) aged 18 to 20 years per two senior carers' (educators)', reflects the sector's concern that there be proper supervision and modelling of good practice for junior carers (educators).

This ratio may be difficult to achieve in isolated or small services. However, such a service, e.g., in a rural area, may be able to achieve the intent of the standard by other means, and therefore a management plan may be submitted to the ECU for consideration. For example, where a larger service operator responsible for the small service is able to provide on-going, appropriate support, the ECU may approve that a 1:1 (junior, senior) ratio be implemented in that small service.

Can we appoint carers (educators) who are under 18 years of age within our carer (educator) to child ratio?

Yes, under certain circumstances: A service may employ a person under 18 years of age where that person *is additional to the number of staff required to meet the carer(educator):child ratio*.

A service that wishes to appoint a person aged 17 years in the carer(educator):child ratio must first apply for and receive the written approval of the Secretary of the Department of Education.

The intent of this standard is to enable services to employ a person aged 17 years of age who demonstrates **exceptional skills, qualities and potential** and wishes to undertake a career in child care.

Requests to use persons aged 17 years of age within the carer (educator) to child ratio will be considered on a case by case basis.

The service's written application must fully detail the carer's (educator's) experience within the service such that the service is able to confirm the person's commitment and skills.

Application template: [Application to appoint a 17-year-old carer \(education.tas.gov.au\)](https://education.tas.gov.au)

Note: no person aged 16 years or less may be included in the carer(educator):child ratio.

In an under school age setting

To assist the Secretary to make this decision, the service must demonstrate that:

- There are two qualified carers (educators) for each carer (educator) aged 17 years.
- The carer (educator) aged 17 years will be supervised by two senior staff (at least one of whom is qualified) at all times, and will not be left unsupervised with children.
- The carer (educator) aged 17 years is undertaking training or is working towards an approved qualification (evidence of enrolment will be required at the time of application).
- There are agreed strategies (between service, carer (educator) and RTO) in place for the service to support the carer (educator) in their training and to monitor their progress.
- A person who holds an approval to act in a qualified role will not be used as the 'qualified' person to supervise the carer (educator) aged 17 years.
- Where the service holds an approval to employ a person aged 17 years in the ratios, and also an approval for an unqualified person to act in a qualified position, this will be on the condition that both approvals are not being used at the same time.

In a school age setting

To assist the Secretary to make this decision, the service must demonstrate that:

- The carer (educator) aged 17 years is adequately supervised by senior staff.
- The carer (educator) aged 17 years is undertaking training or is working towards an approved qualification (evidence of enrolment will be required at the time of application).
- There are agreed strategies (between service, carer (educator) and RTO) in place for the service to support the carer (educator) in their training and to monitor their progress.

***Note:** If a person aged 17 years is employed on a temporary basis (i.e. for a holiday care program) that person does not need to be undertaking training nor working towards a qualification; however, they do need to meet the criteria outlined in Standard 2.1.*

All criteria must be addressed to the satisfaction of the licensing authority.

The approval will apply only to the particular person and service nominated and is not transferable to another service.

The ECU may require written evidence at least twice a year of progress towards the qualification, and also check rosters for evidence of appropriate supervision by senior staff. Where the service is not meeting the conditions of approval, the approval will be withdrawn.

The service must undertake to notify the ECU if there are any changes to the approved circumstances.

***Note:** If the service subsequently needs to apply for an approval for an unqualified person to act in a qualified role, the service's capacity to meet the criteria to supervise the carer (educator) aged 17 years of age will be assessed, and management strategies to address the impact may be required.*

For licensing, the applicant/service provider will need the following documents:

- staff rosters (to be kept for two years)
- attendance records, for the period specified by licensing authority
- where applicable, copy of the written approval from the Secretary, Department of Education, to appoint a person who is aged 17 years within the service's carer (educator) to child ratio.
- single staff protocol (if applicable).

***Note:** Documentation will be assessed under Standard 15: Administration and Records.*

Supervision requirements

[The Guide to the National Quality Framework](#) give guidance (inserted below) on supervision and how adequate supervision can be achieved in approved services. These same practices can be applied to the licensed service's settings to achieve best outcomes for children.

Educator-to-child ratios alone do not achieve adequate supervision. Supervision is critical to the safety of children and helps to protect children from harm or hazards that may arise in their play and daily routines.

Adequate supervision means:

- *that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation*
- *knowing where children are at all times and monitoring their activities actively and diligently.*

Factors affecting adequate supervision:

- *Number, ages, abilities and individual needs of children*
- *Number and positioning of educators*
- *Each child's current activity*
- *Areas where children are playing, in particular their visibility and accessibility*
- *Risks in the environment and experiences provided to children, including excursions or on transportation provided or arranged by the service.*
- *The educators' knowledge of each child and each group of children*
- *The experience, knowledge and skill of each educator*
- *Consideration should be given to the layout of the areas of care, the number of children attending, and supervision during periods of rest and in toileting/nappy change areas.*

For more information read the ACECQA Active Supervision: Ensuring Safety and Promoting Learning information sheet https://www.acecqa.gov.au/sites/default/files/2023-01/QA2_ActiveSupervision_EnsuringSafetyAndPromotingLearning.pdf

Sleeping children

The circumstance and needs of each child should be considered to determine any risk factors that may impact on the adequate supervision of sleeping children. For example, babies or children with colds or chronic lung disorders might require a higher level of supervision while sleeping.

Sleeping children should always be within sight and hearing distance so that educators can assess the child's breathing and colour of their skin to ensure their safety and wellbeing. Rooms that are very dark and have music playing may not support adequate supervision of sleeping children. Supervision windows should be kept clear and not painted over or covered with curtains or posters.

For more information read the ACECQA Safe sleep and rest practices information sheet at <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>.

Volunteers

Volunteers are not able to be included as part of the carer(educator) to child ratio, as they are not employees. Carers (educators) are responsible for sharing relevant information and ensuring volunteers are implementing appropriate practices that align with the *Tasmanian Licensing Standards For Centre Based Child Care, Class 5 (0 – 12 years)*.

Volunteers and regular visitors (other than parents and close family relatives) are required to:

- Remain under the direct supervision of a carer(educator).
- Hold a current Tasmanian Working With Vulnerable People Registration

4 Standard 4 – Excursions and Transport

Excursions are a valuable part of the children's program that provide children with the opportunity to experience a broad range of environments and to explore their local community.

Because excursions take place away from the licensed premises, the service must give special consideration to the safety and supervision of the children, for example, the service must assess whether any additional supervision is required for the proposed venue, and/or proposed activities.

At the same time, excursions are to be organised to ensure children enjoy a fun, recreational experience, which provides challenge and interest for them.

Is our program obliged to offer excursions?

No. However, where a service is not in the position to offer excursions, it is expected that the premises, resources and program offer sufficient, suitable alternatives that cater adequately for all the children in care. The licensing authority may consider this when assessing the program offered.

What is a 'routine excursion'?

This term generally covers the service's regular outings, such as trips to the local park(s), library or shops. If the regular outing includes a hazard, such as crossing a road, this must be outlined to parents. Where a service has a policy of including routine excursions in the program, it must give parents written information, which:

- Generally defines the local area, and locations of the outings.
- Lists the regular outings.
- Outlines the carers' (educator's) management of any potential hazards (e.g. crossing the road).
- Outlines staffing/other adults who will accompany the children.

prior to parents signing a 'blanket' permission form for their child to participate in routine excursions.

What is a 'non-routine excursion'?

This term refers to excursions or outings which are not covered by parents' permission for routines excursions, are held on an irregular basis, may feature a significant hazard, such as a water activity or busy traffic conditions.

For all non-routine excursions, particularly where the excursion requires transport, or where arrangements are made with other agencies, organisations or people, it is the licensee's responsibility to ensure that:

- Parents are informed, with sufficient notice and details, prior to *each* excursion (refer to Standard 4.1 c).
- The excursion is planned, with due consideration to the management of potential hazards.
- Carers (educators) and other adults accompanying the children are briefed.
- Staffing meets the requirements.

Why is it necessary to give parents so much detail of an excursion?

Parents must be advised of all aspects of a proposed excursion so that they can make an informed decision about allowing their child to participate. Parents have a right to expect that their children will be properly supervised and cared for on any excursion, or whenever the children are away

from the service's licensed premises. Parents must also be made aware of the alternatives available for children who do not join the excursion.

Parental permission must be in writing for each non-routine excursion.

This could be done on an appropriate form at the beginning of a vacation care program, in a school age care setting, for example. If a service prepares a 'booking sheet' with multiple excursions listed on it, this will be sufficient evidence of parent permission for all excursions, if words similar to 'only one signature is required as evidence of all excursions booked' are included on the form.

What is an appropriate level of supervision?

The carer (educator) in charge of the excursion must always be present, and always maintain overall responsibility.

Carers (educator) and any other adults must be able to see the children at all times, and be in the position to assist any child/ren immediately if required.

What are the requirements for an overnight excursion/camp away from the licensed premises?

Standard 4.5 covers excursions away from the licensed premises which may involve camping in tents or utilising 'camp' facilities of another organisation.

***Note:** The licensing authority will NOT be involved in inspecting or licensing these sites.*

To assist services with their risk assessment prior to taking children to an alternative, unlicensed venue, the licensing authority has developed '*Service self-assessment for safety and suitability of overnight excursion/camps*' (See [Appendix I of Standard 4.5](#)); for the service to complete prior to the excursion/camp. The completed form(s) must be available to licensing authority staff, on request.

The standard for overnight excursions away from the licensed premises impose a higher duty of care on the service, e.g. in a school age care setting a ratio of 1 adult:8 children applies (the usual ratio being 1:10), and a requirement for two staff members to hold current First Aid qualifications, which is a higher First Aid requirement than Standard 4.3 b).

It is recommended that the service advise their insurer of any events which incorporate overnight care, whether on or off the licensed premises.

Our service owns a vehicle – are there specific requirements about it, and about children's seating and restraints?

Yes. The service is responsible for ensuring that the vehicle is registered, roadworthy, regularly serviced, and has appropriate insurance. Membership of an organisation which provides roadside assistance is recommended.

The licensing authority may request a roadworthiness check to be carried out on a service's vehicle by an accredited organisation. This cost will be borne by the service.

The service must ensure that the vehicle has appropriate seat belts and/or child restraints (if required), and/or booster seats (if required), installed by an authorised installer. The service must obtain confirmation of correct installation of child restraints from a person/business who has proof that they have completed an appropriate qualification in relation to child restraints.

If the vehicle used to transport children is involved in an accident, the restraints must be checked as above and/or seat belts be inspected by an Approved Seat Fitter authorised by the Department of

State Growth and, if necessary, replaced prior to next transporting the children.

Note 1: *Child Restraint requirements can be found in the Tasmanian Road Rules.*

Further information can be obtained at <http://www.transport.tas.gov.au/roadsafety/people/car-seats>
OR a full version of all changes can be obtained at: <http://www.thelaw.tas.gov.au/>

Note 2: *The service must investigate whether their service's vehicle is required to be licensed as a public vehicle, and, if so, comply with the conditions associated with such registration. Further information can be found at <http://www.transport.tas.gov.au>*

Note 3: *Whilst children are in a vehicle owned by the childcare service they are in the care of and remain the legal responsibility of the service (whether on excursion or collection/delivery to school).*

Can our staff drive children in our care?

Yes. However, it is recommended that this be in a vehicle belonging to the service, not the staff member's personal vehicle.

It is the licensee's responsibility to ensure that the proposed driver:

- has a current Tasmanian Working with Vulnerable People Registration*
- has a valid and current licence to drive the type of vehicle being used; and holds a public passenger vehicle ancillary certificate if required *
- is no longer required to display provisional licence plates
- understands and accepts standard 4.7 d) re alcohol, medication and drugs.

Note: * Information on public passenger vehicle licences is available from Service Tasmania
<http://www.transport.tas.gov.au>.

Children's access to vehicles

Wherever possible, vehicles must be parked where they are not accessible to children. Where this cannot be avoided, vehicles must be parked in a safe manner, and locked.

Our service uses public transport for some of our excursions – are children required to wear seatbelts?

Services should contact Transport Services for current requirements on seating for public vehicles as part of the risk assessment and to ensure appropriate measures are put in place to protect children from harm and hazard during any excursion as required by section 29 of the Child Care Act.

Where a bus is fitted with seat belts, children must wear them.

Where there is a continuous seat, up to 3 children may occupy it. However, if it is a split seat then only 2 children can occupy it. For further information, the service should contact
<http://www.transport.tas.gov.au>

Safe transportation resources.

While the following resources are not mandated for use in services licensed under the Child Care Act, these resources from ACECQA are useful to support best practice during transportation including embarking and disembarking vehicles, supervision during transport and accounting for children.

- [Information sheet – Changes to regular transportation of children](#)

- [Information sheet – Minimising the risk of children left in vehicles](#)
- [Information sheet - Guidance for adequate supervision during transportation](#)
- [Safe Transportation of Children Safety Checklist and regular transportation record form](#)

What essentials do we need to take on the excursion?

As a minimum:

- a list of the children, with telephone numbers for their emergency contact for that particular day, and all adults participating in the excursion;
- information re children with allergies, and, as necessary, emergency medication for them;
- a fully equipped first aid kit, sunscreen; and
- mobile telephone or means of contact with the service or emergency services.

Other items such as appropriate spare clothing, food and drinking water, will depend on the length of time away from the centre, weather conditions and so on.

Staffing levels for excursions

Excursions away from the licensed premises may involve a higher level of risk, and a need for increased supervision. Therefore, the service may determine additional staff/adult requirements based on:

- identification of hazards, and the excursion venue;
- the needs of individual children; and
- the composition/dynamics of the group of children.

In some instances, the required number of adults for excursions will be higher than the minimum carer(educator):child ratio. This is to ensure that situations of potential risk are managed adequately, and to enable appropriate supervision.

Where the children are attending an excursion, it may not be possible to meet the qualified staff ratios for each group of children both at and away from the licensed premises. The service must make a judgment about where the qualified staff are best positioned to maintain the provision of quality care. In accordance with standard 4.3 (b) for any excursion, there must be a carer (educator) with current first aid qualification as per standard 2.4, and the knowledge and ability to implement current first aid procedure.

Can we use volunteers or parents to help on excursions?

Yes. However, volunteers must be over 18 years of age, and have a current Tasmanian Working with Vulnerable People Registration*. The service must keep a copy of this evidence.

Parents and close family members, such as grandparents, do not need to have a current Tasmanian Working with Vulnerable People Registration*. The exception is for overnight excursions, when ALL volunteers and regular visitors including parents and close family relatives must hold a current Tasmanian Working with Vulnerable People Registration*.

The service may elect to develop and implement a policy which requires that all volunteers and regular visitors including parents and close family relatives hold a current Tasmanian Working with Vulnerable People Registration*.

In line with ratios outlined in Standard 4.4 - 4.5, family members and volunteers must be **in addition** to the minimum carer(educator):child ratios for excursions.

What is a ‘major road’ (refer Standard 4.4)?

In some circumstances, a suburban street or (normally) quiet country road would be considered a major road, for example, if there is heavy traffic at certain times of day. The service must assess the potential hazards such as the volume of traffic, and roster staff accordingly.

Who is responsible for defining a ‘hazard’ or ‘significant hazard’?

The service is responsible for this. As a guide, a significant hazard may be a location or feature that presents a potentially high risk to the safety of children resulting in, for example, drowning, falls from heights, serious impact or entrapment injuries; or venues which involve extremely busy traffic conditions.

Can we take children swimming?

Yes; however, given the level of risk, the higher adult to child ratio specified in the standard must be maintained, with the qualified adult(s) (Bronze Medallion or equivalent¹.) positioned so they can respond immediately to any child or adult with the group who is in difficulties in the water (i.e. must have no general supervision duties).

The Royal Life Saving Society of Australia (RLSSA) recommends that the minimum qualification for a group leader taking children to a pool or other ‘enclosed’ water environment is a Royal Lifesaving Tasmania Bronze Medallion. The RLSSA recommends that, in addition to there being one Bronze Medallion holder per 12 children, the adult:child ratio be maintained.

At a beach or other ‘open’ water environment, it is recommended that there be a person with a Surf Lifesaving Bronze Medallion and where a qualified lifeguard, informed of the excursion, is present and available specifically to respond to any child or adult with the group who is in difficulties in the water.

Surf Lifesaving Tasmania (SLST) may be able to assist a request to provide a lifeguard at specific events. SLST can be contacted on Tel: (03) 6223 5555. Website: www.slst.asn.au For further information, refer to RLSSA website at <http://www.royallifesaving.com.au>

It is highly recommended that preparation for the excursion include discussion with the children about what to do if they get into difficulties when in the water. Consideration must also be given to issues such as safety of the children in change rooms, etc.

Given the level of associated risk of injury, children who are under the age of five years are not to use public water slides.

Bronze Medallion requirements¹

Where an adult holds a current Pool Lifeguard certificate, they are seen to hold a Bronze Medallion. A Bronze Medallion is required to be completed before undertaking the Pool Lifeguard certification. An adult who holds a current Pool Lifeguard certificate is (viewed as equivalent to) holding a Bronze Medallion, even if the bronze medallion has expired.

For licensing, the applicant will need the following documents:

- a copy of the service’s excursion policy and/or procedures
- a copy of the enrolment form/routine excursion and permission form; including definition of local area and description of routine excursions

- a sample of a **non-routine** excursion permission form
- evidence to show that the service complies with Tasmanian law/regulations with respect to:
 - any vehicle owned by the service, e.g. registration and insurance papers for vehicle; and
 - any staff member approved as a driver, e.g. driver's licence.
- excursion forms for previous two years, listing:
 - staff, other adults and children;
 - venue; and
 - staff member with first aid and CPR.
- identified hazards/management plans
- evidence that there was a life guard or staff member/adult with current Bronze Medallion (or equivalent) present at swimming excursions
- copy of completed checklist and action plan (for excursion/camp with overnight care), if applicable
- copy of completed risk assessment tool.

* For further information regarding the requirements for a Tasmanian Working with Vulnerable People Registration refer to Standard 1.

5 Standard 5 – Programming

Programs that support and maximise each individual child's development, and allow for age-appropriate learning experiences, leisure and recreational activities, are to be provided in a safe, stimulating and supportive environment.

Rationale

A supportive learning environment, rich with opportunities for imaginative play, self-expression and creative thought, is fundamental to the development of children. The provision of sufficient and varied opportunities for play enhances each child's growth and individuality. Such opportunities must be culturally appropriate and diverse, offering experiences that facilitate each child's individual development.

Programming in a school-age care setting is to include informal recreation and leisure activities, that will enhance and facilitate children's development. The program is to be flexible, immediately responsive to children's emerging interests, and provide varied opportunities for play. Programs must also provide some measure of physical activity, on a regular basis, particularly outdoor physical activity.

School age programs need to balance 'challenge' (a necessary daily component of the program, extending the child/ren's interests) with 'risk' (which, because it may potentially involve danger, must be planned for). A 'risk' is generally obvious to a school aged child, and they can decide whether or not to take that risk. Programs therefore must be planned in consultation with the children at the service, and assist them to understand an appropriate level of risk for their age/skill levels, and involve them in risk management.

Living with 'risk' is essential to the development of life skills – consequently, programs which are overprotective of children may in fact prevent children from becoming appropriate and competent risk takers.

Planning, continual evaluation of programs and keeping written records will assist in monitoring each child's development, and in maintaining consistency with the centre's philosophy and goals, and will inform parents of experiences offered to their children.

The Early Years Learning Framework and/or the Framework for School Age Care may assist services in the development of their program.

A service's program will indicate to parents its philosophical values, particularly in relation to child development and learning. A service's program is an important indicator of the quality of care it provides for children.

The program must be regularly developed and evaluated in light of the learning outcomes for the children.

The program must be based on, and reflect:

- the service's philosophy and broad goals
- broad developmental goals for the children as a group
- goals for individual children, based on their needs, interests and strengths, which have been assessed by careful observation
- current best practice recognised by the child care sector
- environmental sustainability.

Programs must be inclusive of all children in the service, taking into account each child's age, ongoing

physical, intellectual, social and emotional development, interests and experiences; and incorporate information from families about their children.

It is important that the service maintain equipment in good working order, and have a wide range of resources which encourage children's interest and engagement.

Staff are role-models, and it is important that they are appropriately trained, can contribute creatively to the program by knowing and planning for the children's interests; are respectful of the children, and consistent and fair in their dealings with them.

A school age program must be based on significant input from the children themselves, include variety and choice, and encompass activities that reflect 'life outside school hours', for example, play and leisure activities.

Children have a right to a sustainable future. Given the effects of global warming and climate change, child care services are encouraged to introduce policies and practices that 'connect' children to the natural world through early education programs.

The ECA website can also assist with information in relation to policies and other information around sustainability <http://www.earlychildhoodaustralia.org.au/> (and enter a search for sustainability).

Do we need a written program?

It is recognised that there are many different 'formats' for programming, and that a service may utilise a range of formats for programming and recording observations.

A written program must aim to ensure that:

- the perceptions of all carers (educators) concerning individual children are taken into account;
- the planning of experiences and activities is co-ordinated, draws on the expertise of all staff and reflects the routines of the day;
- the program aims can be implemented in the absence of regular staff;
- parents have access to documentation about the experiences offered to their children, and the group; and
- program evaluation is undertaken.

Documented information about programs must be readily available to parents.

National Approved Learning Frameworks

There have been two national approved learning frameworks in operation under the NQF since 2012, which outline principles, practices and learning outcomes that guide educational leaders and educators in their curriculum decision-making, and assist them in planning, delivering and evaluating quality programs in early childhood and school age settings.

Following a process to refresh the national frameworks, updated versions of both national approved learning frameworks were released in early 2023.

For young children from birth to 5 years of age: [Belonging, Being and Becoming: The Early Years Learning Framework for Australia \(EYLF\)](#)

For school age children: [My Time, Our Place: Framework for School Age Care in Australia](#)

The approved learning frameworks include principles, practices and learning outcomes that guide educational leaders and educators in their curriculum decision-making, and assist them in planning, delivering and evaluating quality programs in early and middle childhood settings.

The ages of children who attend an education and care service should determine which of the two national approved learning frameworks is used, rather than the service type or setting.

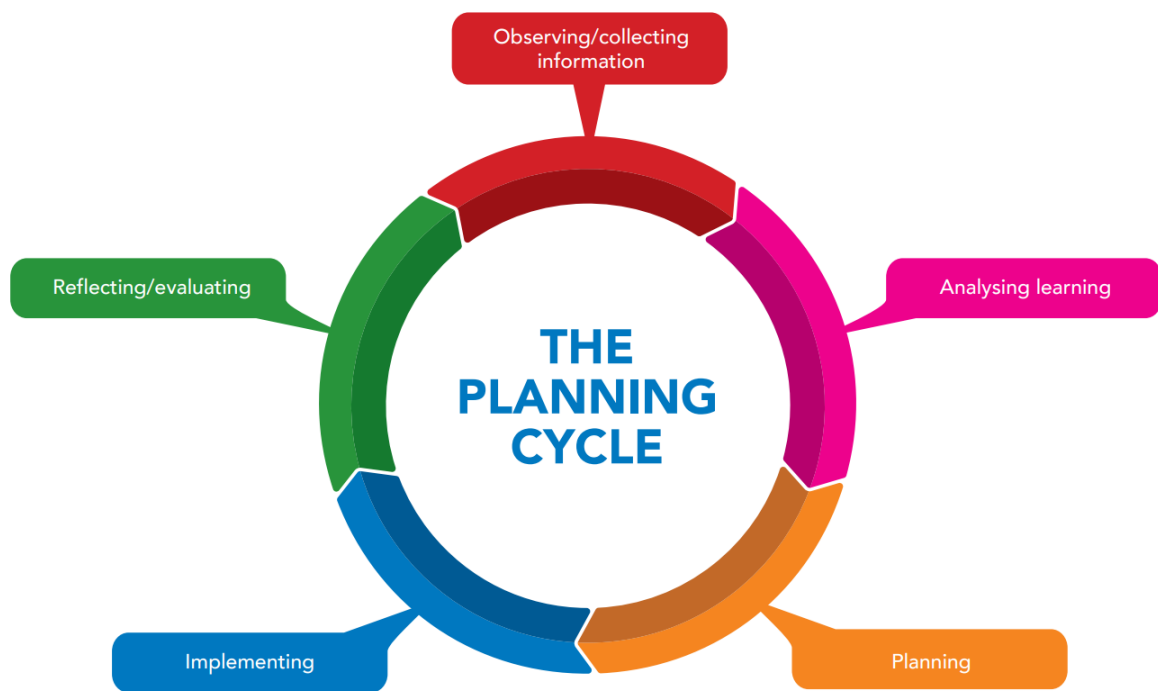
If children preschool age or under and children over preschool age regularly attend a service, educators are expected to use both frameworks as the basis for the educational program. This does not necessarily require that separate experiences or programs be offered; rather that consideration is given to the features of the frameworks in the implementation of the educational program.

In developing the program it is important to gather, analyse and interpret information about children that is:

- meaningful and relevant to children as individuals and in groups
- capturing an understanding of their identity, knowledge, strengths, ideas, culture (including popular culture), abilities and interests
- descriptive of what children are investigating and exploring
- an authentic example of what children know, can do and understand
- focused on learning, progress and achievements.

Assessment and planning cycle

The assessment and planning cycle process includes observation, analysing learning, documentation, planning, implementation and reflection. This ongoing process is used by carers (educators), in partnership with families and other professionals, to design programs that enhance and extend each child's learning and development.



Carers (educators):

- Understand the context of the service and how the service's statement of philosophy guides their decision-making.
- Collect information in a variety of ways about each child's knowledge, strengths, ideas, culture, abilities and interests (gained from families as well as through observations and other data) that demonstrate the individuality of the child.
- Analyse each child's learning and development to identify progress which can be shared with families and others and to assist in identifying goal(s) for further learning and development.
- Plan the program including:
 - strategies and experiences for individual children (based on their goals)
 - experiences to support achievement of group goals
 - experiences to extend emerging strengths, abilities and interests
 - experiences that follow up on input from families
 - experiences related to relevant community events.
- Implement the planned experiences, and at the same time identify and utilise 'teachable moments' to respond to and support children's newly emerging strengths, abilities and interests.

- Reflect on individual children's learning and participation and the program as a whole, to support further planning for learning.

Template to support implement an assessment and planning cycle: [Using the Early Years Planning Cycle.pdf \(acecqa.gov.au\)](https://www.acecqa.gov.au/using-the-early-years-planning-cycle)

Why is programming a licensing standard?

Programming is a licensing standard because setting minimum parameters for programming ensures that children's needs will be met while in care, and keeps parents informed.

The programming standard has a lot of detail – how is this assessed?

The assessment of this standard will consider whether:

- programs are displayed
- programs include a balance of activities
- there are suitable materials, toys and equipment to support the program, and a range of settings to accommodate quiet and active times
- there are appropriate policies and procedures (assessed under Standard 16: Philosophy, Policies and Procedures) about programming and related matters.

It is expected that the service will implement programming in line with their policies and procedures.

How do we cater for children's physical development in a school age care program?

School age care programs can significantly enhance children's physical development.

During middle and late childhood, children experience rapid physical growth, and they need many opportunities to develop physical competence and control.

Physical activity and play is crucial to promote coordination of both gross and fine muscle development, sensory awareness, strength and endurance.

Children need enough physical activity to be 'puffed', two to three times per day, e.g. running, jumping, skipping, hopping, music and dance.

Current medical research recommends that children have one hour per day of physical activity which 'engages' heart and lungs – it is important that vacation care programs plan to fully cater for this hour.

It is recognised that this could be a challenge to a service in terms of the indoor and outdoor space available to the program. Local community organisations, such as a Health and Fitness club may be able to assist with programming ideas or resources.

Staff can encourage skill development and fitness, and more importantly, encourage children to have positive attitudes about their bodies and physical skills, and recognise the link between physical activity and good health.

A useful website is www.getmoving.tas.gov.au - follow the links to 'Get Moving', and 'Resources', for a copy of the Australian Physical Activity Recommendations for 5 – 12 year olds.

An additional website for valuable information for services is: www.movewellevellatwell.tas.gov.au.

Setting up the physical space

A comfortable, relaxed environment - often achieved with soft furnishings, couches, and personalised items such as photographs - will send an 'inviting' message, which welcomes the children.

Ideally, the indoor space can be set up to provide for both active and quiet play, and allow for inviting spaces that encourage small groups to focus on their specific interests, and promote positive interactions between children.

Space can be planned in such a way as to allow older children to play freely without jeopardising the safety of younger children.

Outdoor environments can contribute significantly to a relaxed and leisurely program. Children's free play in outdoor environments is an effective way of providing children with opportunities to be physically active while they practice making and consolidating friendships.

Environments which support children's play may include natural settings and vegetation, open paved areas, grass areas, appropriate playground equipment, outdoor seating, and varying levels/surfaces.

The 'space' and the program can be organised in a less structured way, in order to offer a range of indoor and outdoor activities simultaneously, with children free to choose and to move between these activities.

There are a number of resources to help services, e.g., <http://www.earlychildhoodaustralia.org.au/>

What is the difference between 'challenge', 'risk' and 'a hazard'?

'Challenge' can be seen as a necessary daily component of the program, extending the child/ren's interests, and within the broad developmental goal for individual children and groups of children. It is not limited to physical challenge.

'Risk' involves potential danger, and therefore must be planned for, e.g. ensuring children have safety gear for mobile equipment such as bikes, or implementing guidelines around use of kitchen and craft equipment, or ensuring that impact absorbing material is maintained to the correct depth beneath playground equipment. A 'risk' is generally obvious to a school aged child, and they can decide whether or not to take that risk.

Living with 'risk' is essential to the development of life skills – consequently, programs which are overprotective of children may in fact prevent children from becoming *appropriate* and competent risk takers.

A 'hazard' is a danger and often may be unseen or not obvious, for example, finger entrapments in some playground equipment – the service's approach to risk management is crucial to identifying and appropriately managing any hazards.

How can we maximise safety in environments which provide challenge?

Safe buildings and environments can minimise risk.

The key is **supervision** – direct, constant supervision is to be used for activities that present a significant degree of risk and for activities that the children are attempting for the first time.

For further information on effective risk management see Standard 11.

For licensing, the applicant will need to submit evidence which confirms that:

- A copy of the current program is on display for children and parents and available for parents who do not regularly visit the service.
- There are appropriate policies and procedures in relation to programming.
- A service philosophy has been developed and is reflected in the program.

Reminder: The following documents will be assessed under Standard 16: Philosophy, Policies and Procedures:

- copy of the service's philosophy
- copy of service's policies and procedures, which cover: staff/child interactions
- behaviour guidance; supervision
- diversity and inclusion; equity and anti-bias
- planning, implementation and evaluation of programs; and parent participation.

Interactions with children

[The Guide to the National Quality framework](#) give guidance (inserted below) on appropriate interactions with children and how this can be achieved in approved services. These same practices can be applied to the licensed services setting to achieve best outcomes for children.

Interactions with children:

One requirement of the NQF is to take reasonable steps to ensure that their education and care service encourages children to express themselves and their opinions, allows them to undertake experiences that develop self-reliance and self-esteem, maintains their dignity and rights, gives each child positive guidance and encouragement towards acceptable behaviour, and has regard to children's family and cultural values, age, physical and intellectual development and abilities. Licensed services to encourages to consider how this can be implemented in their services

Another requirement of the NQF is to take reasonable steps to ensure that their service provides children with opportunities to interact and develop respectful and positive relationships with each other, staff members and volunteers at the service. Examples of appropriate interactions might include providing children with an opportunity to express how they are feeling and then assisting them in regulating their own behaviour, supporting children with responding appropriately to the behaviour of others, and role modelling and assisting children in communicating effectively with each other to resolve conflicts. Licensed services to encourages to consider how this can be implemented in their services

Inappropriate discipline/interactions:

The following are some examples of inappropriate discipline which may constitute a serious breach of the National Law and/or National Regulations and could potentially be considered criminal matters:

- *hitting, pushing, slapping, pinching or biting a child*
- *force-feeding a child*
- *yelling at or belittling a child*
- *humiliating a child*
- *physically dragging a child*
- *locking children away (or isolating them)*
- *depriving a child of food or drink*
- *unreasonable restraining of a child (this may include restraint in a highchair)*
- *excluding children from events*

- consistently moving children to the office or other space away from the play areas
- moving children to another room as punishment
- verbally or physically threatening a child.

Other examples of inappropriate practice are:

- negative labelling of child or family
- criticising a child's actions or behaviours
- discouraging a child from taking part in activities
- blaming or shaming a child
- making fun of or laughing at or about a child
- using sarcastic or cruel humour with or to a child
- excessive use of negative language to a child, such as, "no" "stop that!" "don't..." "you never..."

Appropriate behaviour guidance support/management:

Behaviour guidance

The term 'behaviour guidance' is used to indicate positive and effective ways to help children gain understanding and learn skills that will help them to manage their own behaviour.

Using appropriate discipline, or behaviour guidance, aims to support each child to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts (NQS Element 5.2.2).

Cool down

A cooling down period is a time when a child that is having a difficult moment is encouraged to find a space, near an educator, to 'cool down' and regain self-control. This strategy can be used as an opportunity for educators to support children to regulate their own behaviour, and can be an example of appropriate discipline or behaviour guidance.

The difference between 'cool-down time' and 'time out' is that an educator stays with the child and reassures and supports them to regulate their emotions during cool-down time. It is viewed as a learning opportunity, not as punishment.

Restraint

Occasionally, there may be circumstances where a child becomes a risk to themselves or others and may need to be removed from the situation or physically restrained to prevent harm to themselves or others. Children should be physically restrained only in emergency situations. Examples of emergency situations include when a child is:

- in a clearly unsafe situation, for example, attempting to scale a fence or run onto a road;
- physically threatening other children or adults;

- *behaving in ways that are destructive to themselves, other people or the environment.*

These situations may require the supportive holding of children. This means that children are only held long enough to be removed from the situation, and the emergency situation has been addressed or subsided. This approach should only be used when there is an immediate danger of the child being hurt or hurting others and when other strategies to guide the child's behaviour have not worked.

If a service has taken a child away from other children to help them cool down or physically restrained the child in any way, the service should inform the child's parent or guardian of the circumstances of the event and record accordingly.

For more information read the following ACECQA information sheets at

Relationship With Children - https://www.acecqa.gov.au/sites/default/files/2018-07/QA5_RelationshipsWithChildren.pdf

Supporting Children to Regulate Their Own Behaviour - https://www.acecqa.gov.au/sites/default/files/2020-01/QA5_Supporting_children_to_regulate_their_own_behaviour.pdf

Inappropriate Discipline - <https://www.acecqa.gov.au/sites/default/files/2020-06/inappropriate-discipline.pdf>

6 Standard 6 – Play and Sleep Space

An understanding of child development, and the needs of children in group care, is crucial to the effective planning and design of a child care service. The quality and design of physical space has an impact on the level of children's participation, on the quality of their experiences, and on the interaction between staff and children.

Since the introduction of the *Disabilities Discrimination Act 1992*, service providers also have a responsibility to ensure reasonable measures are taken to accommodate the needs of people with disabilities.

How much indoor play space per child is required?

The minimum indoor play space per child is 3.25m² of unencumbered space.

The licensed capacity of the service, i.e. the number of licensed places, is calculated according to the measurement of unencumbered space (see below).

It is the licensee's responsibility to ensure that the licensed capacity is not exceeded – the only exception to this being unplanned situations at sessional changeover times – refer to Standard 3 in this Guide *'What if a child does not leave at the booked sessional time?'*

When the standards were implemented in September 2003, existing licensed services which did not meet the requirement for play and sleep space have maintained their licensed places under a Condition of Licence. However, in the event that the service is acquired by a new operator, the Condition of Licence is **not** transferred, i.e. the number of licensed places is calculated as per Standard 6.2. This may result in fewer licensed places.

Similarly, in the event that the indoor play space is renovated, the number of licensed places is calculated as per Standard 6.2.

What do the terms 'unencumbered space' and 'circulation space' mean?

Unencumbered space: Unencumbered indoor space means useable, clear space, which is always available for children's play. This **excludes** areas such as passageways, thoroughfares (including door swings), toilet and hygiene facilities, any area permanently set aside for storage or administration or any other space that is not suitable for children.

A school age program may access areas such as halls, classrooms, multifunction rooms, on a regular basis. If these areas are always available while the service is operating, they may be considered in the calculation of the overall indoor, unencumbered space.

Circulation space: Experience has shown that circulation space **approximates 15%** of the overall space, and consequently this figure has been used as a planning tool in the design of services constructed in recent years.

How is 'unencumbered space' calculated?

(1) One option is to measure the actual thoroughfares, doorways and door swings impacting on the designated play space

- Step 1: The area of the designated play space is measured from internal wall to internal wall, and the overall space calculated in square metres.
- Step 2: All fixed furniture, furniture used for storage or administrative purposes,

and items not used for children's play are measured.

Step 3: The area of items in Step 2 is subtracted from the result in Step 1, i.e. from the overall space.

Step 4: The following are then also excluded from the overall space:

- doorways and door swings directly affecting play space (1 sqm each);
- hallways which are used for access; and
- thoroughfares (definition: a thoroughfare occurs where a room or the outside can only be accessed through a play space/room. A thoroughfare in an area more than 3m wide is not counted).

Step 5: The resulting figure is divided by 3.25sqm to give the number of children that can be accommodated in that space.

Step 6: The number is rounded down to the nearest whole number to give the number of children that will be approved for that space.

Example:

Step 1:	<i>Measure</i> Area of designated play space	= 32.0sqm
Step 2:	<i>Measure</i> Encumbrances, i.e. fixed furniture, furniture used for storage, items not used for children's play	= <u>6.7sqm</u>
Step 3:	<i>Deduct</i> Area of encumbrances from play space	= 25.3sqm
Step 4:	<i>Deduct</i> Doorways/doorswings/hallways/thoroughfares	= 4.0
Step 5:	<i>Calculate</i> 21.3sqm /3.25sqm	= 6.55
Step 5:	<i>Calculate</i> Number of places, rounded down	= 6 children

(2) An alternative option is the 15% circulation space 'method' (more likely to be used in the planning stages for new buildings or renovations)

Step 1: The area from internal wall to internal wall is measured, and the overall space calculated in square metres.

Step 2: All fixed furniture, furniture used for storage or administrative purposes, and items not used for children's play are measured.

Step 3: The area of items in Step 2 is subtracted from the result in Step 1, i.e. the overall space.

Step 4: The resulting figure is divided by 3.25sqm + 15% circulation space (in practice, this = 3.74sqm) to give the number of children that can be accommodated in that space.

Step 5: The number is rounded down to the nearest whole number to give the number of children that will be approved for that space.

Example:

Step 1:	<i>Measure</i> Area of designated play space	= 32.0sqm
Step 2:	<i>Measure</i> Encumbrances, i.e. fixed furniture, furniture used for storage, items not used for children's play	= <u>6.7sqm</u>
Step 3:	<i>Deduct</i> Area of encumbrances from play space	= 25.3sqm
Step 4:	<i>Calculate</i> 25.3sqm /(3.25sqm + 15% circulation)	= 6.8
Step 5:	<i>Calculate</i> Number of places, rounded down	= 6 children

Who is responsible for taking measurements?

The service is responsible for providing a floor plan of the building. For new buildings, or where there is to be rebuilding in existing play or sleep spaces (i.e. where there is a potential impact on the

number of licensed places), a copy of the certified architectural plan as submitted for building approval is required.

The licensing authority is responsible for validating measurements, and calculating the number of children that can be accommodated. A table of the measurement calculations is prepared by the licensing authority to determine the number of licensed places. A copy is provided to the service.

Is our service required to inform the licensing authority if we plan to upgrade, alter or renovate any area of the centre?

Yes. But only if it is an area covered by licensing, such as a play or sleep space. In this case, one of the methods of calculating the unencumbered space will be applied to the area being renovated.

Before any major work commences, the service must advise the licensing authority of their management plans to protect the safety and interests of children during the process.

Services also need to be aware that, where there has been a change to the encumbrances, e.g. new cupboards or storage areas installed, there may be an impact on the area of unencumbered space and consequently on the maximum number of licensed places.

In the event that a new operator takes over the service, is the unencumbered space re-measured?

Yes. Where a service has been sold or transferred to a new operator, it is regarded as a new service, and Standard 6.2 applies. One of the methods for calculating the unencumbered space will be used to calculate the number of licensed places for that new service.

How much outdoor space per child is required?

The minimum unencumbered outdoor space per child is 7m². This excludes, for example, landscaped shrubbery and garden beds, or storage sheds. In calculating the number of places, the measurements are rounded down.

How is the matter of insufficient play space addressed on the licence?

Services which have insufficient play space will have a Condition of Licence which details how the issue of space will be addressed.

What if our groups combine, or ‘non-booked’ children and parents, or children and staff from another service, attend for a special event on our premises?

From many perspectives, it is important that the service can plan for events such as visiting artists or celebration of festivals. It is recommended that the service plan for such times with a management plan to deal with any potential problems, e.g. evacuation, visiting groups to bring relevant contact information.

How much sleep space is required?

The size of each cot needs to be appropriate for the size and developmental level of the child.

Arrangement of cots is an important consideration, for several reasons. There must be sufficient space around each cot to allow for air circulation, and direct and easy access by carers (educators) to each child, and there must be sufficient distance between cots to prevent children being able to reach each other. Safe location of cots is also a consideration – for example, sufficiently distanced from dangerous equipment or furniture that could provide a foothold or present an entrapment

hazard to children. As a guide only, the suggested space between cots is 40cm.

Note: New services are required to allow 2m² per required sleep space to ensure that sufficient space is available to accommodate the proposed number of children – refer to Standard 6.4 and to BCA Tasmanian Appendix for further information. The impact of door swings into the sleep room must be considered when planning.

When the standards were implemented in 2003, existing licensed services which did not meet this standard maintained their sleep space places under a Condition of Licence.

However, in the event that the service is acquired by a new operator, the Condition of Licence is not transferred, (i.e. the sleep space is to be calculated as per Standard 6.4 a)). Similarly, in the event that the sleep space area in a service is renovated, the sleep space is to be calculated as per Standard 6.4.

For new licences, or for renovations to play/sleep space, the applicant/service provider will need the following documents:

- A floor plan of the building; and
- A site plan identifying areas for outside play.

Supervision of sleep rooms:

Standard 6.5 outlines where the sleep space is not directly adjacent to the playroom in use, or where visibility cannot be easily maintained, a supervision policy must be in place; and, where the carer (educator) does not remain in the room, there must be an operating baby monitor. The below guidance should be considered when developing a risk assessment and the required supervision and safe environment policy (standard 11.1).

Sleep environments

Carers (educators) are responsible for ensuring that safe sleep practices (according to Red Nose recommendations) are being implemented. This includes:

Safe sleep and rest practices:

Children of all ages

- Children should sleep and rest with their face uncovered.
- A quiet place should be designated for rest and sleep, away from interactive groups. If designated for rest, the space should allow for a calm play experience.
- Children's sleep and rest environments should be free from cigarette or tobacco smoke.
- Sleep and rest environments and equipment should be safe and free from hazards.
- Supervision planning and the placement of educators across a service should ensure educators are able to adequately supervise sleeping and resting children.
- Educators should closely monitor sleeping and resting children and the sleep and rest environments. This involves checking/inspecting sleeping children at regular intervals, and ensuring they are always within sight and hearing distance of sleeping and resting children so that they can assess a child's breathing and the colour of their skin. Service providers should consider the risk for each individual child, and tailor Sleep and Rest Policies and Procedures (including the frequency of checks/inspections of children) to reflect the levels of risk

identified for children at the service. Factors to be considered include the age of the child, medical conditions, individual needs and history of health and/or sleep issues.

Babies and toddlers

- Babies should be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the service, by the child's medical practitioner.
- Babies over four months of age can generally turn over in a cot. When a baby is placed to sleep, educators should check that any bedding is tucked in secure and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). At no time should a baby's face or head be covered (i.e. with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.
- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age, and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin. Visit the Red Nose website to download an information statement – [Wrapping Babies](#) – and the guidelines – [Safe Wrapping](#) – for more information.
- If being used, a dummy should be offered for all sleep periods for children under one.
- For older children, the use of dummies should be informed by parental choices.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age, but could be as early as 18 months. Download the brochure – [Cot to bed safety: When to move your child out of a cot](#) – for more information.

Safe cots

- All cots sold in Australia must meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and should carry a label to indicate this.
- All portable cots sold in Australia must meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this.
- Cots used at a service should meet current standards. Download the guide to infant and nursery products publication – [Keeping Baby Safe](#) – for more information from the Australian Competition and Consumer Commission's website.

- Bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a bassinet, hammock or pram/stroller to sleep, as these are not safe substitutes for a cot.

Safe cot mattresses

- Mattresses should be in good condition; they should be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A firm sleep surface that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.
- Mattresses should not be elevated or tilted. Testing by hand is not recommended as accurate in assessing compliance with the AS/NZ Standard. For information on testing adequate mattress firmness, watch this [video](#) or refer to [written instructions](#).
- Remove any plastic packaging from mattresses.
- Ensure waterproof mattress protectors are strong, not torn, and a tight fit.
- In portable cots, use the firm, clean and well-fitting mattress that is supplied with the portable cot. Do not add any additional padding under or over the mattress or an additional mattress.

Safe bedding

- Light bedding is the preferred option; it should be tucked into the mattress to prevent the child from pulling bed linen over their head.
- Remove pillows, doonas, loose bedding or fabric, lambswool, bumpers and soft toys from cots.
- Soft and/or puffy bedding in cots is not necessary and may obstruct a child's breathing. Download the information statements – [Pillow Use, Soft Toys in the Cot and Bedding Amount Recommended for Safe Sleep](#) – for more information on the Red Nose website.

Safe placement

- Ensure a safety check of sleep and rest environments is undertaken on a regular basis.
- If hazards are identified, lodge a report as instructed in the service's policies and procedures for the maintenance of a child safe environment.
- Ensure hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses.
- Keep heaters and electrical appliances away from cots.
- Do not use electric blankets, hot water bottles and wheat bags in cots.
- Do not place anything (e.g. amber teething necklaces) around the neck of a sleeping child. The use of teething bracelets (e.g. amber teething bracelets) is also not recommended while a child sleeps.

For more information read the ACECQA Safe sleep and rest practices information sheet at <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>.

7 Standard 7 – Equipment and Bedding

Approximately 20% of the injuries to children in their first year of life are caused by nursery furniture. It is important that centres choose equipment and furniture which incorporate recommended safety standards, and/ or which comply with applicable Australian Standards. It is the service's responsibility to:

- Follow manufacturer's instructions with regard to care and safe maintenance of nursery furniture and equipment.
- Implement safe practices.
- Have in place a management plan for the replacement of items which no longer meet the relevant Australian standard.
- Ensure they have up-to-date information about safety standards.

What are relevant Australian Standards?

Relevant Australian Standards include:

Cots for household use – Safety requirements: Australian Standard 2172:2013;

Folding Cots (i.e. Porta-cots) – Safety requirement: Australian Standard 2195:2010;

Furniture — Children's high chairs — Part 1: Safety requirements: Australian Standard 9221-1:2015

Prams and Strollers – Safety requirements: Australian Standard 2088:2022.

Children's furniture — Mattresses for cots and cribs — Safety requirements and test methods: Australian Standard 23767:2021

Furniture — Children's cots and folding cots for domestic use — Part 1: Safety requirements: Australian Standard: 7175-1:2019

These Australian Standard references are current as of March 2023.

How do we find out about standards for nursery furniture?

Information can be obtained from:

- Standards Australia (<http://www.standards.org.au>)
- The Commonwealth Ministerial Council on Consumer Affairs (<http://www.consumer.gov.au>)
- The Tasmanian Office of Consumer Affairs and Fair Trading (http://www.consumer.tas.gov.au/product_safety)
- Kidsafe (Child Accident Prevention Council) (<http://www.kidsafe.com.au>)
- Australian Competition and Consumer Commission (<http://www.accc.gov.au/>) - go to 'Product Safety'.
- *Choice*, the publication of the Australian Consumers Association (<http://www.choice.com.au>) may provide information about brands which meet safety requirements.

What do we need to look for in children's furniture?

Where there is an Australian Standard, it is the service's responsibility to check a product against that standard.

If a product meets an Australian Standard, this will usually be included on the product label. Generally,

children's furniture:

- is of appropriate height, size and construction for children
- has smooth surfaces, rounded corners, no sharp edges or points
- contains no toxic materials such as lead-based paint
- is of appropriate weight, stability and sturdiness
- has no entrapment hazards.

Note: This is not a definitive list.

Use of appropriate furniture will assist to minimise accidents, and enhance the development of children's confidence and self-esteem. Consideration of staff health and safety, e.g. appropriate techniques to lift children into chairs/cots, is also important.

What do we need to look for in cots/beds?

Until children are approximately 18 months of age, cots are recommended as the most appropriate 'bedding', i.e. cots which meet Australian Standard 2172.

Porta-cots are **not** recommended, given safety issues if incorrectly assembled, durability, cleanliness, the weight of a child able to safely use a porta-cot, and carers' (educators') occupational health and safety. Rednose guidance states do not use a portacot for a child who weighs more than 15 kilograms.

It is now compulsory that all cots sold, whether new or second-hand, comply with the relevant Australian Standards.

What other factors must we consider in relation to cots?

Research indicates that important factors include:

- the manner in which the cot is decorated (e.g. ribbon, ties, beading etc could cause dangers for children)
- location of the cot, i.e. keep cot away from cords, power points etc
- maintenance (e.g. metal parts to be corrosion free; no flaking paint or transfers; wooden components not splintered or damaged, etc)
- the mattress – when the mattress is pushed firmly to one side of the cot, the gap between the other side and the cot must be no greater than 2.5 cm, i.e. fit snugly
- Appropriate bedding and sleeping practices – refer to the Rednose website, (<http://rednose.org.au>), which includes helpful practice considerations.

Regular checks are essential for the safety of children and carers (educator), and to satisfy duty of care requirements.

Where a cot/piece of nursery or other equipment or bedding is damaged or unsafe, it must be inaccessible to children.

What facilities are required for school age children who need to rest?

The minimum requirement is a quiet area where children who are unwell or who need to rest are comfortable and can easily be supervised – this may be a higher priority in Term 1 when younger children are new to school and to a school age care setting.

What about nursery items such as potties?

The 5th edition of *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services* (2012) notes that use of a potty chair increases the risk of spreading disease, so in line with current best practice, it is preferable for children where they are able, to use a toilet.

Baby walkers and baby activity centres

There is evidence that the use of baby walkers may impact adversely on the developmental activities such as rolling, crawling, sitting and pulling up to stand, which are necessary for an infant to achieve independent walking. There is also significant potential for injury to the child.

The Australian Physiotherapy Association recommends that baby walkers not be used because of risk of injury, and potential impeded normal muscle development.

For further information, go to the APA website, www.physiotherapy.asn.au and enter a search for 'baby walkers'.

Use of tether straps on prams?

From 01 July 2008, the mandatory standard requires that all new prams and strollers, in addition to having a parking brake, are *provided with* a tether strap to give parents and carers (educators) a means of restraining prams and strollers. However, the standard does not specify that the use of the tether strap is mandatory – it is an optional, additional, method to restrain the pram/stroller in situations of risk.

Indoor use of mobile/outdoor equipment and swings (refer to Standard 14.2 i) and j), and Standard 14 in this Guide for outdoor use)

There have been severe injuries, including permanent brain damage, caused when a child has fallen from the type of indoor nursery swing which is suspended from the ceiling. Young children fall head first, and a Swedish study has shown that concussion can occur if a child falls onto concrete from only 200mm.

Although the use of indoor swings can be very beneficial for babies and toddlers, this must be considered together with other factors such as safety of other children and staff, trip hazards, and so on. There must *always* be a high standard of supervision, given the level of potential hazards, such as the mats which may become trip hazards, or children in the path of the swing.

Consideration needs to be given to the height of an indoor swing which is suspended from the roof and ensuring children are appropriately restrained by a five point harness, and adequate supervision while the swing is in use is maintained. A documented risk assessment should be used to identify and appropriately mitigate risks specific to your service.

Swings suspended from an overhead structure

Safe installation (structurally) of indoor swings, particularly those suspended from an overhead structure, is crucial.

In addition, where the suspension members of the swing attach to the overhead structure, the distance between the suspension members must be wider than the seat itself to minimise any potential for the swing to go off course.

There is a tendency to set up a suspended swing at adult hip height – however, the swing is then too high off the ground, and provides an excessive fall height should the child fall out of the seat. For the safety of the babies, swings must be only *350mm from ground level*, and an adult should

kneel on one knee whilst pushing the swing.

Swings set on the ground

With swings that are set on the ground:

- The swing must have a sturdy, stable frame with strong posts and legs and a wide stance to prevent tipping.
- In an under school age care setting, the seat may be well padded, washable, and must have an appropriate harness.
- A cradle-style model must be firmly mounted underneath, i.e. the cradle-to-frame connection must not feel loose or flimsy.

After the swing is assembled, its overall stability and the security of the seat must be checked prior to a child swinging in it.

For all swings, undersurfacing, such as portable mats with a non-slip surface, are crucial – at front, rear and sides of the equipment, especially if the floor is made of concrete, a particularly non-impact absorbing surface.

It is recommended to safely set up a swing in the corner of the room to prevent problems with cross traffic.

Where other equipment such as toddler climbing equipment is used inside, there must be sufficient protection appropriate to the fall height, e.g. portable mats which meet the Australian Standard, well placed underneath the equipment.

What about ongoing maintenance of furniture?

Regular checks are essential for the safety of children and carers (educators), and to satisfy duty of care requirements.

Where a piece of furniture is damaged or unsafe, it must be inaccessible to children until repaired.

Some school age care facilities on school sites may use furniture which is school property. It is recommended that appropriate reporting procedures, e.g. a maintenance book, be put in place.

What must we look for with toys and equipment?

Age labels on toys are a rough guide only, and toys must be selected with safety factors in mind. As a general guide:

- If a toy, and/or one of its parts, can fit into a 35mm film canister, it is not suitable for a child under three years.
- Babies' rattles and teethingers must be at least 50mm wide.
- For children under three years, balls must be a minimum of 44.5mm.
- Edges on toys must be smooth, with no sharp points.
- Finishes and glues must be non-toxic and non-flammable.
- If made of plastic, the plastic must be durable, not brittle.

Some substances can be absorbed by a child when sucking or chewing a toy, for example, metallic lead and alloys of lead. Batteries, which can explode, resulting in injuries such as eye damage, must be enclosed so they can only be opened with a specific tool. The same applies for toys with inertia motors (friction toys).

How do we find out about the relevant standards?

Information can be obtained from:

- Standards Australia (<http://www.standards.org.au>);
- The Commonwealth Ministerial Council on Consumer Affairs (<http://www.consumer.gov.au>);
- The Tasmanian Office of Consumer Affairs and Fair Trading (http://www.consumer.tas.gov.au/product_safety); and
- Kidsafe (Child Accident Prevention Council) (<http://www.kidsafe.com.au>)

Is there any further information available about products which are safe?

Yes. Every child has the right to be safe. Safety precautions will go a long way towards ensuring that as many accidents as possible are prevented. This means ensuring that all equipment is safe and suitable for the age of the children using them and includes the safe storage of equipment.

Further information is available from:

- Kidsafe Magazine/ resources, e.g. *Safe Toys for Kids*; and
- ECA Resource Booklets

For licensing, the applicant will need to provide the following:

- Where cots meet Australian Standards, documentation/evidence, e.g. labels, which demonstrate compliance.
- Where existing cots and equipment do not meet Australian Standards, a reasonable management plan outlining replacement of existing cots and equipment, and ensuring that any safety issues are addressed in the interim.
- Details of replaced equipment.
- Certification that furniture meets Australian Standards, where applicable.

8 Standard 8 – General Facilities

Services must be aware that they are to comply with relevant national and state legislation and local government regulation, such as the Building Code of Australia (BCA), and other building and health regulations, which potentially may require the service to meet standards over and above child care licensing requirements, e.g. facilities for food preparation/storage; area for staff respite; BCA requirements of a minimum of 2 toilets/2 washbasins. Services must also take into account requirements under related legislation such as the *Disabilities Discrimination Act (Commonwealth)*.

What are the requirements for nappy change and toilet areas?

Nappy change areas and toilets must be able to be easily supervised and, where possible, adjacent to both indoor and outdoor play areas. Services may also consider:

- the provision of a nappy change area for children over three, who have additional needs/developmental delay; or to deal with situations such as children vomiting
 - the provision of additional toilets to maximise the flexibility of child care delivery (e.g. to cater for older children placed with younger children at the start and close of the day)
 - occupational health and safety factors such as:
 - “elbow”/non-contact taps to promote hygienic hand washing procedures
 - sturdy steps to enable toddlers to climb up to the change bench.
- Note:** For **existing** services, this may be covered either by having steps for toddlers to climb up to the change bench, or by the service’s Occupational Health and Safety policy which ensures safety for both carers (educators) and children.*
- shelving within easy reach of the change bench
 - procedures for safe use of sluices
 - enclosing the nappy change area in order to promote a pleasant, hygienic play area
 - effective ventilation for nappy change areas.

Having toilets and handbasins at a suitable height for children is an occupational health and safety measure to protect carers (educators) and promotes children’s independence. There is an expectation that adult toilets are available for school aged children. Services must also consider the provision of facilities for disposal of sanitary items. Toilet facilities for adults, over and above those required for children, may be separately provided.

For an under school age care setting, buildings licensed prior to 01 Sept 2003:

- i. Where the toilet is an adult toilet, a firm, non-slip and impervious step, and a junior seat, are to be provided, if required.
- ii. Where the washbasin rim height exceeds 600mm, appropriate facilities to assist children to access the washbasin are to be provided, if required.

What are the requirements for hot water?

Hot water must be *stored* at 60°C minimum, to inhibit the growth of Legionella bacteria. However, where hot water is used for personal hygiene purposes, it must be *delivered* at a temperature which avoids the possibility of scalding. One way to achieve this is to have tempered water, which must not exceed 45°C. The licensee must ensure that the water temperature remains at 45°C or less, and is safe for children.

In new services where hot water is installed to Tasmanian Plumbing Code requirements – this is covered by the Certificate of Occupancy, and no evidence is required. A certificate from a

registered plumber stating that the installation meets the Tasmanian Plumbing Code will be evidence that hot water in an existing building has been tempered. Where hot water cannot be tempered due to functional requirements, e.g. in a kitchen, close supervision is required.

Note: Temperature limit is optional for kitchen/laundry sinks where these are not accessible to children.

What about food preparation areas/facilities?

It is essential that there are safe, hygienic facilities for the preparation, storage, heating and cooking of food.

Where the facilities outlined in Standard 8.6a) are not immediately available, a service must adequately demonstrate how safe and hygienic conditions are maintained. In meeting this requirement, the service may develop management plans, information for families, and/or contact their Environmental Health Officer.

Note: that this is not an exhaustive list detailing how the maintenance of safe and hygienic food preparation areas/facilities are maintained.

In an under school age care setting, children must not have unsupervised access to food preparation areas, and there must be no hazards accessible to them. To achieve this, consideration may be given to:

- securing cupboards, drawers where dangerous items are stored
- controls, e.g. on a stove, must be out of reach of children
- items, e.g. knives, cleaning products must be safely stored

In a school age care setting, where there are hazards in the food preparation facilities or where the food preparation facilities are not immediately adjacent to the program's main area, a management plan is required.

Note: Food preparation areas in new or renovated buildings must meet the requirements of the National Food Safety Standards such as having separate hand washing facilities close to any food preparation facilities. Services must be aware that Tasmania adopted the Australia/New Zealand Food Standards Code, which includes the National Food Safety Standards, in September 2001.

A requirement of the Food Safety Standards relates to notification or registration of the centre with local government authorities. The service needs to check whether it is required to register with, or notify, their local Council, of the level and type of food provision at the centre. If a service prepares and provides lunch, morning or afternoon tea, it will need to be registered with the Council. However, if the parents provide lunchboxes and the service does no food *preparation*, the centre will only need to notify the Council. A further requirement of the Food Standards Code relates to the skills and knowledge of those who handle food or who supervise food handlers.

Where can we find out more?

The Tasmanian Department of Health website (<https://www.health.tas.gov.au/health-topics/food-safety>)

Food Standards Australia New Zealand <http://www.foodstandards.gov.au>.

Nutrition Unit, Department of Health and Human Services; (03) 6222 7372, or <http://www.dhhs.tas.gov.au/nutrition>.

These sites have extensive, useful information regarding the Australia/New Zealand Food Safety

Standards, and supporting materials.

What if our service does not have separate areas for administration, staff respite and consultations with parents?

It is recognised that some services may be able to successfully combine some or all of these functions in the same area.

What are the requirements for storage?

Occupational health and safety factors are important considerations when planning storage space, e.g. shelving at a height which encourages people to lift items safely.

When planning storage of children's personal belongings, safety must be the prime consideration for children under three years. Children over three may have easy access to their personal belongings, providing this causes no danger for younger children.

Safe storage of cleaning appliances such as vacuum cleaners, mops and brooms, and prams and strollers must also be a priority.

For purposes of long-term management of records (refer to Standard 15 for further information), it is recommended that services give consideration to secure and effective storage of records.

Ensure that records are stored in a confidential manner.

It is recommended that services give information to parents about service procedures for safe storage of children's items (such as medicine, sunscreen).

Are there other considerations with respect to facilities?

Telephone: It is recommended that staff are able to access the telephone from their work area. The service must consider the most appropriate means of communication in an emergency, such as when one carer (educator) is working alone e.g. a portable phone; or having a line available at all times to call emergency services, or parents, in an emergency.

The service must always be able to be contacted in an emergency – where the telephone may potentially be busy due to use of the internet, the service will need to notify parents of another means by which parents can contact the service.

It is important to ensure that a telephone is readily accessible at all times, e.g. at beginning and end of the day when there may be only one room operating, and/or no administration staff on duty.

A window which opens onto a major hazard or a drop must have a lock or firm secured screen – a removable fly screen, for example, is not considered to be strong enough protection. Windows in a sleep room or on the second level of a double storey building must not open more than 125mm.

Fluorescent lighting: Standard 8.10 b) states that 'fluorescent lighting is to have diffusers or be guarded' and Standard 8.10 c) states that in a school age care 'where there is active play which may result in damage to lights, any fluorescent lighting is to be guarded'. The purpose of this standard is to protect children from any spontaneous shattering of fluorescent lighting or breakage on impact, e.g. when active play results in damage to lights. An example of a suitable safety lighting product now available is Cov-R-guard, which includes a protective shield to effectively contain shattered glass particles, and is resistant to spontaneous breakage. The website for this product is <http://www.safetysolutions.net.au/products/2790-Safety-lamps>.

Fluorescent lighting, e.g. linear tubes, and compact fluorescent lamps (CFLs) contain small amounts of mercury. Under a new Australian Standard to be introduced in 2009, CFLs are required to contain less than 5 mg of mercury.

How may our service dispose of CFLs? Mercury may be potentially hazardous, and may need special consideration for disposal – further information to assist a service to develop appropriate procedures can be found at www.environment.gov.au/settlements/waste/lamp-mercury.html.

The contact for recycling in Tasmania is **CMA Recycling**, 256 Georgetown Rd, Rocherlea, TAS 7248

Phone: (03) 6326 3177, website <http://www.cmaecocycle.net/contact.html>.

For licensing, the applicant must provide:

For existing services, where water is tempered, a certificate from a registered plumber stating that installation meets the Tasmanian Plumbing Code.

***Note:** Documentation will be assessed under Standard 15: Administration and Records.*

9 Standard 9 – Fences, Barriers, Outdoor Boundaries and Significant Hazards

Where applicable, adequate fencing is necessary to protect children from accessing potentially dangerous situations/hazards in the immediate vicinity of the service, e.g. busy traffic, or bodies of water, and to prevent children's unsupervised access to a specific hazard, such as a pool or utility area. The service is responsible for identifying hazards.

Where required, what height is required for fencing/gates?

Fencing/gates must be at least 1200mm high, and an effective barrier.

What does the term 'effective barrier' mean?

Barriers may include fences, gates, doors, windows or balustrades/railings.

Barriers must be designed, built and maintained to reduce the likelihood of a child gaining a foothold or crawling under, over or through the barrier.

Fencing and gates: To prevent entrapment hazards, *AS 1926* states that the 'clear space between any adjacent vertical members shall not exceed 100mm at any point' and that the 'height opening between the bottom of the barrier and the finished ground level shall not exceed 100mm'; therefore the **maximum gap** between vertical struts and the **maximum gap** between the ground surface and bottom of the fence or gate must be 100mm.

Balustrades/railings: To prevent entrapment hazards, the Building Code of Australia (BCA) states any opening must 'not permit a 125mm sphere to pass through it'; therefore the **maximum gap** between any openings is 125mm.

Windows: To prevent entrapment hazards, the *Early Childhood Centre and School Aged Care Facilities Code*, states that 'where it is possible for a child to fall through an openable window 600mm or more above the ground surface, a lock which limits the extent of the opening to a maximum of 125mm, or a secure screen, or other device is to be fitted'; therefore the **maximum gap** between any openings is 125mm.

What is the minimum height a balustrade must be?

A balustrade or railing on a deck, patio or landing must be at least 1000mm high, and be an effective barrier.

Where is a barrier/balustrade required?

Balustrades or railings are required where there is a drop of 600mm or greater.

The service must assess the level of hazard in a particular situation: for example, depth of the drop, or the surface below, and decide whether additional safety measures are necessary.

Are there additional requirements for gates in an under school age care setting?

For safety reasons, gates which give access to and from the premises must be kept closed, and display appropriate signage. Gates must be at the same height as the fence, while locks and latches must be out of children's reach, and child resistant.

If a gate has a self-fastening mechanism, regular monitoring of the mechanism is necessary. The self-fastening mechanism must prevent the gate from being opened unless the mechanism is manually released.

As additional protection, where there is a significant hazard within or adjacent to the premises, the centre must keep gates locked at all times when they are not being used for access.

It is understood that vehicular gates may be used during the hours that children are in care: for example, for deliveries of goods, or when maintenance work is being undertaken – at such times, the children must not be able to access that part of the outdoor area. Vehicular gates must be kept locked at all other times.

Note: When fencing/gates need to be replaced, the replacement fence/gates must comply with Australian Standard 1926 for pool fencing and gates.

What is an ‘outdoor boundary’ in a school age care setting?

An outdoor boundary could be for example, a map of the play area, colour coded to show areas the children are permitted to access, or a physical feature such as a group of trees that the children are not permitted to go beyond unless accompanied by a staff member. Children in the program will need to be involved with the setting of appropriate boundaries, and informed about and made aware of these boundaries.

Our service has identified a significant hazard – how do we deal with this?

The significant hazard must be isolated by fencing and gates that meet the Australian Standard for pool fencing and gates as required by part 3.9.3 of the Building Code of Australia. This is a requirement where the hazard is a pool, spa or jacuzzi and highly recommended for other bodies of water which present a significant hazard to children.

Some services have existing fencing which is 1500mm high – this is satisfactory for identified hazards other than a pool, spa or jacuzzi, for example, if the play area is close to a busy road or carpark.

However, when it is time to do a major repair or replace the existing fencing and gates, the replacement fencing and gates must meet the Australian Standards for pool fencing and gates.

For school aged children, any significant hazard must have a barrier and/or safety management plan which prevents or restricts children accessing that hazard. The service must ensure that all staff and children are familiar with any safety management plan that has been put in place.

What are the requirements in Tasmania for pool fencing/gates?

The current requirements can be found in part 3.9.3 of the Building Code of Australia.

Our service has a pool (‘) adjacent to/within our premises – how must we deal with this? What special provisions apply to pool fencing and gates?

In Tasmania, it is law that access to bodies of water where pool fencing and gates are required is restricted by fencing and gates which meet the relevant Australian Standards.

In line with community expectations, this licensing standard requires that where there is a pool, spa or jacuzzi or other significant hazard adjacent to or within the child care premises, fencing and gates must comply with the BCA & Tasmanian Appendix.

The current, relevant Australian Standards are:

- Australian Standard 1926.1-2007 - Swimming pool safety, Part 1: Safety barriers for swimming pools
- Australian Standard 1926.2-2007 - Swimming pool safety, Part 2: Location of safety barriers for swimming pools
- Australian Standard 1926.1-2012 Swimming pool safety, Part 1: Safety barriers for swimming pools

There are a number of requirements, including:

- pool fencing and gates is required, in addition to boundary fencing
- owners are responsible for installing the pool fencing and gates
- gates must be mounted so that they swing outwards from the pool area; and ongoing maintenance is crucial to ensure that the closing and latching mechanisms work effectively.

'Pool' refers to pools and other bodies of water which require fencing and gates to meet Australian Standards 1926 and 2820, e.g. spa or jacuzzi.

For further information refer to Consumer, Building and Occupational Services:
<https://www.cbos.tas.gov.au/topics/products-services/safety/pool-safety-barriers>

What other safety issues may we consider?

Access to and from the service must be secure; for example, where the main entry/exit to the premises leads directly to a street or car park, it is recommended that there be at least two barriers between the children's indoor play areas and the street or car park.

Required exit doors must comply with the *General Fire Regulations 2010*.

Locking devices on fire exit doors must comply with the BCA and Tasmanian Appendix (i.e. cannot be locked from the inside) – the service must ensure then that handles are fitted in such a way that, although children in an under school age care setting cannot open the doors, carers (educators) and persons responsible for the safety of children are able to evacuate the building quickly and easily.

The height and placement of door handles is satisfied by the Tasmania Fire Service (TFS) having visited the service and signing off on the evacuation plan, i.e. there must be evidence that the fire evacuation plan has been approved by the TFS.

A door which gives access to a significant hazard therefore may not be used as a required exit and must be kept securely locked.

Finger trapping accidents in doors – such accidents are common, many resulting in the need for surgery. There are some easy ways to safeguard children's fingers, e.g. fitting door hinges with protection strips; and fitting safety catches to drawers and cupboards. Such protection can be added to existing doors.

For licensing, the applicant will need to provide:

- Hazard identification and management plan (if applicable).
- Certification is required re fencing and gates for a pool within the licensed premises.

***Note:** Documentation will be assessed under Standard 15: Administration and Records.*

10 Standard 10 – Water Safety

Children love swimming and playing in and around water, and water play experiences are a valuable component of the children's program. However, in Australia drowning is the major cause of death of children under five years of age: drownings which have occurred in family pools, dams, ponds and baths.

Protection of children is crucial - protecting children is a combination of safety features and close supervision. All water activities need to be directly supervised by staff. **Children can drown in as little as 5cms of water.**

How can children be protected?

In Tasmania, the licensing authority has put in place several standards and strategies to protect children while they are in care:

1. Services will NOT be licenced if there is a pool (!) within the area proposed for the child care premises. (If there is a pool on the premises, e.g. on the school grounds, it must be outside the area to be covered by the proposed licence. All requirements in relation to pools will need to be in place.)
2. The licensing authority will **NOT** approve an application from a licensed service to build a pool (!) within an area which is already licensed for child care.
3. In an under school age care setting, with permanent water features used for children's play, there must be no ponding or pooling of water, and water must drain away when the water source stops.

If there is an ornamental water feature that allows ponding or pooling of waters, and which can be accessed from a licensed play area, the feature must be covered by a secured, rigid material which will prevent a child from being submerged in the water, **or:** treated as a significant hazard and enclosed as for pools (see Standard 9.3).

4. Strict requirements apply to the maintenance of pool fencing and gates, that is, pool fencing and gates must be maintained so that they always meet the Australian Standard.
5. Carers (educators) are to directly supervise children at all times when children are being bathed, or when children are playing with water, or with any equipment containing water. Items which store water, or in which water is collected, require particular supervision.
6. Strict adult:child ratios must be met if children are taken on excursions to a place where there is water, whether or not the children are to swim. Refer to Standard 4: Excursions and Transport.

What practices can we put in place to ensure children's safety?

- Organise education for carers (educator) and all staff about dangers of children and water – children can drown in as little as 5 cms of water – and the need for constant supervision when children are participating in water activities.
- Ensure staff hold current, recognised CPR certificates.
- Check that a resuscitation chart is available (e.g. when an excursion is to a pool, and/or in your Excursion First Aid kit).
- Ensure carers (educators) directly supervise children involved in water play/water activities.

- Implement procedures such as:
 - emptying a wading pool, bath, basin or trough immediately after each use;
 - storing buckets, bowls etc., in a manner that water cannot collect in them; and
 - securely covering liquid-filled buckets.
- Have a maintenance schedule which ensures that vegetation near fencing does not enable children to climb fences and access a pool or other hazards; and
- Setting up equipment safely so that children cannot use the equipment to scale the fences or to access hazards.

For licensing, an applicant who has installed a water feature/ornamental pond will need:

- Evidence of, i.e. advising for the construction of that pond.
- Evidence (certification) that fencing complies with the Building and Construction code.

(I) 'Pool' refers to pools and other bodies of water which require fencing and gates to meet Australian Standards, e.g. spa or jacuzzi.

11 Standard 11 – Safe Environment

Every child has the right to be safe. Safety precautions will go a long way towards ensuring that as many accidents as possible are prevented. This means ensuring that all equipment and facilities are safe and suitable for the age of the children using them, and includes the safe storage of equipment and chemicals.

Accidents may be prevented when appropriate safety measures are in place.

Supervision

For information on understanding and implementing adequate supervision please refer to the information provided in Standard 1 of this document.

Risk management

A risk, is the likelihood of a hazard causing harm, it is something that is possible to negotiate and may be appropriate for particular situations and children.

Risk can arise;

- in any part of the environment where education and care is provided to children including the physical environment, staff members or other people at the service
- from an action or through a failure to act
- from systemic failure, such as a service not having adequate systems in place to control for risk.

A common tool used to analyse the level of risk is a risk matrix. This tool helps identify the level of risk by looking at how likely it is a negative event may occur, and the severity of the consequence should it occur. Answering the following questions can assist in this process:

- How likely is it to happen?
- How often might it happen?
- How serious is the outcome?
- What are the potential benefits and what strategies could be implemented to minimise the risk and maximise the learning outcomes and benefits?

Services should identify, assess and manage the risk of harm to anticipate the likelihood and consequence of an incident. Working to reduce the risk of harm will help ensure the health, safety and wellbeing of children, families, staff and community members within your service. Services should incorporate ongoing risk management practices by:

- completing regular risk management and safety checklists
- regularly updating maintenance logs kept of your premises, equipment and resources
- carefully planning new or risky experiences for children and identifying any emerging risks in play
- engaging in active supervision.

Conducting risk assessments is an ongoing process that occurs when:

- the service environment and practices are reviewed, changed or renovated
- new experiences are introduced
- excursions are planned
- children are transported by the service
- policies and procedures that require risk assessments, such as the emergency and evacuation policy and procedure, are updated

- potential risks are identified
- an accident or serious incident has occurred or a complaint has been received.

Risk Assessment and Management Cycle

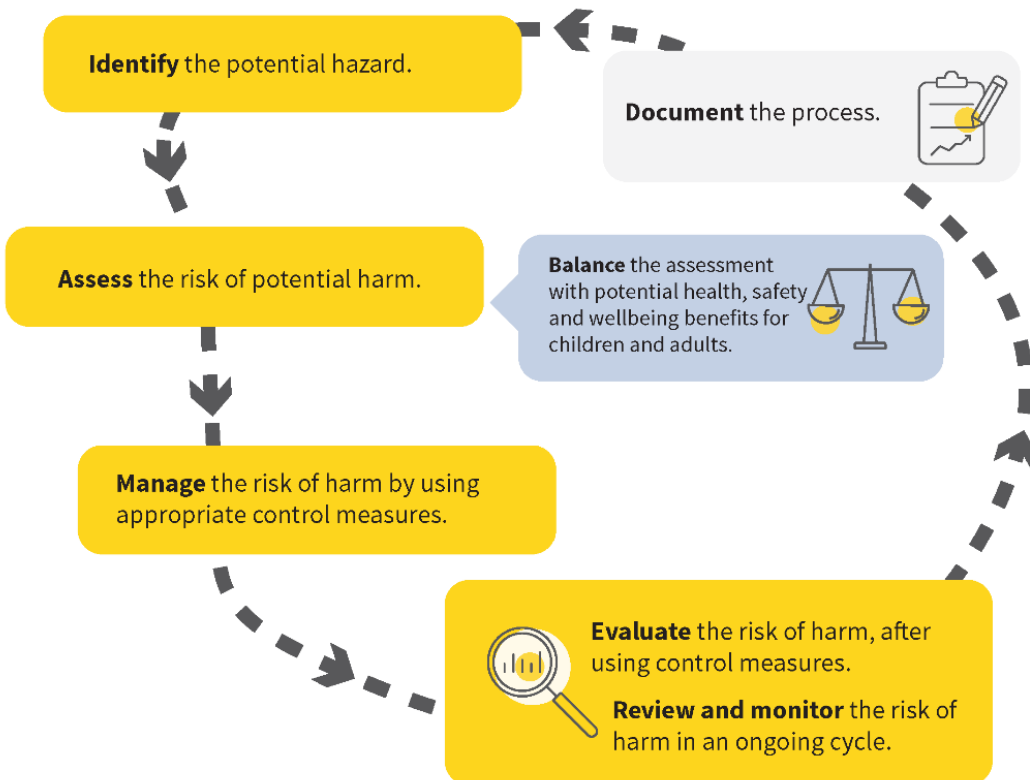
What is a hazard?

Anything that could cause harm.

What is a risk?

Any situation where the outcome is uncertain, positive or negative.

In the **risk management cycle**, you identify a hazard then determine the risk of potential harm.



How do you determine the risk of potential harm?

By asking these questions:

- How likely is it to happen?
- How often might it happen?
- How serious is the outcome?
- What could the positive outcomes be?



www.acecqa.gov.au

1300 422 327



Useful resources:

- Risk Assessment and Management Tool:
https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.acecqa.gov.au%2Fsites%2Fdefault%2Ffiles%2F2023-01%2FRisk%2520Assessment%2520and%2520Management%2520Tool%2520-%2520NQF_Review.docx&wdOrigin=BROWSELINK
- Risk assessment and management – Learning experience plan – Educators/Teachers:
<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.acecqa.gov.au%2Fsites%2Fdefault%2Ffiles%2F2021-08%2FRAMTemplate-ExperiencePlan-EducatorsTeachers.docx&wdOrigin=BROWSELINK>
- <https://www.acecqa.gov.au/resources/supporting-materials/infosheet>
- <https://educationandcare.tas.gov.au/child-care-services/forms-and-templates/>
- <https://educationandcare.tas.gov.au/child-care-services/resource-documents/>
- <https://kidsafe.com.au>

What is implied in the standard ‘maintaining a safe environment’?

It is expected that the licensee’s knowledge of preventive measures, as reflected in both the service’s written policies and practised procedures, will reflect community’s expectations, and a sound understanding of dangers to children.

Daily practices must reflect staff’s ongoing awareness that children’s safety is a constant responsibility. A key safety measure is supervision. Supervision plans are essential components of a service’s risk management procedure. It is important that children are supervised at all times.

The items on the service’s hazards identification and management checklist (risk management plan) must reflect the service’s location and particular circumstances. The hazard checklist must be completed daily before children arrive, or in the case of the outdoors check, before children access outdoor areas. Hazards could include, for example:

- toilets which have external access;
- outdoor play areas not adjacent to the indoor play areas;
- the risk of burns from electrical appliances; and
- the close proximity of busy roads, driveways or car parks near outdoor play areas

The service must have practices which are consistent with *Workplace Health and Safety* legislation, for example, ‘lock-out’ procedures on broken or damaged equipment; provision of personal protective equipment, where applicable; special precautions when doing renovations/maintenance, e.g. closing off the area and checking that contractors fulfil their duty of care requirements.

Can our service operate with only one staff member on the premises?

Yes, it is recognised that in some situations this will occur. However, the service must undertake to meet, and maintain, strict parameters to ensure the safety of children in the program.

When there is one staff member only on the premises, the service must have a written protocol that includes:

- The carer (educator) has an operating mobile OR cordless telephone if unable to readily

- access the landline/fixed telephone.
- The name and telephone number of a nominated person who is on call and available when the service is operating is clearly displayed, along with the other emergency contacts.
- The children and staff are familiar with, and regularly practise, the evacuation plan and other emergency procedures.

What are the requirements for storage and disposal of medications?

Children's safety is the prime consideration, and it is recommended that the service have policies and procedures in place to ensure that medications, including medication for self-administration, are kept out of the reach of children, e.g. not stored in their bags.

Medication must be kept in a lockable or child-resistant container, and it is recommended that medication that requires refrigeration be stored on the fridge shelf where the temperature is more constant rather than the fridge door.

Narcotic substances must be stored apart from other goods in an enclosure (e.g. a cupboard) that is securely locked and the key must be retained either with a person entitled to administer the substance or stored in a place not readily accessible to others. All other medications must be securely stored away from narcotics. For a list of narcotic medications see Schedule 8 of the Standard for the Uniform Scheduling of Medicines and Poisons. This can be found by browsing on <http://www.tga.gov.au/industry/scheduling-poisons-standard.htm>.

Sections 34 and 35 of the *Poisons Regulations 2008* relate to disposal of medications. It is best practice for security purposes that medications, in particular, narcotics are not stored on the premises overnight.

Please note that child care services are not able to destroy or dispose of medications, (e.g. in circumstances where a child may leave care, and the child's medication, for instance a narcotic substance is left at the centre). Narcotics must be returned to a pharmacy. It is recommended that you seek advice from a pharmacist regarding the correct disposal of all other medication.

First aid kits must also be inaccessible to children or locked. First aid kits, specially prepared for children's services, are available through suppliers such as St John's or Red Cross, and others.

Salbutamol used for emergencies must be controlled by the persons who are authorised to administer it*. If access to the first aid kit is only to those that hold the certification, the salbutamol could be stored in the kit, otherwise it must be stored in the manner required for emergency medication, see Standard 11.3.

* Persons authorised to administer Salbutamol are detailed in the Tasmanian *Poisons Regulations 2008* 54 (4).

What are the requirements for storage of adrenaline auto-injecting devices e.g. Epi-pens or Ana-pens?

Adrenaline auto-injecting devices must be stored in an unlocked, easily accessible place, away from direct heat. They must NOT be stored in the refrigerator or freezer.

- Adrenaline auto-injecting devices must be clearly labelled with the child's name.
- A copy of the child's ASCIA (Australasian Society of Clinical Immunology and Allergy Inc.) Action Plan for Anaphylaxis must be kept with the EpiPen or other device.
- Each child's EpiPen or other device should be distinguishable from EpiPens/other devices and medications of other children.

- All staff must know where the EpiPen or other device is located.
- The EpiPen or other device must be signed in and out when taken from its usual place, such as for excursions.
- Depending upon the speed of a child's past reactions it may be appropriate to have the EpiPen or other device in the room or in a bum bag in the outside play area.

It is important that 'trainer' EpiPens or other devices (which do not contain adrenaline) are kept in a separate location from childrens' adrenaline auto-injecting devices.

Are there special requirements in relation to the storage of chemicals, poisons and cleaning products?

Yes. Chemicals and a wide range of products such as cleaning products, pesticides, or bleach can affect a person's health by causing injury or illness. These substances need to be inaccessible to children. In Tasmania, all businesses and organisations are required by law to have a system to manage hazardous substances present in the workplace.

The *Workplace Health and Safety Regulations 1998* Part 77 (1) and (2) require that an employer keep and maintain a register which contains relevant Material Safety Data Sheets (MSDS) for all the hazardous substances used at the workplace. This register must be readily accessible to any employee. Material safety data sheets will assist in the event of an accident or incident. The supplier of the substance must provide an MSDS.

In Tasmania it is law that any container holding a chemical substance in a workplace is **correctly** labelled. Where possible, poisonous and dangerous substances must remain in original, labelled containers and methods of storing the substance must not pose a manual handling risk.

Where these products need to be transferred into smaller containers, e.g. for daily use in children's rooms, it is a legal responsibility to ensure that **smaller containers are clearly labelled**. Labels must not be removed, defaced, modified or altered. As well as being potentially dangerous, the storing of hazardous substances in food or drink containers is illegal under the Tasmanian Workplace Health and Safety Regulations.

Safely dispose of any leftovers immediately: for information on disposal, check the relevant Material Safety Data Sheet or contact the Department of Primary Industries, Water and Environment (Environment and Planning Division) on (03) 6233 6518.

Where can we find out more about storage of chemicals?

- WorkSafe Tasmania Helpline – 1300 366 322; and
- WorkSafe Tasmania (<http://www.worksafe.tas.gov.au/home>)

What about storage of dangerous items?

Staff must be alert to materials and items which can be dangerous for children, e.g., sharp, pointed, or jagged objects; woodwork tools; and glue guns etc.

Such items must be inaccessible to children when not in use.

Do we have to remove all poisonous plants?

No. However, the service is to ensure toxic or dangerous plants are inaccessible to children. Some common plants pose a health hazard if consumed, while others cause skin irritation.

Some plants attract wasps or bees; while others have sharp twigs, or prickles. Information about

toxic and dangerous Tasmanian plants can be obtained from Kidsafe Tasmania.

Are we able to keep pets?

Yes. Keeping pets can promote a sense of caring and responsibility in children; however, maintaining pets in a hygienic condition is essential, and staff are to be aware of the time required to maintain animals safely. It is also common to find that children have allergies to animals, and the service must consider this possibility.

How can we prevent burns, scalds and electric shocks?

The service provider needs to be aware of potential hazards in the environment that could cause burns, scalds and electric shocks, for example:

- any electrical appliances
- hot water including urns and kettles
- electrical cords, power points and plugs that are not maintained in good repair
- barbecues
- hot food and drinks
- activities such as cooking, candle making, using a glue gun
- oil burners, candles and incense burners.

Are there requirements about the condition of the service's buildings and grounds?

It is generally accepted that a clean and hygienic environment is desirable for the general health of children and staff. The Commonwealth publication *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services* has excellent information on appropriate cleaning practices.

The staff must be aware of ongoing maintenance issues which may cause potential dangers to children, such as:

- changes to play equipment due to their constant use
- vegetation which requires safe pruning
- sharp or rough edges on equipment
- trip hazards indoors and outdoors (e.g. floor coverings, storage procedures for toys and equipment)
- doors (door jamb covers/hinge guards provide significant protection).

What are the glazing materials specified in the Australian Standards?

The first glass safety standards were introduced in Australia in 1973. Australian Standard 1288 Glass in Buildings - Selection and Installation identifies three materials that meet the requirement for Grade A Safety Glazing Materials:

- toughened safety glass
- laminated safety glass
- safety organic coated glass (a continuous polymeric coating, sheet or film which can be applied to one or both sides of a piece of glass to prevent it shattering if broken).

Note: The maximum area for the application of safety organic-coated glass is 3 sqm.

What are the requirements about glazing?

A service's duty of care is to take reasonable steps to protect children from the risk of injury from reasonably foreseeable dangers. If those steps are not taken, and a child is injured, the service may be liable for damages.

Substantial damages awards in a number of recent court cases highlight the risk to property owners of windows and doors that do not meet the current glazing safety standards. This is more critical in buildings constructed prior to 1973 – however, glazing which does not comply with **current** standards is a potential hazard irrespective of the date of construction of the building.

What steps can we take to protect children from the risk of injury?

In a school age care setting, if a service does not have a certificate to verify that the glass in an area of risk meets the current Australian Standards, the service must develop a management plan. The Education and Care Unit will assist the service to assess the actual risks and advise on the options that are available to minimise any identified risk.

For example:

- If the service or owner of the building decides to reglaze the area, glazing must be installed by an accredited glazier, who has the responsibility to determine the correct type and thickness of glass to be used, as specified in the standards. The glazier must provide a certificate stating that both the materials and the installation meet the Australian Standard. It is recommended that clear glass in doors and side panels be marked with a motif or decoration at an appropriate child height.
- An option may be to place a barrier or barriers in areas identified as a risk. This barrier can be removable so that it can be taken away when the children are not in care. If the barrier cannot prevent access to the glass, it will not be accepted as an effective barrier by the Education and Care Unit.
- Specific programming for the area adjacent to the glass area may also form part of the management plan, for example, no ball games, running or active play near the window.

Which areas must have safety glazing installed?

It is recommended that, if a service is unsure of which areas have safety glazing installed, then an accredited glazier conduct a glass 'audit'. If the service decides to replace glazing, it is the glazier's responsibility to determine the correct type and thickness of glass to be used, as specified in the relevant glazing standards.

Australian Standard 1288 specifies **glass which is likely to be subjected to human impact**, such as:

- I. **Low level glass**, where the glass is less than 1000 mm above the floor (reference AS 1288: Para 5.15). Each original panel of safety glazing must be legibly marked in accordance with Australian Standard 2208.

If the safety glass is cut before being installed, the sections used must be appropriately labelled and compliance certificates issued.

Glass internal and external doors and side panels, including glazed panels which could be mistaken for being a doorway, and any other glazing that is accessible to children and identified as a hazard.

Glass in framed and unframed doors must be of safety glazing material, in accordance

with criteria specified in the standard which relate to the size of the door or panel. It is recommended that transparent glass be marked with a motif or decoration at an appropriate height.

Are there other risk factors to consider?

Yes. Australian Standard 1288 also includes a standard for 'special activity area/building' – refer to AS 1288: Para 5.16. In light of this standard, the service may discuss with the glazier the use/proposed use of a particular area, and activities/proposed activities in that space, e.g. an outdoor play area close to glazing.

Glaziers may install and/or certify glazing as meeting AS 1288, Para 5.15 that is, safety glazing to 1000mm above floor level, without knowing that Para 5.16 must also be applied.

Can safety film be applied to existing glass so that the glass will meet Australian Standard 1288?

Yes. Safety film can offer a quick, effective solution when the existing glazing does not comply with the required safety levels. The films require no modification to window frames, and can be applied to windows of any shape. However, **the glass must be matched to a film which will satisfy the impact requirements of Australian Standard 1288.**

Polyester film is an extremely strong material, which can absorb much of the impact into the glass. The adhesives used to apply these films to the glass are also very strong and durable. The polyester film is available in different thicknesses (100, 150, 175 and 200 microns) and it is the combination of a particular film with glass of a particular thickness that must pass the tests – so, for example, a thin film on thin glass will not pass the tests.

Certain glaziers are accredited to install safety film to Australian Standards.

Standard 11.12 c) allows for an 'effective barrier' for glazing identified as a hazard in a building licensed prior to September 2003 - what is an 'effective barrier'?

A barrier is effective IF it will prevent children having contact with glazing that has been identified as a hazard. Checks may include whether the barrier is rigid, and whether, with impact, it would come in contact with the glass, and how easily accessible that glazing is to children.

If the barrier cannot meet such tests, the licensing authority will consult further with the service about alternative measures to ensure the children's safety.

What are the requirements for Fire Safety?

Smoke alarms, required exits, installed and portable fire protection equipment. Under the *General Fire Regulations 2010*, schools, early childhood centres and school age care facilities are defined as both 'prescribed' and 'specified building'.

A 'prescribed building' requires the provider to comply with a number of fire safety related obligations including access to fire protection equipment at all times; and

A 'specified building' requires an approved fire evacuation plan to be in place, requiring the service to prepare and maintain an evacuation plan approved by the Chief Officer, Tasmania Fire Service [refer to Standard 17.6 (a)].

***Note 1:** These requirements are outlined in the publication *Fire Safety in Buildings: Obligations of Owners and Occupiers* (published by the Tasmania Fire Service in August 2002).*

***Note 2:** School age care settings can include a range of buildings – including schools, community/church halls or other buildings; and therefore the service may not be the owner/primary*

user of a building. However, the licensee of the service must confirm that the building complies with the requirements under the General Fire Regulations 2010 for this use, i.e. provision of a child care program, with regard to smoke alarms, required exits, installed and portable fire protection equipment.

Where there is a question about the fire safety of an existing building, the Education and Care Unit may require the licensee to have an inspection undertaken by the TFS or other appropriate person to confirm that the standard of safety is adequate.

For further information, go to the Tasmania Fire Service website <http://www.fire.tas.gov.au>. Follow the links to fire safety information/fire safety advice etc.

The website has useful information about types of smoke alarms, extinguishers and fire blankets, their maintenance, and instructions on their use.

Fire ‘cots’:

This is not a Tasmania Fire Service requirement. However, some services may elect to use a fire cot to assist with the evacuation of babies and toddlers.

For licensing, the applicant will need to provide the following documents:

- Hazard management policy/procedure, as per 11.1
- Hazard identification and management checklist, as per Standard 11.1 (b)
- Hazard identification and management checklist, as per 11.1.

Note: *Documentation will be assessed under Standard 15: Administration and Records.*

12 Standard 12 – Health, Hygiene and Infection Control

Children are influenced by the behaviour of others around them. When staff model good health and hygiene practices and positively encourage children to do likewise, the children are more likely to adopt appropriate personal health and hygiene practices.

Having appropriate hygiene practices in place ensures the wellbeing of children, families and staff, and minimises the risk of cross-infection. Up-to-date information from health authorities is crucial as recommended practices may alter in line with new research.

Written policies and procedures must be available at all times for parents, staff, volunteers and students. Services can ensure their duty of care is maintained by regularly updating and implementing their policies and procedures, and by keeping abreast of new information/developments relating to health matters.

Informing parents and staff of infectious diseases as they occur at the centre will enable them to watch for early signs and symptoms. Encouraging the early exclusion of children and staff may reduce the spread of the infection.

Why must our service keep records of cases of infectious diseases which require either exclusion or notification to relevant health authorities?

The Commonwealth publication *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services* includes recommendations from the National Health and Medical Research Council about a service's policy and practice with regard to infectious diseases and exclusion periods.

It is recommended that parents be advised of the service's exclusion policy, particularly in relation to non-immunised children, as part of the enrolment procedure.

Maintaining records of infectious diseases, such as conjunctivitis/ headlice/ chickenpox/ diarrhoea/ mumps, including advice from parents when children are absent due to an infectious complaint, will provide a useful record, for example, if health authorities are seeking information (consistent with privacy principles and confidentiality) about the incidence of a notifiable illness.

A proforma 'register' is available on the Education and Care Unit's website, at <http://www.education.tas.gov.au>.

Where can our service get up-to-date information about appropriate practices?

Helpful resources include:

- The Commonwealth Department of Human Services and Health publication *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services*. To keep this resource up to date, email your contact details to publications@nhmrc.gov.au
- The Safety Centre at the Royal Children's Hospital Melbourne, website <http://www.rch.org.au/safetycentre>
- ECA resources, including online resources at <http://www.earlychildhoodaustralia.org.au/>
- The National Health and Medical Research Council (NHMRC) website <http://www.nhmrc.gov.au>
- The Tasmanian Health Department website <http://www.dhhs.tas.gov.au>

Why is there a standard about carers' (educators') health?

The health and wellbeing of staff has a positive effect on the overall health and safety of the workplace. Workplace Health and Safety legislation also applies.

The service must have policies and/or procedures in relation to the health of staff – some of these may address, for example, clearance for employment, appropriate immunisation for staff working with children, accidents, medication, illness and exclusion periods in line with health authority recommendations. These policies and procedures must be made clear to prospective staff, prior to their acceptance of a position with the centre. A number of community organisations can provide advice on appropriate policies and procedures, for example the Tasmanian Chamber of Commerce and Industry, and relevant unions.

A service must have clear guidelines about the expectations of staff members' general health, and personal behaviour where this may impact on their ability to perform their duties, and their responsibilities to themselves, children, parents and fellow staff members.

It is the licensee's duty of care to ensure that no child or staff member is at risk due to workplace situations, such as a person being allowed to stay on the premises when it is inappropriate.

In situations where the licensing authority is concerned that, for reasons of health, a person employed or involved with the provision of care cannot perform their child care duties competently, the Secretary, Department of Education, may require that person to submit to a medical examination by a medical practitioner approved by the Secretary.

Why are drugs, alcohol and smoking considered relevant matters for licensing?

The use of alcohol and or drugs may impair judgement, thus increasing the risk of accident. This standard is consistent with Workplace Health and Safety legislation.

The standard about a smoke-free environment is also consistent with Workplace Health and Safety legislation. In addition, research continues to highlight the damage of 'passive smoking', particularly to those with asthma or other respiratory conditions. A 'no smoking' environment, therefore, is a safer environment for both children and staff. Staff, carers (educators) and management have a professional and ethical responsibility to ensure that child care environments are kept smoke free including when children are not present in the service.

What is our duty of care if we believe that a parent/authorised person is not capable of ensuring the child's safety, i.e. the parent/authorised person is ill, or under the influence of alcohol or drugs?

A service has no legal authority to prevent a parent taking their child from the service. So, failure to hand the child over to the parent based on staffs' assumption that a person is not capable of ensuring the child's safety, could lead to legal action.

However, there may be a breach of duty of care if a staff member hands over a child to a parent/authorised person who is affected by, for example, illness, alcohol or drugs to such an extent that the child's safety may be compromised, and the staff member could reasonably have foreseen that this action would place the child in danger.

It is recommended that the service's policy or procedures around this reflect a process to ensure the child's safety, e.g. discussing alternatives with the parent/authorised person, offering to call a cab for safe transport home, or other assistance considered appropriate to the circumstances; or

notifying the Police with registration details of the vehicles if the person leaves the premises.

In extreme situations, where it would appear that the child could be placed in grave danger, it is advisable that the service contact the Police for immediate assistance.

Note: *For licensing, the documentation required to meet this standard will be assessed under Standard 15: Administration and Records, and Standard 16: Policies and Procedures.*

I3 Standard I3 – Food and Nutrition

Children's services play a significant role in ensuring that children have a nutritious diet, which promotes their health and wellbeing. It is essential that services can demonstrate that they are capable of producing and storing safe and suitable food.

Our service provides food for the children in our care – where can we find out more about the requirements?

- Department of Health website <https://www.health.tas.gov.au/health-topics/food-safety>
- The Environmental Health Officer at your local Council
- Food Standards Australia New Zealand <http://www.foodstandards.gov.au>

These sites have extensive information regarding the FSANZ Code, and supporting materials.

What is required for licensing?

Licensing requirements cover:

- development and implementation of appropriate policy and procedures
- provision of detailed information to parents about the food offered to their child/ren
- ensuring that food which is provided is nutritious, adequate (in quantity) and offered at times to suit the children – this implies an understanding of the *Australian Dietary Guidelines for Children and Adolescents*.

Information on the storage of breastmilk and heating of bottles can be found at <http://www.breastfeeding.asn.au/>

To assist in achieving licensing requirements, a service policy and/or procedures could consider:

- promoting food and eating as a positive, enjoyable part of life
- including culturally appropriate and diverse foods and related activities
- providing an eating environment that is relaxed and comfortable
- promoting awareness, and understanding by staff, other children and parents of the need to respect children's individual dietary needs, particularly in relation to allergies
- assisting children to develop healthy food attitudes and eating habits by incorporating nutrition education activities in the program (such as cooking, excursions, gardening, related literary and music activities)
- presenting food in an appealing manner to encourage children to try new foods, and practise making food choices
- encouraging staff and carers (educator) to be positive role models
- providing information for parents.
- discussion with children about good nutrition and healthy eating
- discussion with children about not sharing drinking containers and eating utensils, in order to minimise the risk of infection such as meningococcal septicaemia.

The service's policy and procedures are not restricted to these topics e.g. staff training, food refusal, and communication with parents could be included.

What must we do about children and food allergies?

A service must also ensure that children's known food allergies are documented appropriately and known by relevant staff members, and that food handling within the service is appropriate to prevent children having contact with known allergens. This is particularly important where the service provides snacks and meals. More information in relation to children and food allergies can be found at www.allergyfacts.org.au

What about safe drinking water?

Water can be a source of infection and therefore all drinking water must be safe and acceptable for human consumption (i.e. 'potable'). Reticulated water (i.e. water that is piped to the tap) is usually treated and regularly tested by the water supply authority to ensure that it is safe.

Tank water, such as that collected from roofs, may contain harmful bacteria from bird and animal droppings as well as dust, dirt and chemicals from corroding roof materials. Such contaminants can thereby cause the water to become a source of infection and illness to persons drinking the water.

Owners and tenants in premises supplied with drinking water from a tank need to be aware that the tank water cannot be relied upon to be safe, and need to treat the tank water, e.g. with chlorine or UV light so that the harmful bacteria are destroyed. Alternatively, the water can be boiled before use.

Note: Many household water filters can remove chemical contaminants but the majority **do not** remove the harmful bacteria which can cause infection. Further information concerning roof/tank maintenance and water treatment can be obtained in the publication *Guidance on use of rainwater tanks* sourced at <https://www.health.gov.au/resources/publications/enhealth-guidance-guidance-on-the-use-of-rainwater-tanks?language=en>

Local government can provide advice on how to achieve safe drinking water from tanks. In the case of public and commercial premises including child care services, local government administers more stringent formal requirements that include regular testing of the tank water to ensure that it is safe for human consumption. The cost of such testing and any measures to make the water safer is the responsibility of the proprietor of those premises.

Where there may be concerns regarding the safety of the drinking water, including tank water, the water must be boiled or otherwise treated to make it safe. The Department of Health and Human Services in conjunction with local government can advise when this must occur.

For licensing, the applicant will need to:

- display a copy of the weekly menu; and
- develop appropriate policy and procedures.

Note: *Documentation will be assessed under Standard 15: Administration and Records, and Standard 16: Philosophy, Policies and Procedures.*

14 Standard 14 – Outdoor Play Environment and Equipment

Outdoor play is an essential element of the children's program, vital to their growth and development. Playgrounds are for the purpose of fun; however, young children constantly challenge their own abilities without being able to recognise potential risks or hazards. Injuries associated with playground equipment are significant, the most serious being linked to falls from equipment onto a hard surface such as concrete or bitumen, or falls from a height of one metre or higher. There must always be a high standard of supervision, given the level of potential risks and hazards.

It is also important to complete Daily Hazard Identification Checklists and you may want to refer to the ECU proforma 'Daily Hazard Identification checklist' at our website:

<https://educationandcare.tas.gov.au/child-care-services/forms-and-templates/>

Play equipment for babies and toddlers

An area for particular care is the use of swings with the baby/toddler age group, whether used indoors or outdoors. Swings are required to be set up on certified under-surfacing, at front, rear and sides of the equipment. Portable mats which have a non-slip surface are suitable if swings are used indoors. Young children fall head first and a Swedish study has shown that concussion can occur if a child falls onto concrete from only 200mm.

Although the use of swings can be very beneficial for babies and toddlers, this must be considered together with other factors such as safety of other children and staff, trip hazards, and so on.

Swings suspended from an overhead structure

Please see information located under Standard 7 - Equipment and Bedding.

Where the suspension members of the swing attach to the overhead structure, the distance between the suspension members must be wider than the seat itself which will minimise any potential for the swing to go off course.

There is a tendency to set up the swing at adult hip height – however, the swing is then too high off the ground, and provides an excessive fall height if the child falls out of the seat. For the safety of the babies, swings must be only 350mm from ground level and have an adult kneel on one knee whilst pushing the swing.

Where other equipment such as climbing equipment is used inside, there must be sufficient protection appropriate to the fall height, e.g. portable mats which meet the Australian Standard, well placed underneath the equipment.

There must *always* be a high standard of supervision, given the level of potential hazards.

Access to the outdoor play area?

The intention of Standard 14.1 a) v) is that children in an under school age care setting have access to the outdoors from each inside play area. Where it is not possible to achieve this, the licensing authority will provide advice, which considers the situation from the perspective of both the children who need access to the outdoors and any groups within the egress route to ensure that neither group is disadvantaged.

What steps can we take to reduce the chance of injuries?

Playground Surfacing:

The standard refers to a range of surface types being available. Where possible, these should be natural surfaces, e.g. sand, grass, organic softfall. However, in some localities, where the soil is poor or weather conditions such that it is difficult to properly maintain natural surface, then a synthetic surface may be the best solution.

It is recommended that the service discuss this with the licensing authority.

Playground injury is the leading cause of hospitalisation to children in the five to nine year age bracket. Playgrounds are the second most common setting for all childhood injuries after the home.

Impact Attenuating Materials (IAM)

Given the pattern and severity of playground accidents, the benchmark set out in the relevant playground standard includes:

- play equipment with a fall height of **less than 500mm** must be placed over a well-maintained, soft surface such as grass, mulch or sand – a hard surface is inappropriate;
- equipment with a fall height of **more than 500mm** requires an approved (i.e. certificated) softfall surface underneath and around it. This material must have evidence of testing in accordance with AS/NZS 4422;

***Note:** Grass cannot be relied on to provide protection for equipment over 500mm, as its ability to cushion a fall depends on wear and environmental conditions.*

- the **minimum depth for softfall is 250mm**, compressed, i.e. 250mm after it has been installed and trodden down. In high use zones, e.g. underneath a swing, it is recommended that the softfall be to a depth of 250mm *plus* 20%; Therefore it is recommended that a 300 mm depth be laid;

***Note:** The supplier may specify a depth for the loose fill material, depending on the height of the equipment and test results.*

- in supervised early childhood settings (i.e. where there is supervised outdoor play, and the children are under six years of age), there must be a **minimum fall zone of 1.9m** beyond the sides of the equipment and from its extremities, e.g. a swing arc.

A fall zone of less than 1.9m can only be accepted where this meets the requirements specified in **AS 4685 – 2004** and **certification** is provided;

- In school/public playgrounds the minimum fall zone is required to be 2.5m. beyond the sides of the equipment and from its extremities. A fall zone of less than 2.5m can only be accepted where this meets the requirements specified in **AS 4685 – 2004** and **certification** is provided. The entire fall zone must have certified material laid within it. When a service is considering purchase of new equipment, a service may seek advice from a playground advisory service.

***Note:** A fall zone is the surface that may be hit by a child/person falling from a piece of equipment. A person falling does not necessarily land directly underneath the equipment – they are more likely to fall slightly away from it, particularly if it is moving equipment, such as a swing. A specified fall zone*

of 1.9m and 2.5m, then, would require impact absorbing material to the correct depth to a distance around all sides of the equipment.

What must we consider when selecting an IAM surface?

When selecting impact absorbing material, the service may also consider relevant safety factors such as the age of the children, e.g. some organic materials may present a choking hazard to toddlers; or an inhalation hazard. Some children may be allergic to products such as pine bark. Organic materials must not be used in areas with very young children who are still learning about their environment by 'tasting'.

Whether the selected IAM surface is an organic product, or an synthetic product (such as rubberised tiles, foam surfaces, artificial grass), the service must obtain written certification from the supplier to confirm that the product conforms to testing as set down in the standard AS/NZS 4422. This may be in the form of a Certificate of Compliance from the manufacturer/supplier or as a copy of the Test Results from the Testing Laboratory.

Where an **approved** IAM surface is required, i.e. for equipment with a fall height of 500 mm or more, the product, whether organic or artificial, must preferably be laid by the supplier, with written certification given that both the product and the installation comply with Australian Standard 4422.

Maintenance of loose fill impact absorbing materials

Regular maintenance of a loose fill material is crucial to ensure that the depth continues to meet the standard. This means that the product will need to be regularly raked so that it is evenly distributed, and topped up as often as required. This is particularly important in high-use areas such as the areas underneath swings, monkey bars and at the base of slides and firemen's poles. Loose fill materials provide impact absorption dependant on the depth of the product. Once that depth is dissipated then the impact absorption qualities are detrimentally affected so regular raking and top ups are essential. The loose fill material must be well drained.

One recommendation is that the appropriate level for the IAM be marked on the equipment – this will be a good visual guide when the material is no longer at the correct depth. Where the service installs the IAM, e.g. to 'top up' the material, the instructions which originally came with the piece of equipment must be followed.

Maintenance of synthetic under-surfacing

This must be in accordance with manufacturers' instructions.

Playground Design:

Playgrounds can be designed for adventure *and* safety.

To make supervision easier, a play area must be designed to provide a clear view of the play area.

Essentially, playgrounds can be designed to incorporate four main 'play' elements: active, passive, creative and social, e.g. cubbies and shops. Quiet places, where a child can be alone, still allowing for supervision, can be incorporated.

The relationship of these areas to each other, i.e. the flow/pattern of children's play, must be considered, as it is important for children's safety to avoid conflict of activities. For example, areas for passive play should be placed well away from 'dynamic' playground equipment such as swings; or access to an 'active' area should not be right through a 'passive' area. Another consideration is placement of storage facilities particularly for mobile items.

***Note:** The licensee, to meet their duty of care, must become familiar with the content of the Australian Playground Standards and it is suggested that the service consider seeking advice from a playground advisory service when designing a playground area.*

Playground Equipment:

Playgrounds can be made safer by the selection of well-designed, age-appropriate equipment which meets Australian Standards. AS 4685 Playground Equipment which covers equipment purchased since October 2004, requires that all playground equipment is marked legibly and permanently with:

- the name, address and ABN of the manufacturer, importer or other supplier;
- an equipment reference and year of manufacture; and
- the base level mark of the impact absorbing surface.

Refer to 'Playground Surfacing' for information on fall zones around existing equipment, and equipment purchased since October 2004.

AS 4685 stipulates that in a supervised early childhood setting, children under six years of age, must not have access to a free height of over 1.5m.

AS 4685 also stipulates that that maximum free height if fall is 2.5m;

EXCEPT FOR upper body equipment such as monkey bars, or parallel bars where the maximum is 2.2m, in recognition of research on children's injuries from use of such equipment.

There must be safety rails on platforms and ramps over 500mm above ground. AS 4685 requires barriers on equipment at particular heights. For all school and public playgrounds i.e. other than supervised early childhood settings:

- decks/platforms from 500mm and up to 1200mm above ground must have a barrier not less than 700mm high from the deck surface; and
- decks/platforms from 1200mm and up to 2500mm must have a barrier not less than 900mm above the standing level.

The barrier must have vertical rails or solid infills that do not allow a child to gain a foothold and climb higher.

For equipment built or purchased prior to October 2004, the handrails and guardrails must be provided in accordance with AS 4685.1:2021 *Playground equipment and surfacing, Part 1: General safety requirements and test methods (EN 1176-1:2017, MOD)*

Maintenance of equipment

Ongoing maintenance to ensure the good repair of equipment is essential. This includes maintaining the appropriate depth of IAM to the recommended fall zone limits; ensuring no sharp or rough edges, no damage due to rust and wear, no protruding bolts or other components; no entrapment hazards including no finger entrapments e.g. mobile equipment trestles must have all caps replaced if missing or damaged. Any broken or damaged equipment must be repaired/replaced as soon as possible or removed/closed off.

Non-fixed or mobile equipment:

The service must be aware that non-fixed/mobile items are covered by the Australian Standards which relate to fixed equipment, i.e. non-fixed equipment must:

- Be set up on a **level surface**.
- Have 1.9m/2.5m of unobstructed space around each piece of equipment (1.9m if the children are under six years of age and are in a supervised early childhood setting, otherwise, the unobstructed space must be 2.5m).
- Where a fall zone is less than 1.9m/2.5m, it must be in accordance with AS 4685 – 2004, and certification must be provided.
- Be set up on certified impact absorbing material if the climbing height is greater than 500mm, otherwise set up on a soft surface.
- Have certified impact absorbing material laid within the entire fall zone.

***Note:** It is a Kidsafe recommendation that there is a maximum climbing height of 1m for children under three years, and 1.5m for three – five year olds.*

***Note:** Foam mats can move when children 'land' or run on them, and the area of impact absorption may therefore be compromised. The service provider must ensure that joins are in good condition and will stay together under normal use. Mats must be certified for use under equipment 500mm or more above ground and maintained in good condition.*

What are the relevant standards?

The Australian playground standards are viewed as the minimum benchmark, so carrying out the requirements demonstrates that a child care provider is taking responsible steps towards injury prevention and fulfilling their minimum duty of care.

The service must become familiar with all the relevant Australian Standards, which include:

AS 4685 – 2021 (Parts 1 – 6): Playground equipment

AS/NZS 4422 – 2022: Playground surfacing — Specifications, requirements and test method

AS 4685.0:2017 Amd 1:2019: Playground equipment and surfacing, Part 0: Development, installation, inspection, maintenance and operation

AS 4685.1:2021 (Parts 1 and 2): Playground equipment and surfacing

AS 4989:2015: Trampolines for domestic use — Safety aspects

Where can we get more information?

- Kidsafe NSW Inc. Playground Advisory Unit can give advice about every aspect of playground design/siting, equipment, safety, using play spaces to enhance children's development and imagination. Contact details are: Kidsafe Playground Advisory Unit, C/- Kidsafe, Locked Bag 4001, Westmead, NSW 2145, Telephone: (02) 9845 0890. Fax: (02) 9845 0895. Website: <http://www.kidsafensw.org>
- Standards Australia <http://www.standards.org.au>;

What other issues in relation to playgrounds must we be aware of?

Daily playground checks (hazard identification and management):

Each day, before the children access the outdoor play areas, a check must be made to ensure that the playground is safe, e.g. no loose rubbish, sandpit raked, softfall area raked.

It is recognised that some school based after-school programs will use playgrounds that the children have been playing on during the day – however, the licensee's duty of care requires that the outdoor play area is still checked for hazards, e.g. equipment may have been damaged during the

day. Where possible, this check must be conducted before the children access the outdoor play areas.

Maintenance Checks:

'Kidsafe' has produced some valuable checklists for services to use on a routine (daily/weekly), an operational (quarterly) and an on-going annual basis.

These checklists can be tailored to suit the needs of the service.

Checklists must be kept for two years as demonstration that the safety checks are carried out daily. Because these records are a legal record of the condition of the play space, checklists must be kept for 25 years, in accordance with the *Tasmanian Limitation Act 1974*, as demonstration that the safety checks are carried out daily.

Routine: (daily/weekly)

Identify obvious hazards resulting from vandalism, wear and tear, or weather conditions. (e.g. damaged parts, broken glass, syringes, loss of under-surfacing).

Operational (1 to 3 months)

More detailed – check the operation and stability of equipment, wear of components such as ball bearings and moving joints.

Comprehensive (Post Construction/ongoing Annual)

Compliance checks must be conducted post construction and each year by an impartial, competent person to ensure compliance with Australian Standards.

- Check for compliance with Standards; and
- Check the overall stability of the equipment, footings, surfacing, structural integrity, corrosion/rotting. Check for safety of any changes made due to repairs/replaced components.

Safety Equipment:

It is recommended that children wear safety helmets when riding bikes; and appropriate safety equipment such as knee and elbow protection when using other mobile play equipment.

Exercise Equipment in a school age care setting:

Where a service chooses to provide items such as trampettes, in addition to meeting standards relating to non-fixed equipment, the service must also consider the safety assessment procedures, e.g. before use, the trampette must be carefully checked to ensure springs and stitching are in good condition, and safety pads cover all springs.

Trampolines in school age care setting:

An Australian Standard (AS 4989:2015) has been developed about trampolines.:

Ideally, a trampoline should encourage development of gross motor skills and also present a stimulating environment which presents trampoline users with manageable challenges, through which users can find and test their limits. In order to provide these challenges, a balance must be found between risk and safety. The AS alone will **not** necessarily prevent injuries. Like other physical activities, trampoline use involves the risk of injury, particularly if the equipment is used improperly.

Australian Standard 4989 contains safety information, including 'Specific use limitation and Safe use instruction' – these highlight the need for proper supervision at all times. Manufacturers are required to provide additional materials including the supervisor's role in preventing injury, and

responsibilities of the owner and supervisor.

A service may elect to use a trampoline where it commits to the following parameters:

1. The trampoline: must be under 500mm in height for children under 6 years old;
 - a. is of the 'soft-edge impact attenuating frame' design
 - b. meets AS 4989
 - c. the service has certification to prove this
 - d. is positioned on an appropriate certified under-surface, with adequate clearance all *around, above and beneath*.
2. The trampoline is used in accordance with all the safety instructions of AS 4989-2006.
3. The supervisor is familiar with the safety instructions, and commits to implementing these and any other relevant guidelines around correct usage.

***Note:** It is recommended that the supervisor attend a relevant short course around supervision that may be developed by a relevant organisation.*

4. The service has in place and implements written procedures around the safe storage of the trampoline when it is not in use so that it cannot be used unless as a supervised activity.

Kidsafe also have a Fact Sheet about trampolines, at <http://www.kidsafensw.org/information-sheets/playground-safety/>.

How can we know whether shade is 'adequate'?

There are many issues to consider, such as seasonal changes to the amount of shade, time of day, size of the group and their activities, the service's overall approach to sun protection and so on.

In planning for shade, the service may consider:

- whether the shade will fall in the right place, at the desired time of day, at the desired time of year
- whether the shade will create a space that is comfortable to use in all seasons
- whether the shade will minimise the impact of indirect UVR on the space
- the impact of local conditions, such as prevailing winds, contrast between summer and winter temperatures.

In a school age care setting, where there is not adequate shade, the service's sun protection policy and procedures must address how this will be managed.

Shade can be made up of, and be maximised by, the use of shade structures, e.g. pergolas, covered verandahs, sails, fixed equipment, and/or shade trees.

Consideration is to be given to the shade quality, shade location and site usage patterns.

Priority needs to be given to areas where children play for extended periods, such as water play or sandpits.

Can we get help in planning our shade provision?

Yes. The Cancer Council of Tasmania has helpful resources available, such as the booklet *Shade for Child Care Services*, produced by the NSW Cancer Council and NSW Health Department, revised in 2005. This includes a helpful step by step guide on carrying out a shade audit, an objective process for measuring the shade and developing a strategic Shade Plan for a particular

site.

The booklet also includes planning for shade, and strategies to provide effective shade throughout the year. It can be downloaded from the NSW Cancer Council website, <http://www.cancercouncil.com.au> - just follow the links to child care/resources for early childhood services/shade and sun protection guidelines.

The Cancer Council of Tasmania's contact details are: Website: <http://www.cancertas.org.au>
Telephone: (03) 6233 2030.

Sandpits:

Sandpits provide for creative, imaginative, social and constructive play. Ideally, sandpits are to be located away from the active play areas. Sandpits need to be well constructed, have good drainage, and shaded/covered with shade. The sandpit edging must have rounded or at least bevelled edges to reduce impact injuries. In an under school age care setting, a sandpit must be securely covered when not in use to eliminate animal contamination; (sand regularly cleaned as it can be a source of infection, and any contaminated sand must be removed and replaced if contaminated by animals).

Tip!

The good news is that there is a wealth of information about every aspect of playground design/siting, equipment, safety, using play spaces to enhance children's development and imagination.

In addition, there are now training programs which will enable staff to assess whether their playgrounds comply with Australian Standards.

For licensing, the applicant must have available:

- Certification for softfall (if equipment has a fall height of 500mm or more).
- Certification for equipment covered by Australian Standards.
- Hazard identification and management checklist for previous 2 years.
- Trampolining documentation, if applicable.

***Note:** Documentation will be assessed under Standard 15: Administration and Records.*

15 Standard 15 – Administration and Records

A child care service needs to keep adequate and accurate records, and have appropriate administration practices in place to ensure the safety and wellbeing of children, and to ensure the legal protection of staff.

It is also important that the service ensures that children's information is up to date and readily available, in case of an emergency.

A service receives considerable personal information about children, their families and about staff members.

Such information is to be kept confidential. The service will need to determine who is able to access these records and under what circumstances. Information about a child must not be given to any other person without parental permission, except where statutory requirements dictate otherwise. Services must be aware of any applicable privacy legislation, and reflect this in the wording of, for example, relevant enrolment, employment, report forms, and policies; for example, advising parents that the licensing authority may access their child's enrolment information.

It is acknowledged that information/records may be taken off-site from the service – if this is the case, the service must have procedures in place to ensure that these records are dealt with in a secure and confidential manner.

How will we know if our forms are adequate?

A new service will be asked to submit forms such as enrolment, excursions, authorisation and administration of medication forms etc., with its application for a licence. The licensing authority will advise the service, if necessary, to ensure that the forms are worded sufficiently to collect all required information.

Existing services may obtain advice from the licensing authority when changing their forms.

On licensing visits, officers will check records to ensure that the service is collecting the necessary information.

What insurance cover does our service need?

To obtain a licence, the service must demonstrate that public liability and workers compensation insurance are current.

The service may check with an insurance broker or with their insurance company to determine what other insurances are required or recommended, such as Directors and Officers insurance, building and contents, and volunteers (i.e. persons who receive no remuneration or compensation when engaged in duties authorised by the service, e.g. parents who participate in fundraising activities or working bees.)

Why do we need to record arrival and departure times?

There are several reasons for recording arrival and departure times. To meet their duty of care and support effective emergency and evacuation procedures, staff must know which children are in attendance at any given time, therefore children's arrival and departure times must be recorded accurately on the daily list.

For licensing purposes, the service will be asked to submit attendance details for a period as specified by the licensing authority. These records will be matched with the staff rosters for that

particular period, in order to gauge that the staff ratios are being properly maintained.

Generally, the service must ensure that a child leaves only with the parent or with a person authorised by the parent. However, in a school age care setting, if parents allow their child to leave the program unaccompanied, this must be authorised by parents, in writing. Staff may sign the child out of care, and note the time the child leaves the program. When, in the case of emergency, parents ring the service to arrange for their child to walk home alone or to be collected by another person, any instructions must be carefully recorded by a staff member.

In a **Before School** program, the parent/person authorised by the parent must sign the child into care. Staff may then sign the child out of care when the child goes to school.

In an **After School** program, if children come straight from school or arrive unaccompanied, staff must sign the roll and note the time of arrival. The parent/person authorised by the parent then signs the child out of care.

In **Vacation Care** programs, the child may be both signed in and signed out by the parent/person authorised by the parent.

***Note:** The authorised person may be the staff member, if the parent signs an authorisation to this effect.*

Is a child's sibling able to collect the child from care?

With written parental authorisation, a sibling may collect a child from care. A service policy can stipulate that they will not allow collection of children in care by persons under a specific age, e.g. 16 years.

Must we notify parents of all accidents, incidents or injuries?

The service must establish guidelines for staff to follow. Some services may decide that parents do not need immediate notification, e.g. by telephone, of minor accidents or incidents; however, parents must be notified promptly of any serious accident/injury.

In situations when the child has an accident/injury to the head, parents must be notified as soon as possible, and the child closely monitored for signs of concussion.

Details of all significant accidents, injuries, or incidents must be detailed on an appropriate report form as soon as possible. Details must be accurately and objectively recorded. Parents must sign the report as an acknowledgement that they have been informed of the details of any accident, injury or incident and any action that was taken by the service.

In case there may ever be a dispute about the time that a parent was notified of a child's accident/injury, and the time that the child received treatment, the service must record on the accident/injury report the time the child left the service and the name of the person who collected the child.

Why do we need to keep a record of the child's immunisation status?

It is a requirement of the *Public Health Act 1997* that a person in charge of a child care facility obtains information about a child's immunisation status before that child commences care.

Parents may elect not to have their child/ren immunised because of medical or other reasons – but it is necessary to have a written record of this to enable the service to act promptly, and exclude non-vaccinated children in the event of an outbreak of illnesses such as mumps, rubella (German

measles), measles, polio, diphtheria, pertussis (whooping cough), polio or Hib infection. The service must inform families promptly if there is an outbreak of an illness which may impact on non-vaccinated children.

Keeping immunisation records up to date will enable the service to act promptly.

Public health authorities have developed guidelines to assist child care services deal with such situations.

Why do we need to keep a record of illnesses?

A record of illness will assist the service to implement any necessary action plan, such as notifying parents, upgrading cleaning or hygiene routines etc. Parents have a right to know of illnesses which may have been introduced to the service, and signs and symptoms that will alert them to any change to their own child's health.

Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services recommends recording, as a minimum, the name and age of child, the symptoms, the date and time symptoms were noticed, and the room/area the child was in.

It also recommends that similar details be maintained for staff/adults. A record of illnesses would assist public health authorities in the event of an outbreak of a notifiable disease.

It is a recommended practice (refer to *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services*), and helpful to the Tasmanian Public and Environmental Health Service of the Department of Health and Human Services if a service advises them of any case of a notifiable disease.

How long do we need to keep records?

Apart from licensing requirements, there are several reasons for keeping accurate records, such as the service's business, legal and insurance obligations. The service must be aware of other relevant legislation or regulations, such as taxation, workplace health and safety legislation, and local government building regulations.

Some organisations decide to keep enrolment records, for example, as part of their cataloguing of the organisation's history.

Investigation of a complaint:

Six years is a reasonable period of time that the licensing authority may need to check back in the event of a complaint or a query in relation to licensing.

The Tasmanian Limitation Act, 1974

Under the terms of this Act, a parent or guardian may commence legal action on behalf of a child within three years of an accident or injury. This time can be extended by a further three years by the court.

This means also that children may make a claim within three years of reaching 18 years, with an extension of three years if approved by the court.

A further possibility is that a condition/consequence of an accident or injury may not become apparent within the initial three year period following the accident or injury – in such an instance, the limitation period would commence from the time that the condition does become apparent.

Because the *Tasmanian Limitation Act, 1974* provides for the periods of time in which a claim can be made, the length of time that records should be kept must be in line with the Act. The majority of children are placed in child care by a parent or guardian, and a centre could reasonably expect that six years is the minimum period of time to retain records such as enrolment and personal information, authorisation and administration of medication, excursions, and parental permissions.

However, records of accident and injury, and treatment of the same, must be retained until a child turns 25 years of age.

If the service is unsure whether or not a situation will require investigation in the future, it would be prudent to retain all relevant records until the child turns 25 years of age. The service could also notify their insurance company of any incidents which may give rise to a claim.

The service may prefer to clarify their position by obtaining legal/insurance advice.

Financial records

Financial records must be kept for at least five years, consistent with the requirements of the *Income Tax Assessment Act 1936* (Section 262 (a) (4)) – enrolment and attendance records, and personnel records, are relevant to the area of financial accountability. The requirement to keep records for at least six years thus also covers the service's taxation/financial obligations.

Records of child enrolment/information

Records of child enrolment/information must be retained for at least six years.

However, if there is an incident, e.g. a child has a severe allergic reaction, then these records must be considered in the same manner as accident or injury records, and retained until the child turns 25 years of age.

It is recommended that, when the service is unsure whether or not a situation will require investigation in the future, the records be retained until the child turns 25 years of age.

Records of accident or injury, and any treatment given to a child

Records of accident or injury, or any treatment given to a child must be kept until the child turns 25 years of age. This is a requirement of the *Tasmanian Limitation Act 1974*, because a child can sue through a parent, or, in certain circumstances, in their own right within six years of becoming an adult (18 years).

Records of accidents or injury, or treatment of accident or injury, must be kept in case of legal action against the centre or a person associated with the service, in which case the record can be used as evidence.

Register of accidents, injuries and incidents

In the event of a civil claim, the register of accidents, injuries and incidents would be designated as a legal document, and therefore, must be kept for the same period as the actual accident or injury report forms.

Note: *The service may find it useful to maintain records of accidents and injuries, and of treatment of accidents and injuries centrally, in chronological order, to ensure that records are kept for the required length of time.*

Authorisation and administration of medication

In order to prevent any possible incident where a child receives too little or too much of a particular medication, the medication must be administered in accordance with Standard 15.4 (e).

If there are complications resulting from the administration of medication, the record must be treated in the same way as accident/injury record, that is, retained until that child turns 25 years of age.

Where the service has not obtained a parent's written permission, e.g. in an emergency, the service may choose to obtain verbal authority, in which case documentation of the same must be retained.

Daily hazard identification checklists

These are to be kept for a period of two years.

Maintaining paper or electronic copies is a sound practice, enabling a person to demonstrate that they had good systems in place. For example, if an incident occurred, a record of these checks having been completed daily would assist in demonstrating that the incident was an accident, rather than due to negligence, e.g. a gate breaking and a child escaping onto the road – if the gate had been fine in every check leading up to the incident, this would be treated differently than if the service was not able to demonstrate whether the gate had been checked, or how long there may have been an issue with it.

It is recommended that checklists include a space for 'ticking off' each item, rather than simply listing the items, and also for a signature.

If items are not 'ticked off', then the document needs to be clear about what the signature does/or does not mean – does it indicate that everything is fine, or does it indicate that everything has been checked – if the latter, the checklist must note where items that need follow up action have been recorded.

Personnel records

Personnel records such as a current Tasmanian Working with Vulnerable People Registration*, qualifications and current, approved first aid qualifications (first aid/CPR – including child CPR/asthma/anaphylaxis) will be required for licensing. Services are required to retain personnel records for at least five years, or for the period of that person's employment – whichever is the greater period.

Provided that the minimum period of five years is met, the actual period for retaining these records after a staff member has left the service's employment is a decision for the organisation.

What if our service is transferred to another operator?

The onus is on the previous operator to maintain the records created in their time of operation for legal purposes, e.g. to meet the requirements of the Tasmanian Limitations Act.

This does not preclude the first operator from handing them over to the new operator for storage purposes, provided that the previous operator can access them if required, i.e. an agreement put in place between operators regarding keeping the records and their on-going availability.

The records must stay with the service operator.

Status of electronic/scanned records:

Several organisations now scan records and provide these to the licensing authority via email. The scanned record is as valid as the original paper version, and it is not compulsory for the original to be kept – however, it is highly recommended that the original be retained.

A number of factors need to be taken into account in the storage of electronic records:

- that the scanned documents are clear and legible;
- that there is an appropriate electronic filing and storage system so that the records can be readily obtained;
- that they are backed up appropriately; and
- that long term storage is taken into account, i.e. services need to take appropriate measures to ensure that electronic records remain accessible despite technology changes – e.g. floppy disks are no longer accessible with current technology, CDs may not be used in the future.

***Note:** The legal term, 'best evidence rule' means that a court must be provided with the best evidence available. If an original document is available, this would be considered better evidence than a scanned document, however, if the original had been destroyed, the electronic version would be accepted as the best evidence available.*

What if our association or partnership dissolves or ceases operation?

A business is obliged to keep records, such as taxation records, for the prescribed period. The service must work out a procedure for safe storage of records.

For licensing, the applicant will need to have available the following documents:

- Service's philosophy.
- Information about times/days of operation, fees.
- Policies and procedures with a covering index (assessed under Standard 16: Policies and Procedures).
- A copy of the *Child Care Act 2001* and the Centre Based Care Class 5 licensing standards.
- Certificates of currency for public liability and workers compensation insurance.
- Any certificates relevant to safety glass, and plumbing re tempered hot water, pool fencing and gates, impact absorbing materials, and installation and outdoor equipment.
- Confirmation that cots and relevant furniture/equipment meet appropriate Australian Standards.
- Approval of the fire evacuation plan from Tasmania Fire Service,
- Record of inspection of fire protection equipment,
- Record of evacuation practices (to be kept for five years).
- Copy of the enrolment form.
- Hazard identification checklist for 2 years.
- Parent permission records.
- Attendance register.
- Authorisation/administration of medication records. Copy of the medication form (and self-medication form).
- Accident, injury, incident and notifiable disease records.

- Register of accidents, injuries, incidents and notifiable disease.
- Record of illnesses.
- Staff rosters for previous two years.
- Personnel records (such as current Tasmanian Working with Vulnerable People Registration*, current, approved first aid qualifications (first aid/CPR – including child CPR/asthma/anaphylaxis), drivers licences).

Note: The service must have clearly displayed:

- Fire/emergency evacuation plan
- The licence (all pages to be displayed)
- Contact information for the licensing authority (the Education and Care Unit)
- Emergency numbers
- When there is one staff member only on the premises, the name and telephone number of a nominated person who is on call and available when the service is operating.

*For further information regarding the requirements for a Tasmanian Working with Vulnerable People Registration refer to Standard 1.

Notifications to the ECU

Services are required to make a written notification to the Education and Care Unit of certain circumstances this includes:

- The death of a child
- Any serious accident or incident resulting in hospitalisation

Change to the days or operating hours Other circumstances that are recommended to be notified to the ECU include

- Any incident involving serious injury, trauma or illness to a child while being educated and cared for which the child attended or ought reasonably to have attended a hospital, or a reasonable person would consider that the child would require urgent attention from a registered medical practitioner.
- Any allegation or incident where the provider reasonably believes that physical or sexual abuse of a child or children has occurred or is occurring while the child is being educated and cared for by the service.
- Any emergency for which emergency services attended.
- A child is missing or cannot be accounted for or appears to have been removed from the premises by a person not authorised by a parent.
- A child is mistakenly locked in or out of the premises or any part of the premises.
- Any incident that requires the provider to close or reduce the number of children attending.
- Any complaint relating to children's health and safety, or alleging that a serious incident has occurred or is occurring at the service.

- Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service.
- Any infectious disease that have had to be notified to relevant health authorities.
- Any proposed changes to the services premises .

Notifications should be notified to the Licencing Officer of the Education and Care Unit and include the following:

- Details of notification such as incident, injury or complaint
- Completed incident report form
- Any other relevant documentation

The Licensing Officer may contact the service to obtain additional information or documentation as part of the review process.

Infectious diseases:

The service is to notify relevant health authorities and keep records of cases of infectious diseases which require either exclusion or notification (refer to Standard 15.4 i))

Download the National Health and Medical Research Council (NHMRC) publication *Staying Healthy: Preventing infectious diseases in early childhood education and care services*

<https://www.nhmrc.gov.au/> for information about infectious diseases which must be notified to the local public health department and exclusion periods for infectious diseases. of

For more detailed information, see the [National Health and Medical Research Council's \(NHMRC\) publication *Staying Healthy: Preventing infectious diseases in early childhood education and care services*, 2013.](#)

Mandatory Reporting

Carers(educators) are Mandatory Reporters in Tasmanaia and have legal obligations to report if you believe, suspect or know that a child has been or is being abused or neglected. Carers (educators) must contact the Advice and Referral Line as soon as possible. If you don't do this you could face penalties

In Tasmania, mandatory reporting requirements are outlined in the *Children, Young Persons and Their Families Act 1997*.

If you have concerns for the safety or welfare of a child, call the Advice and Referral Line on 1800 000 123.

If a child is at immediate risk and Police or medical assistance is required, dial 000.

When to Make a Report

As a mandatory reporter you need to contact the Advice and Referral Line as soon as possible if you know, believe or suspect that an unborn baby, child or young person:

- is being abused or neglected or is an affected child within the meaning of the Family Violence Act 2004.
- may be killed, abused or neglected by a person who they live with.

- if the baby isn't born yet, that he or she may need medical treatment or other intervention as a result of behaviour by the pregnant woman or another person.

You don't need to wait until you have evidence. Staff at the Advice and Referral Line will always want to hear from you if you're worried about a child's safety or wellbeing. You might be worried because:

- a child has told you something themselves.
- another person has told you something.
- you've personally observed things.
- you've come across information that makes you think a child might be unsafe.

What to Expect

A staff member will talk to you about the situation for the child and their family. This will include what you're worried about, anything that is going well for the child and their family, and what you think might help. The staff member will also:

- ask for your name and work details and whether or not you agree for this to be shared with the family.
- find out if you've already been doing some things to help the family and if the family know that you're concerned.
- assess the risk to the child based on what you've said and other information available to them.
- make a record of the conversation including the information you've given and any agreements you've made together
- talk to you about next steps to be taken

Your Confidentiality

People who call the Advice and Referral Line have a legal right to confidentiality.

The staff member will record your details, but won't disclose your identity without your consent unless they need to consult with another person acting in the course of official duties under the Act (such as another Advice and Referral Line staff member or a Child Safety Officer); or if they've been ordered by a court.

Staff will do their best to maintain your confidentiality if this is what you request. However, staff will need to talk to the family about what has been reported, and in many cases the family will guess where the information came from. The staff member can talk to you about this scenario, how it may impact you and the child and how you plan to respond.

Talking to the Family about Concerns

You can call the Advice and Referral Line without speaking to the family first. You should always do this if you think that raising your concerns with the family might increase risk to the child.

Some people also prefer not to raise their concerns with the family directly because they don't have an existing or ongoing relationship with the family or because they're worried about their personal safety.

However, in most cases talking to families about safety and wellbeing issues early and openly can be a way of gaining or maintaining their trust, reducing their anxiety and identifying solutions before things get more difficult.

To achieve change and build safety for children it helps staff from the Advice and Referral Line and the Child Safety Service to be able to talk openly with the family about who is worried and what they are noticing that makes them worried. This can help the family to acknowledge issues and accept support for themselves and their children.

Online Contact Form

We prefer all contacts to be made by phone so that we can make sure we have all the information we need to make an assessment. However, an [online contact form](#) is available for use via the Strong Families Safe Kids website.

For further information on Child Safety Services please visit: [Child Safety Service - The Department for Education, Children and Young People Tasmania \(decyp.tas.gov.au\)](#)

16 Standard 16 – Philosophy, Policies and Procedures

The way in which a service is administered will have a direct effect on the quality of care offered to the children and the wellbeing of staff and children.

When well administered, the service is able to respond promptly to the needs of children, families and staff, and sets clear expectations of the rights and responsibilities of everyone involved.

Written policies are an essential basis for effective and consistent communication among staff, management and families.

Parents have a right to know the service's policies and procedures. It enables them to make an informed decision on the appropriateness of that service for their child. Policies must be readily available to parents at all times. Standard 15.1b) 'Access to information' requires that policies are readily available to parents. This can be achieved by having a clearly labelled folder in a position which can be easily accessed by parents.

Some parents may have specific literacy or language requirements. The service may consider strategies to ensure that these parents are familiar with the service's policies, e.g. use of a translator.

Written policies facilitate continuity of the service's practices and procedures in the event of staff and management turnover, and assist staff to act in accordance with the service's intentions. It is expected that the service has a procedure to inform new staff of the service's policies, practices and procedures.

Policies are more effective when based on the service's philosophy, goals and objectives, and tailored to suit the nature of the service and its operations.

Policies must be regularly reviewed, with staff and parents having the opportunity to contribute to this process.

What is required for licensing?

Policies required for licensing essentially cover the safety, welfare and protection of children, the programs, and the administration of the service.

A service is definitely not limited to the range of policies required for licensing, and it is expected that a service will have additional policies and procedures in place to implement workplace and/or professional requirements. These additional policies could include, for example, staff development and training.

What information must the medication policy contain?

It is a licensing requirement that the service has a policy on medication – this must include:

- person administering medication is authorised by the person in charge
- paracetamol
- the administration of medication in emergencies (Standard 15.4 e), 17.4)
- the storage (Standard 11.3)
- disposal of medication.

Person administering medication is authorised by the person in charge.

The *Poisons Regulations 2008* specify that the child carer (educator) administering the medication

must do so in accordance with the authority of the person in charge (PIC). This doesn't mean that the PIC has to approve or even provide direct oversight of each administration of medication, but does mean that there needs to be a process in place where the PIC authorises carers (educators) who have demonstrated that they can manage the responsibility of administering medication. The carer (educator) should also have the necessary knowledge to administer the medication in whatever form it is required to be administered, e.g. orally, subcutaneously (i.e. injection), or rectally.

Paracetamol

Further information re the use of paracetamol can be found in the current *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services*.

Administration of medication in emergencies, and the necessary records.

See Standards 15.4 e), and 17.3 e) for further information. Please also note, that where salbutamol is administered in an emergency situation, the carer (educator) must have the certification authorising this.

Storage and disposal

Medication must be stored in the original, labelled containers at the temperature stated on the container. Emergency medication needs to be accessible to staff, whilst inaccessible to children.

The *Poisons Regulations 2008* also include specific requirements about the storage of *narcotic substances* - that is, they must be stored apart from other goods in an enclosure (e.g. a cupboard) that is securely locked and the key must be retained either on a person entitled to administer the substance or stored in a place not readily accessible to others. All other medications must be securely stored away from narcotics.

It is best practice that all medications are returned to the parents at the end of each day and that the service does not take responsibility for the ongoing storage. In the event that medication is not able to be returned to the parent the disposal of the medication should be in accordance with the *Poisons Regulations 2008*. Further information regarding correct disposal may be obtained from a pharmacist.

Other

The medication policy could also include, for example, the service's decision about the use/non- use of 'over the counter' medications, the use of asthma medication or antihistamines in an emergency, and other related matters that the service considers important. It may reflect medical/ legal advice that the service has obtained.

What level of detail is required?

It is important that a service modify and adapt 'model' policies to suit their operation and the venue.

The Commonwealth publication *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services* includes recommendations from the National Health and Medical Research Council about a service's policy and practice with regard to infectious diseases and exclusion periods.

It is recommended that parents be advised of the service's exclusion policy, particularly in relation to unvaccinated children, as part of the enrolment procedure.

Standard 16.2 c) iv) 'Exchange of information with parents' can include a wide range of matters that

parents are keen to/need to hear about their child's day, such as nutrition (i.e. what the child has actually eaten, whether it has been provided by the service or by the parent), sleep and toileting, as well as details of the child's experiences and program.

A service must have a policy regarding parent's access to their child/ren and parent's being able to access the service at any time, and have opportunity to speak with staff. This policy may also include a policy and/or procedures on the visiting rights of the non-custodial parent, to assist staff deal with potentially difficult situations, and to protect children.

Policies and procedures around child protection and related matters need to be consistent with the *Child, Young Persons and their Families Act 1997* and the *Family Violence Act 2004*.

Standard 16 requires policies/procedures for **security arrangements** for:

- **overnight care**, as per Standard 18: Overnight Care (i.e. where overnight care is regularly offered by the as part of its program)
- **overnight events** held on the licensed premises, e.g. as part of a Vacation Care program. Such events can occur once per program, i.e. up to three such events per year. The service is expected to follow the appropriate criteria set out in Standard 18: Overnight Care. It is recommended that the service advise their insurer of any events which incorporate overnight care, whether on or off the licensed premises
- an **excursion/camp with overnight care**, as per Standard 4: Excursions and Transport which outlines the criteria for maintaining a safe environment for children;

Standard 16.2 d)(ii) requires a policy on **behaviour guidance**. Where a school age care program operates within a school, it may try to ensure that 'behaviour management strategies are consistent with those operating within the school'. It is recommended that, where and as appropriate, the school age care program consult with the school about behaviour guidance practices.

For licensing, the applicant will need to provide the following documents:

A copy of the policies and procedures listed in Standard 16.

17 Standard 17 – Emergency Procedures, First Aid and Medication

It is important in an emergency to have appropriate, well-practised procedures in place. Staff must remain calm, be able to quickly assess the situation, and have the knowledge and training to act immediately to minimise any danger to children and adults.

Where can staff gain first aid training?

Staff can obtain appropriate first aid training from a registered training organisation (RTO).

Although licensing standards require one staff member with current first aid qualifications (first aid/CPR – including child CPR/asthma/anaphylaxis) to be present at all times, some services require *all* staff to have a current first aid qualification which makes rostering of staff, excursions and outings much easier.

First Aid Qualifications must comply with the First Aid Qualifications as set out from time to time and published on the Education and Care Unit's [website](#)

Please refer to ACEQA's website for a list of approved courses: [First aid qualifications & training | ACECQA](#)

What do we need in the first aid kit?

Services can seek advice from a recognised First Aid provider, about all items needed for the first aid kit. Items which are out-of-date must be safely discarded. A belt bag is a convenient way to carry a modified first aid kit for routine excursions and outside play. It is recommended that the service obtain advice about including an antihistamine which could assist with immediate first aid if a child were, for example, to have an allergic reaction to an insect bite or similar.

Emergency medication and excursions

The service must ensure that individual children's medical requirements, such as asthma/anaphylaxis/allergy medication, are taken on excursions.

Children with asthma, severe allergic reaction or anaphylaxis must have an Action Plan which, together with their emergency medication, is easily accessible for staff.

Adrenaline auto-injecting devices, e.g. Epipens/Ana-pens must be:

- stored in an unlocked, easily accessible place away from direct heat; and **not** in a refrigerator or freezer;
- clearly labelled with the child's name; and distinguishable from adrenaline auto-injecting devices of all other children; and
- kept in a location known to all staff.

A copy of the child's ASCIA (Australasian Society of Clinical Immunology and Allergy Inc.) Action Plan must be kept with the EpiPen. In general, adrenaline must only be administered if there is a Medical Action Plan in place for the child. In other circumstances, Tasmanian Ambulance Services must be called on 000 and their directions followed.

The adrenaline auto-injecting device must be signed in and out when taken from its usual place, such as excursions.

It is important that trainer adrenaline auto-injecting devices (which do not contain adrenaline) are

kept in a separate location from the children's personal adrenaline auto-injecting devices.

For further information, refer to <https://www.allergy.org.au/>

How can we promote staff members' awareness of their responsibilities in an emergency?

The service may:

- Provide in-service training on relevant policies and procedures.
- Familiarise children and staff with evacuation and emergency procedures.
- Clearly display telephone numbers of emergency services in each area and/or by each telephone
- Have a minimum of two practices of evacuation procedures each year, and keep a record of these practices.
- Clearly display the evacuation plan procedures in each area, for the information of parents, visitors and students as well as for staff.
- In the event that a single staff member only is on duty, provide that staff member with telephone numbers for nominated service personnel.

How should we deal with a child who is suddenly ill?

Arrangements should be made for the child to be collected as soon as possible. It is suggested that staff make a note of the number of calls made to the parent/emergency contacts; and also note any changes to the child's condition. A child who appears to be suffering from an infectious condition should, where possible, be isolated from the other children, in an easily supervised quiet area.

If a parent advises that their child has a notifiable disease, the service must immediately notify the Tasmanian Public and Environmental Health Service on **1800 671 738**. An authorised officer will advise the service of any necessary further action. If there is any doubt about an exclusion period, it is recommended that the service contact the Public and Environmental Health Service for advice.

What information should accompany a child who requires medical/ emergency treatment off the premises?

This will depend on the nature of the illness or emergency – for example, symptoms and when these were noted; time and details of accident or injury; or time the child last had food and drink. A helpful reference is the Commonwealth publication *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services*, which contains sample report forms and advice on procedures.

Why must we keep records of the administration of medication?

A record of administration of medication is necessary to ensure there is no risk of giving a child duplicate dosages, and to protect the interests of staff.

In order to prevent any possible incident where a child receives too little or too much of a particular medication, the medication must be administered in accordance with Standard 15.4 (e) i) and ii), that is, with parental authorisation, and in accordance with doctor's/pharmacist's instructions. The dosage must be checked by someone other than the person who administers it, and this person must also witness its administration (except for a single staff service).

The service's fire evacuation plan

The Tasmanian *General Fire Regulations 2010* classify child care centres as 'specified buildings'. Specified buildings are required to have a fire evacuation plan which has been approved in writing by the Chief Officer, Tasmania Fire Service. Approval must be obtained in writing every five years, or on each occasion that there are renovations/alterations to the building which impact on the evacuation plan.

The *General Fire Regulations 2010* state that practice evacuations are to be performed at least once a year following final approval of the evacuation plan.

An evacuation plan refers to the evacuation **procedure** rather than to a diagram of the building – however, a floor plan (with the exits, the designated meeting place, and fire protection equipment, e.g. extinguishers, marked on it) may be lodged in support of the procedures.

If the service is linked to a school, it may be appropriate to adopt the school's fire evacuation plan – however, it is then necessary to amend the school's fire plan to incorporate the school hours care program.

In the interests of children's safety, at least two practice evacuations are required for licensing. The attendance of the Tasmania Fire Service is not a requirement at these practice evacuations, however, their attendance at one practice evacuation is recommended, and helpful in evaluation the service's evacuation procedure.

Displaying the fire evacuation plan

Display a 'Quick Action Plan', i.e. the crucial, emergency steps to evacuation, in all significant areas. It is not necessary to display the complete evacuation plan. Further information may be obtained from the Tasmania Fire Service at www.fire.tas.gov.au

***Note:** The documentation required to meet this standard will be assessed under Standard 15: Administration and Records and Standard 16: Philosophy, Policies and Procedures.*

Emergency and Evacuation rehearsals

In accordance with standard 16, services are required to have written policies and procedures in place for dealing with emergency situations and evacuations/invacuations (lock downs). The procedures must set out instructions for what must be done in the event of an emergency and an emergency and evacuation floor plan.

Invacuation (lock downs) and evacuation procedures should be reviewed regularly to remain current and relevant to the service, and must be rehearsed at each service. In accordance with Standard 17 evacuation practices are to be conducted at least twice a year.

The service should consider implementing the following as best practice to support children's health and wellbeing to meet the requirements of section 29 of the Child Care Act:

- Conduct regular invacuation (lock downs) and evacuation rehearsals to ensure all carers (educators), volunteers, students and children are familiar with the process.
- Conduct a risk assessment to identify potential emergency situations that are relevant to the service. A risk assessment is a systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking and determining suitable mitigations

- Display a copy of the emergency and evacuation floor plan and instructions in a prominent position near each exit at the premises.
- Have access to a telephone or similar means of communication during emergency situations and rehearsals.

Invacuation (lock down) is security measure taken during an emergency to prevent people from leaving or entering a building or premises until the threat or risk has been resolved.

Some examples of situations that may prompt emergency procedures needing to be implemented:

- Evacuation: fire and smoke, personal injuries and floods and other natural disasters, biohazards and chemical spills, gas leaks.
- Invacuation: threats, bomb threats, suspicious mail, unauthorised people attempting to access the service, animals such as snakes in the outdoor environment.

Different emergency situations may present different levels of risk and require different responses, dependent on where a service is located. For example, a service might be located in a flood prone region, or be surrounded by bushland making it more susceptible to bush fires.

Consider consulting with relevant authorities in your jurisdiction, such as a fire safety adviser or emergency services authority, for advice about evacuation plans and emergency exits when developing your policies and procedures

For further guidance to support developing or reviewing emergency and evacuation policy, procedures and practices: <https://www.acecqa.gov.au/sites/default/files/2021-09/EmergencyEvacuationGuidelines.pdf>

18 Standard 18 – Overnight care at the licensed premises

A service which provides overnight care, whether the occasional 'sleepover' or as a regular service to families, is expected to maintain the same high standard of care that it provides during the normal operational hours.

In addition to continuing to meet all other standards, the service must meet the requirements of Standard 18 in order to have a Condition of Licence to provide overnight care.

What is extended hours care (an occasional extension to the service's normal operating hours)?

Extended hours care is an extension to the service's normal operating hours – it is not 'overnight care'. It is recognised that a service may wish to provide "extended hours care", (e.g. until 9.00 or 10.00 pm on a "one off" basis, for example, to meet families' care needs when there is a special function/meeting being held at the service).

The service is required to advise the licensing authority whenever it intends to open for extended hours.

It is recommended that the service also advise its insurance company and any other relevant contacts, such as the service's security firm.

Our school age service would like to have a 'sleepover' during the holiday program – is this considered to be 'overnight care'?

Yes. A sleepover is covered in Standard 18.2. Please note that the staffing ratios for 'sleepovers' are in line with excursion ratios, in order to deal adequately with programming and supervision.

Such events can occur once per program, i.e. up to three such events per year. It is recommended that the service advise their insurer of any events which incorporate overnight care, whether on or off the licensed premises.

What is overnight care ('regular service')?

Overnight care ('regular service') is considered to be care provided between the hours of 7.30pm and 6.00am on a *regular* basis.

In order to provide this service to families, the service must meet the requirements specified in the standard 18.1, and display the endorsement to their licence.

Overnight care involves additional requirements to those for long day care, such as:

- adequate and suitable sleeping arrangements
- supervision
- security.

Must a service have licensing approval in order to provide overnight care (regular service)?

Yes. In order to obtain approval to provide overnight care, the service must meet additional criteria to have a Condition of Licence approved by the licensing authority.

Assessment will focus on the suitability of the proposed physical facilities, such as sleeping arrangements, the kitchen area, bathroom and toilet facilities, eating and playing areas, ease of access to these areas, storage;

The service may also consider:

- the security arrangements for both children and staff
- staffing arrangements
- an appropriate program for children during the evening, giving particular consideration to those children who may not settle easily
- menu/food and drink provision.

It is recommended that the service also discuss the proposed service with relevant Commonwealth Departments, e.g. Department of Education.

What is considered to be appropriate security?

Security requirements for overnight care are a different consideration from daytime care. The service must consider matters such as access to the building and/or the property, evacuation and emergency procedures, monitoring by the service's security firm, and the protection afforded to both staff and children by having a minimum of two people on duty throughout the night.

It is a parent's responsibility to check that security arrangements meet their expectations.

It is a requirement that the service document security arrangements, and it is in the service's best interests to ensure that parents receive a copy prior to the commencement of the overnight care, and to ensure the parent's acknowledgement of this. The document will also assist staff to understand their responsibilities.

The service should also advise its insurance company and any other relevant contacts, of the Condition of Licence.

What sort of bedding/sleep area must we provide (regular overnight care)?

Stretchers and sleep mats, although adequate for rest periods during the day, are not considered suitable for overnight care.

Beds must be a suitable size, and in a well-ventilated area.

There must be sufficient bed linen (e.g. sheets/duonies/blankets/imperious mattress covers/pillowcases, where required) for the number of children.

If bunks are used for school age children, they must meet the relevant Australian Standard, i.e. Australian Standard 4220: 2010, which is mandated under both Commonwealth (*Trade Practices*) and Tasmanian (*Sale of Hazardous Goods Act 1977*) legislation. This concerns guardrails, gaps, ladder, and mattresses. Information about bunks can be obtained from the Tasmanian Government Consumer, Building and Occupational Services

<https://www.cbos.tas.gov.au/topics/products-services/safety/around-the-home/bunk-beds>

School aged children under six years of age must sleep on the lowest bunk.

Where necessary, the cultural appropriateness of the bedding may also be considered.

Sleeping arrangements must be discussed with parents prior to the child being placed in overnight care.

For licensing, the applicant will need to provide:

- A copy of the security arrangements for overnight care; and
- Program information.
- Certification that furniture meets relevant Australian Standards, where applicable,
 - e.g. bunks.

Note: Documentation will be assessed under Standard 16: Policies and Procedures.

For re-licensing, the licensee will need to provide:

- Relevant rosters for the previous two years.

Note: Documentation will be assessed under Standard 15: Administration and Records.