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Tasmanian

Licensing Standards

For

Centre Based Child Care, Class 5 (0 – 12 years)

Prepared by the Education and Care Unit
Department of Education

April 2012

PREFACE

Tasmanian Licensing Standards for Centre Based Child Care, Class 5 (0-12 years)

A draft of the *Tasmanian Licensing Standards for Centre Based Child Care Standards, Class 5* were reviewed and modified in December 2011. This version became effective from 1 January 2012. The final version of the *Tasmanian Licensing Standards for Centre Based Child Care Standards, Class 5 I* were finalised April 2012 and implemented from May 2012.

Scope of the Licensing Standards for Centre Based Care, Class 5

The standards are applicable to all Centre Based Care, Class 5 services that are required to be licensed under the provisions of the *Child Care Act 2001*, Section 11. These services are defined* to include Occasional Care services and services funded through the Australian Government Budget Based funding program.

The standards are minimum standards. *The Child Care Act 2001*, Section 6 states 'The interests of children are to be regarded as the paramount consideration in the interpretation, enforcement and administration of this Act, the regulations and the standards'.

***Definitions**

Occasional Care comprises services providing education and care for 0-12 year olds on a sessional basis for short periods, that is, less than 8 hours a day, 5 days a week, 48 weeks a year.

Note: They may enable parents to attend appointments, take care of personal matters, undertake casual or part-time employment, study or have temporary respite from full time parenting. These services may be provided by community based or private providers and may be funded by the Australian or State Governments or operate without funding.

Budget Based Funded (BBF) early childhood services are funded by the Australian Government.

Note: They are funded by the Australian Government where the market would otherwise fail to deliver services. BBF services are predominately in rural, remote and Indigenous communities and are also operationally known as non-mainstream services. They may include long day care centres.

Format

Each Licensing Standard has two parts - the Standard and the Explanatory Notes.

The purpose of the Explanatory Notes is to assist services in the interpretation of the Standard, inform services regarding the practices of the Education and Care Unit in assessing the Standard, and to provide details of where services can obtain further information.

It is anticipated that the Standards and associated documentation will be reviewed as necessary, and services will be invited to participate in any review.

Development of the Centre Based Care, Class 5 Standards

Background to the development of the Standards

The National Quality Framework for education and care was implemented on 1 January 2012. The definition of the National Quality Framework (NQF) for education and care services does not include occasional care and budget based services. In Tasmania, these services have been renamed as Centre Based Care, Class 5 and are specifically stated in the *Education and Care National Regulations* as being excluded from the definition of an education and care service. These services will continue to be licensed under the *Tasmanian Child Care Act 2001*.

The Tasmanian Standards for Centre Based Care, Class 5 (0 – 12 years), have been modified to be a concise combination of the previous Tasmanian Licensing Standards Centre Based Care, Class 1 (CBC1) and Centre Based Care, Class 2 (CBC2).

As the terms CBC1 and CBC2 will no longer be required, to distinguish between specific age groups, the following terms and definitions have been applied:

'under school age care setting' previously known as CBC1;

'school age care setting' previously known as CBC2;

Note: Where a 4 year old is in a school age care setting, they will be included as school age, unless otherwise specified.

However, due consideration should be given to whether higher ratios, alterations to the care environment or review of the program to specifically cater for four years olds may also be required to support a safe and suitable care environment for all children.

Changes in relation to references to the Building Code of Australia (BCA)

The Tasmanian Licensing Standards for Centre Based Care previously referenced the BCA and/or BCA Tasmanian-Appendix requirements in a number of the Standards that related to the physical premises.

Within the Tasmanian Centre Based Care Standards, Class 5, these direct references to the BCA and BCA Tasmanian-Appendix have been removed, as the requirement to meet these is contained in the relevant building legislation. As with any relevant legislation, services are required to ensure they comply. The references to building matters in these Standards now refer more to functionality and procedural requirements than building requirements.

Note: The Building Code of Australia (BCA) and/or BCA Tasmanian-Appendix requirements apply to new buildings and new building works, such as major renovations. Under the *Building Act 2000*, section 117(6), the re-use of a building for which a new registration, licensing or approval is required by a function control authority (of which the Education and Care Unit is one) is taken to be a change of use of the building. Section 117 specifies further requirements around the change of a use of a building, including the need for an Occupancy Permit or Building Permit (as relevant). This may mean that the BCA and/or BCA Tasmanian-Appendix may also apply in these situations, not just new buildings/new building work.

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Glossary

I FIT AND PROPER

STANDARD

The child care service provider and all persons who have regular contact with the children who are placed in the service's care are to be fit and proper persons.

Rationale

A duty of care is owed to all children in a child care service, and the standard of care required in relation to these children is high. In order to ensure that the safety of children is maximised and their developmental needs are addressed, a child care service provider must ensure that all persons who care for children directly, other staff, and those who have regular contact with children at that service, are fit and proper persons. This includes persons who are in the presence of the children in care on a regular basis, (for example, visitors, members of the service operator/management committee, contractors, volunteers and students) or in a capacity that would indicate to children that this person is a 'friend' and not a stranger of whom to beware. This excludes parents who are visiting or collecting their children, are assisting in the program as 'parent help' and are not conducting other business at the service or fulfilling a functional/management role.

Note: Refer to Schedule I for definitions of terms.

I.1 Fit and Proper

The licence applicant/holder and other persons connected with the child care service are to meet the following criteria in order to be assessed as a fit and proper person, in conjunction with the provisions of the *Child Care Act 2001*.

a) The licence applicant/holder/licensee representatives (where the applicant is a body rather than an individual, at least two representatives must meet the following criteria) are to:

- i) satisfactorily meet all requirements of the 'Fitness and Propriety' check conducted by the licensing authority; including maintaining a current safety screening clearance issued by the Department of Education;

Note 1: If a person is assessed as a fit and proper person under the *Education and Care Services National Law (Tasmania) 2011*, and the determination is current, the person is taken as a fit and proper person under the *Child Care Act 2001*.

- ii) demonstrate an understanding of their legislative responsibilities under the *Child Care Act 2001*; and
- iii) implement procedures to ensure that all staff and other persons connected with the service are fit and proper.

b) All members of the service operator (other than the nominated licensee representatives who are listed in I.1.a)) who are directly involved in the management of the child care service are to:

satisfactorily meet all requirements of the 'Fitness and Propriety' check conducted by the licensing authority; including maintaining a current safety screening clearance issued by the Department of Education;

Note 2: If a member of the service operator (other than those listed in I.1.a)) is assessed as a fit and proper person under the *Education and Care Services National Law (Tasmania) 2011*, and the determination is current, the person is taken as a fit and proper person under the *Child Care Act 2001*.

c) Responsible persons are to:

satisfactorily meet all requirements of the 'Fitness and Propriety' check conducted by the licensing authority; including maintaining a current safety screening clearance issued by the Department of Education.

Note 3: If a Responsible Person is assessed as a fit and proper person under the *Education and Care Services National Law (Tasmania) 2011*, and the determination is current, the person is taken as a fit and proper person under the *Child Care Act 2001*.

d) Persons in charge are to:

satisfactorily meet all requirements of the 'Fitness and Propriety' check conducted by the licensing authority; including maintaining a current safety screening clearance issued by the Department of Education.

(See Note 4)

e) All staff, including persons under 18 years of age, are to:

maintain a current safety screening clearance issued by the Department of Education.

(See Note 4)

f) Persons 18 years and older who are volunteers, students, or regular visitors, are to:

maintain a current safety screening clearance issued by the Department of Education.

Note 4 [applies to 1.1d), 1.1e) & 1.1f]): If the person is assessed as a fit and proper person under the *Education and Care Services National Law (Tasmania) 2011*, and the determination is current, the person is taken as a fit and proper person under the *Child Care Act 2001*. If this person fulfills the role of person in charge, staff member, or is 18 years and older and a volunteer, student or regular visitor, that person must also maintain a current safety screening clearance issued by the Department of Education.

Note 5: Unlike the requirements for staff - volunteers, students or regular visitors under 18 years of age, do not need to provide a safety screening clearance, unless requested by the service.

1.2 Confidentiality and privacy provisions and duty of care

All persons covered by 1.1 a) – f) are to:

- i) understand the need for, and maintain, the confidentiality of client and staff information; and
- ii) demonstrate an understanding of duty of care towards children in care, and undertake to ensure that they will meet their duty of care at all times.

SCHEDULE 1: FITNESS AND PROPRIETY DEFINITIONS

For CENTRE BASED CARE Class 5 (0 – 12 years)

The following definitions apply to roles and terms as they relate to the *Child Care Act 2001* and/or to the Licensing Standards. The meanings may therefore differ from those applied by services to similar terms, i.e. a service may have people considered to be 'responsible' who are not considered to be 'responsible persons' as defined under the Act.

Carer (is taken to mean the same as 'child carer') means a person who, for fee or other material benefit, cares for the child:

- a) in that person's own primary residence; or
- b) in that person's approved premises; or
- c) in the child's primary or other residence; or
- d) in premises in which child care is provided under a centre based child care licence;

Licence applicant is the individual or body that is applying to hold a licence to operate or provide a child care service.

The service operator may choose to hold the licence or may authorise an individual employee to hold the licence. In most circumstances, the service operator is a body (see the definition below), although it may also be an individual owner/operator. Therefore, an individual licence applicant may be an owner/operator of the service or an employee of the service operator.

Licensee or **licence holder** is the individual or body to whom a licence to operate or provide a child care service has been issued.

Licensee representative is a person nominated by the service operator to represent all members of the service operator on licensing matters where the service operator holds the licence. This person is expected to have a higher level of understanding about the operation of the child care service and its adherence to the Licensing Standards.

- For a community based management committee, this person may either hold a specific position on the executive or be a general member;
- For a company, this person may be a director;
- For a partnership, this person may one of the partners; and
- For an individual owner, that person will be the licensee (and therefore automatically fulfilling the role of the licensee representative).

At times, where it is appropriate to the structure of the service, the licensee representative may be a person employed by the service operator e.g. a chief executive officer, or the like.

Where the licensee is a body (e.g. a company, government agency, partnership, registered business or community based management committee/Board), the Education and Care Unit requires this body to nominate at least two **licensee representatives** for licensing purposes.

Person in charge of a child care service under a centre based licence is a person who:

- is physically at the 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 service/centre/facility/premises.

The Licensing Standards require there to be:

- an appointed person in charge in charge of the service who is responsible for ensuring that the service meets its duty of care in relation the children in care; and
- a nominated person in charge when the appointed person in charge is absent from the premises.

In practice there may be a number of persons nominated to fulfill this person in charge role in the absence of the appointed person to ensure that the service, at all times has someone in charge and taking responsibility. Staff and parents are to be aware who this person is.

Persons in charge (including nominated persons in charge) in an under school age care setting, are required to have an approved qualification.

In relation to 'Fitness and Propriety' requirements, the appointed person in charge, and any persons nominated as person in charge on a regular (e.g. 1 or 2 days a week) or long term basis (for 4 weeks or more), are to satisfactorily meet all requirements of the 'Fitness and Propriety' check conducted by the Education and Care Unit.

Responsible person role under the *Child Care Act 2001* is:

- An individual, other than the person in charge of the child care service, to whom is assigned by the licensee, the general responsibility for, and supervision of the child care service under the licence; or
- Any other body or individual, other than the person in charge of the child care service, who has the authority to give directions and make decisions in respect of the management of that child care service.

People fulfilling this role include, for example, co-ordinators who have responsibility across a number of services, third party managers, franchisees/franchisors.

This role **does not** apply to those people who are licensees, persons in charge, those in a second in charge role or those acting in person in charge roles.

This role is also different to that defined under the *Education and Care Services National Law (Tasmania)*.

Staff member of a child care service under a centre based care licence means an individual employed by the service operator and likely to have contact with children in care at the service.

Service operator is the name of the organisation/management body that provides the service from the child care centre. It may be a community based management committee or incorporated body, a company, registered business, a partnership, a government agency or an individual who owns the service. The service operator may choose to hold the licence or may authorise an individual employee to hold the licence.

Volunteer is a person who undertakes duties authorised by the service, as a voluntary worker, and who receives no remuneration or compensation in money or other consideration, e.g. parents who participate in fundraising activities or working bees, or committee members.

Proof of current safety screening clearance includes:

- sighting the original safety screening clearance;
- maintaining a copy of the original safety screening clearance; and
- contacting the Department of Education to ensure that the clearance is still current (that is, it has not been suspended or cancelled, since the time it was issued).

What must our service do to meet the fit and proper standard?

The care of children in the absence of their parents requires a high degree of responsibility, and State Licensing Authorities must be satisfied that a licensee will at all times ensure the welfare of children. 'Fit and proper' concerns the suitability of the character of the person who is to be entrusted with the care of children, and their ability to perform the functions of the position to the required standard.

The *Child Care Act 2001*, Section 16 (3) states that the Secretary must not grant a child care licence unless the applicant is a fit and proper person to hold that licence. It then continues to state that in order to determine whether an applicant is fit and proper, the Secretary must also take into account any relevant matter including those outlined in Section 15A (2). These matters include a list of the people involved in the child care service who must be suitable to fulfill their roles in regard to that child care service, and an outline of the checks to determine that suitability.

The applicant of a licence must meet the tests for a 'fit and proper' person, which may include:

- being assessed as a fit and proper person under the *Education and Care Services National Law (Tasmania) 2011* and the determination is current; and/or
- satisfactory safety screening clearance;
- a good understanding of their legislative responsibilities under the *Child Care Act 2001* (refer to Part 4 'Duties and Offences' and the standards); and
- an understanding of their duty of care in relation to operation of the service.

The *Child Care Act 2001*, 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.

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 concerned in the management of the body operating the child care service;
- Responsible persons;
- Persons in charge;
- Child carers;
- Ancillary staff;
- Spouses or close relatives (of any of the people in this list) who may have contact with the children in care; and
- 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 falls both to the licensing authority, [the Education and Care Unit (ECU)] and to the licensee of the service. For instance, although the *Child Care Act 2001* states that all staff must be fit and proper persons, it is not appropriate for authorised officers to assess all child care staff across Tasmania.

There are checks where the ECU will take the 'lead role', particularly with:

- licence applicants/holders (or 2 licensee representatives, where the applicant is a body, e.g. incorporated committee, government agency, private company);
- responsible persons; and
- 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).

The ECU will not be able to progress a licence application, for instance, unless the people in these key roles have demonstrated their 'fitness and propriety' through the completion of the required processes. Persons stepping into these roles for the first time will also need to undergo the full fitness and propriety checks.

These checks include: safety screening, whether the person acknowledges their responsibilities under the Act in relation to the role they are to fulfill and whether they have been implicated in any complaints about a child care service.

For further information about the Fitness and Propriety assessment processes, it is important for you to read the *Fitness and Propriety Information Sheet* available on the website www.education.tas.gov.au

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

The licensee is responsible for ensuring that all staff, and others associated with the service, have a current, satisfactory safety screening clearance and have the necessary knowledge, skills and experience for the position.

Other measures that the service may use to assess whether a person is fit and proper include, for example, personal and professional referees, and medical checks.

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 a requirement that a person has a current safety screening clearance *before employment commences*. In exceptional/urgent circumstances, it may be necessary that a selected applicant commence employment prior to the clearance of their safety screening application – however, until a satisfactory safety screening clearance has been received (and, if applicable, that person’s qualifications approved) they must work under supervision and not be left alone with children; and it also is recommended that the person not be employed on a permanent basis.

The licensee must:

- sight the current safety screening clearance of any person over 18 years of age, 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;
- keep copies of safety screening clearances ;
- check with the Conduct and Investigations Unit to ensure that the clearance is current; and
- interview prospective staff to ensure they have the appropriate knowledge, skills and experience. (The minimum is outlined in Standard 2: Qualifications; however, the centre may require a higher standard than that stated).

The service may also have a policy that they request a safety screening clearance for any person under 18 years of age who will be in contact with the children whether volunteer, or student.

What is safety screening?

A current safety screening clearance and an understanding of their duty of care is necessary for all persons who have a functional role within the child care service.

The safety screening process is a crucial component of assessing whether a person is a fit and proper person. It enables the Department of Education to request information from the Police, and other government departments, e.g. Child Protection etc.

- To be valid, a safety screening application must include acceptable proof of identity (preferably documents which include photo documentation, e.g. driver’s licence, current passport), verified by a Commissioner for Declarations/Justice of the Peace who witnesses the application;
- Completed applications for safety screening are submitted to the Conduct and Investigation Unit, Department of Education, GPO Box 169, Hobart. 7001;
- The Conduct and Investigations Unit then determines whether to accept the application, to consult further with the applicant, or to refuse the application;
- In the event that an application is refused, the applicant may appeal directly to the Conduct and Investigations Unit; and
- A safety screening clearance is valid for three years. An application for renewal of safety screening must be lodged with the Conduct and Investigations Unit.

- Non-disclosure by the applicant of any information that may be relevant may result in the cancellation of safety screening clearance, which may impact on a person's ability to hold a licence;

Safety screening application forms may be obtained by contacting the Education and Care Unit, Department of Education by telephone on 03 6233 5676 or for the cost of a local call: 1300 135 513.

Who is expected to have safety screening clearance?

As noted above, all persons who have a functional/management role with the service are required to have a current safety screening clearance, unless they have been assessed as a fit and proper person under the *Education and Care Services National Law (Tasmania) 2011*, and the determination is current.

(Note: If a person assessed as a fit and proper person under the *Education and Care Services National Law (Tasmania) 2011*, holds a functional/management role **and** the role of person in charge, staff member, volunteer, student or regular visitor, they are also required to have a current safety screening).

This does not mean that everyone who comes into the service requires safety screening clearance, for example parents and visiting professionals involved in a child's developmental program, e.g. speech therapist.

Parents

Parents of children enrolled at a child care service generally do not need to provide current safety screening clearance, for example, if assisting with the children's program, or visiting or collecting their children. However, where parents take on a management role within the service, they must either be assessed as a fit and proper person under the *Education and Care Service National Law (Tasmania) 2011* and the determination is current; or maintain a current safety screening clearance. Where a parent is a representative for the license applicant/holder, they must meet also meet additional requirements to demonstrate fitness and propriety.

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

Visiting professionals

As stated above, these people are not required to have safety screening clearance. Some, such as supervising teachers of students on placement, may have safety screening clearance but do not need to provide a copy to the service, based on the understanding that such visitors will not be left unsupervised with children.

Those persons not required to have safety screening clearance are expected to be under the direct supervision of service staff.

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

Copies of current safety screening clearances for:

- The person in charge;
- All staff;
- (persons 18 years or older who are) volunteers, students and regular visitors.

If not assessed as a fit and proper person under the *Education and Care Services National Law (Tasmania) 2011* and the determination current, a current safety screening clearance is also required for:

- The applicant (where the applicant is a body corporate or government agency, evidence of satisfactory safety screening for two representatives); and
- The responsible person (where applicable).

2 CARER QUALIFICATIONS

STANDARD

Carers are to possess appropriate knowledge, skills and experience.

Rationale

Research demonstrates that the most significant variable which influences the quality of care provided is the level of related training which carers have undertaken. Appropriate training and a sound understanding of child development, facilitate the carer's ability to recognise and provide for children's needs, and to competently manage groups of children.

During school aged years, children begin to look outside the home for guidance and support. Influential adults, including carers, become sources of new information, skills and points of view, and provide different approaches to life's challenges and dilemmas.

Staff with relevant training and/or qualifications can be appropriate role models, and it is also important that staff appreciate children as individuals, respect children, listen to their ideas, plan for their interests and offer choices, and are consistent and reliable.

2.1 Carer in a position not requiring an approved qualification

The carer is to 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:
 - i) physically;
 - ii) emotionally; and
 - iii) socially;
- d) a basic knowledge of ages and stages of development;
- e) a basic knowledge of children's health, hygiene, nutritional and safety needs; and
- f) an understanding that the environment needs to also:
 - i) be challenging, whilst safe;
 - ii) foster children's sense of security; and
 - iii) support children's learning and social development.

2.2 Carer in a position requiring an approved qualification, in an under school age care setting

In addition to meeting the criteria in 2.1, carers in this category are to hold an approved qualification.

Note: Refer to Schedule 2 for details of approved qualifications.

2.3 Qualifications of the person in charge, in an under school age care setting

(i.e. the appointed person in charge who is physically at the premises where children are provided with child care, and in charge of the day-to-day running and supervision of the program).

In addition to meeting the criteria in 2.1, the person in charge is to hold an approved qualification.

Note: Refer to Schedule 2 for details of approved qualifications.

2.4 First Aid qualifications

- a) There must be at least one staff member on the premises at all times who holds:
 - i) a current approved first aid qualification; and
 - ii) current approved emergency asthma management qualification; and
 - iii) current approved anaphylaxis management qualification ; and
 - iv) current approved CPR qualification, (which must include child CPR & be updated annually).

- b) This person is to be immediately available in an emergency situation.

Note 1: 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.

SCHEDULE 2: QUALIFICATIONS**For CENTRE BASED CARE CLASS 5****(Under school age care setting)****1 Approved qualifications for Centre Based Care, Class 5 (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 four years or older.

2 Status of persons with other qualifications approved for licensing purposes prior to 1997

2.1 Other qualifications approved for licensing purposes prior to the July 1997 *Tasmanian Centre Based Child Care Licensing Guidelines* included:

- a) Mothercraft Nursing;
- b) NNEB (National Nursery Examination Board, England);
- c) SRN (Nursing); and
- d) other, related, tertiary qualifications (approved as appropriate by the licensing authority).

2.2 Persons holding a qualification approved for licensing purposes prior to July 1997, and working as a qualified carer prior to July 1997:

- a) will maintain their qualified status while they maintain continuity of work/employment (i.e. do not have a break greater than five years) in the child care profession, including home based care; OR
- b) where continuity is not maintained (i.e. where there is a break in their work/employment in the child care profession which is greater than five years), will be required to obtain certification from a registered training organisation (RTO), stating that their competencies meet the required current approved qualification standard.

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

It is the licensee's responsibility to ensure that carers possess the 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; and
- 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.

A person who holds a Bachelor of Education 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.

Since early 2006, 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 four years or older.

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

Some carers, 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 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.

A carer who holds a qualification approved prior to July 1997, who commenced work as a qualified carer prior to 1997, and who has had a break from the child care profession for five or more years, will need to obtain certification from an RTO to confirm that she/he meets the current standard for an approved qualification.

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: Explanatory Notes for further details re 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 without an approved qualification to a position which requires a qualification - are we able to do this?

A carer 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 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 ‘Explanatory Notes’ Standard 3: Ratios of Carers 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 www.education.tas.gov.au, 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).

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. Where there are two separate buildings on the premises, it is expected that there is an appropriately qualified first aider in each building at all times.

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’ 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.

All courses must be delivered by an RTO that has the relevant course in their scope, except in relation to emergency asthma management where RTOs may, in some instances, hold a licence to deliver it.

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 or to administer Salbutamol (ventolin), both where a child is known to have asthma (has an 'Asthma Plan') or in an emergency, child care personnel require a current, approved emergency asthma management qualification.

(Please refer to the Education and Care Unit, Department of Education's website, which specifies the agreed codes for First Aid, CPR, asthma and anaphylaxis training/qualifications.)

The requirement for these qualifications is consistent with the Tasmanian *Poisons Regulations 2008* which includes a specific list of persons approved to obtain and administer Salbutamol in emergency situations, including the category 'the holder of a current relevant certificate issued on behalf of the Asthma Foundation of Tasmania'. The Chief Pharmacist may from time to time approve other asthma training as being suitable for the purposes of obtaining a supply of salbutamol and administering it in emergency situations.

Therefore, any asthma course undertaken that is different to those qualifications as set out from time to time and published on the Education and Care Unit's website must be 'nationally accredited and equivalent' to meet the Licensing Standards, and **must also have been approved by the Chief Pharmacist to meet the requirements of the *Poisons Regulations 2008***.

Some RTOs have agreed to deliver asthma specific courses in conjunction with 'Apply First Aid'. Where this occurs, it remains essential that the course codes for each are clearly identifiable.

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

Anaphylaxis and allergic reactions

There has been a sharp increase in the number of children with allergic/anaphylactic reactions in recent years. 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.

The Anaphylaxis Australia website <http://www.allergyfacts.org.au> has very useful information, including the Education Department guidelines from individual States.

Some RTOs have agreed to deliver an anaphylaxis specific course in conjunction with 'Apply First Aid'. Where this occurs, it remains essential that the course codes for each are clearly identifiable.

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

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 in qualified positions, including the person in charge;
- Where relevant, copies of documentation to validate that a carer 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 progress towards an approved qualification;

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

3 RATIO OF CARERS TO CHILDREN

STANDARD

There must be sufficient numbers of carers to children in care at all times.

Rationale

A major determinant of quality care is the number of children cared for by each carer. In the implementation of carer: child ratios, the interests of the child are paramount.

Smaller group sizes facilitate children's engagement in play, ensure lower levels of distress in children, and enhance more positive, nurturing behaviour from carers.

The ratios below are minimum ratios only. There may be circumstances where higher ratios may be required in order to ensure quality of care is maintained. Such circumstances may include certain types of activities and excursions, and to appropriately provide for the needs of individual children.

3.1 Person in charge

- a) To ensure a service meets its duty of care in relation to children in care, it must appoint a person in charge, as defined.
- b) There must be a person on the premises nominated as person in charge when the appointed person in charge is absent from the premises.
- c) If the service wishes to introduce a job share or part-time arrangement for the position of person in charge, then it must demonstrate how it will manage the situation to ensure that duty of care will continue to be met.
- d) In an under school age care setting, the person in charge must hold an approved qualification.

3.2 Carer:child ratio

The minimum carer to children ratio is:

Age of child	Carer:child ratio
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)

3.3 Number of staff on premises

- a) Under school age care setting:
 - i. Where there are children under three years of age, and the number of children exceeds five, there must be at least two carers on duty, one of whom must be qualified.
 - ii. 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 a qualified carer.

Note: Refer to Standard 11.1d) re protocol for single staff.

- b) School age care setting:
 - i. When there are more than 12 children on the premises, there must be at least two carers on duty.
 - ii. When there are 12 or less children on the premises, there must be at least one carer on duty.

3.4 Carer:child ratios are to be maintained at all times

Carer:child ratios are to be maintained at all times, including lunch breaks and children's sleep/rest times.

3.5 Averaging provision in an under school age care setting

The minimum carer:child ratio may be met by applying an averaging provision, under the following conditions:

a) Children under three years

- i) Overall, there must be an average of one carer for every five children under the age of three years;
- ii) No less than one carer for every four babies under 12 months;
- iii) No less than one carer for every five children aged between one and two years; and
- iv) No less than one carer for every seven children aged between two and three years.

b) Children aged between two and five years inclusive

No less than one carer for each group of seven children, provided that the group does not include more than three children aged between two and three years.

3.6 Qualified carer:child ratio – under school age care setting

- a) There will be an even distribution of qualified staff across the service;
- b) The minimum ratios are:
 - i) one qualified carer for every 10 children (or part thereof) under the age of three years;
 - ii) one qualified carer for every 20 children (or part thereof) for children aged three to five years inclusive; and
 - iii) one qualified carer for every 15 children (or part thereof) for combinations of children between birth and five years of age inclusive, provided that the group does not include more than five children under the age of three years;
- c) Qualified carer:child ratios are to be maintained at all times.

(Note: There is no qualified ratio referenced within a school age care setting, as qualifications are not required.)

3.7 Unqualified carers aged under 20 years

- a) Unqualified carers, aged between 18 and 20 years, may be included in the carer:child ratios where it can be demonstrated that:
 - i) adequate supervision by senior staff occurs at all times;
 - ii) the carer aged between 18 and 20 years meets the criteria for filling an unqualified position; (refer to Standard 2.1); and
 - iii) in an under school aged care setting there is no more than one carer aged 18 to 20 years per two senior carers.
- b) As a general practice, persons under the age of 18 years shall **not** be included in the carer:child ratio.

A service may, where it can demonstrate that it will adhere to strict parameters (outlined in Standard 3: *Explanatory Notes*), make application to the Secretary, Department of Education, to include a person aged seventeen years in the carer:child ratio. The written approval from the Secretary, Department of Education, must be obtained by the service prior to the person aged seventeen years commencing employment within the ratios.

3.8 Staffing ratios for excursions and transport

For ratios of carers, staff and other adults, refer to Standard 4: Excursions and Transport.

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

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

When carers 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 to child ratio.

How will our child:carer ratios be measured?

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 was originally drawn up to allow services which prefer to operate above the minimum carer to child ratio with babies and to maintain the 1:7 ratio with the two-year old children, as was specified in the previous (1993) licensing standards.

The averaging provision will depend on how a service groups children – overall, the average carer 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 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: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; and
- 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 works regularly as person in charge for the remainder of the week – is this covered by Standard 3.1 c)?

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 Standard 1: Explanatory Notes.

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 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; and
- 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: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 across the service'?

The intention of this standard is:

- to ensure there is at least one qualified carer 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) 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 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 following MATRIX, ***Examples of situations where qualified carer 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 to act in a qualified position will apply to the approved person only, and a review period will be stipulated.

Examples of situations where qualified carer 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). Service must either submit a copy of the advertisement, which acknowledges the necessity for qualifications; Or submit, in writing, specific reasons for not wishing to advertise the position. The service's application must address the following criteria:</p>	<p>The service must notify the licensing authority (ECU).</p>	<p>The service must notify the licensing authority (ECU).</p>	<p>The service must notify the licensing authority (ECU).</p>	<p>The service must notify the licensing authority (ECU). 1. the process undertaken to replace the staff member with a qualified person 2. arrangements to ensure that the service continues to meet its duty of care.</p>	<p>The service does not have to notify, but must document 1. the process undertaken to replace the staff member with a qualified person 2. arrangements to ensure that the service continues to meet its duty of care.</p>
<p>The carer</p>	<p>is undertaking study towards an approved qualification</p>	<p>has demonstrated skills to be able to continue the program</p>	<p>can manage staff as necessary</p>	<p>can communicate well with parents, and has other skills the service considers necessary</p>	<p>has a demonstrated knowledge of the service's policies and procedures, including emergency procedures</p>
<p>has undertaken professional development</p>	<p>is undertaking study towards an approved qualification</p>	<p>has demonstrated skills to be able to continue the program</p>	<p>can manage staff as necessary</p>	<p>can communicate well with parents, and has other skills the service considers necessary</p>	<p>has a demonstrated knowledge of the service's policies and procedures, including emergency procedures</p>
	<p>is undertaking study towards an approved qualification</p>	<p>has demonstrated skills to be able to continue the program</p>	<p>can manage staff as necessary</p>	<p>can communicate well with parents, and has other skills the service considers necessary</p>	<p>has a demonstrated knowledge of the service's policies and procedures, including emergency procedures</p>
	<p>is undertaking study towards an approved qualification</p>	<p>has demonstrated skills to be able to continue the program</p>	<p>can manage staff as necessary</p>	<p>can communicate well with parents, and has other skills the service considers necessary</p>	<p>has a demonstrated knowledge of the service's policies and procedures, including emergency procedures</p>
	<p>is undertaking study towards an approved qualification</p>	<p>has demonstrated skills to be able to continue the program</p>	<p>can manage staff as necessary</p>	<p>can communicate well with parents, and has other skills the service considers necessary</p>	<p>has a demonstrated knowledge of the service's policies and procedures, including emergency procedures</p>
	<p>is undertaking study towards an approved qualification</p>	<p>has demonstrated skills to be able to continue the program</p>	<p>can manage staff as necessary</p>	<p>can communicate well with parents, and has other skills the service considers necessary</p>	<p>has a demonstrated knowledge of the service's policies and procedures, including emergency procedures</p>
	<p>is undertaking study towards an approved qualification</p>	<p>has demonstrated skills to be able to continue the program</p>	<p>can manage staff as necessary</p>	<p>can communicate well with parents, and has other skills the service considers necessary</p>	<p>has a demonstrated knowledge of the service's policies and procedures, including emergency procedures</p>
	<p>is undertaking study towards an approved qualification</p>	<p>has demonstrated skills to be able to continue the program</p>	<p>can manage staff as necessary</p>	<p>can communicate well with parents, and has other skills the service considers necessary</p>	<p>has a demonstrated knowledge of the service's policies and procedures, including emergency procedures</p>
	<p>is undertaking study towards an approved qualification</p>	<p>has demonstrated skills to be able to continue the program</p>	<p>can manage staff as necessary</p>	<p>can communicate well with parents, and has other skills the service considers necessary</p>	<p>has a demonstrated knowledge of the service's policies and procedures, including emergency procedures</p>



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 Authorities website, at <http://www.education.tas.gov.au> or phone your Authorised officer for information.

Is an approval with respect to qualified carers 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, as outlined in Standard 3: Ratio of Carers 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 to child ratios, first aid requirements, senior to junior ratios must continue to be met.

How can we encourage our carers to gain approved qualifications?

There are a number of strategies in place to promote and support carers 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.

Appointing ‘junior’ carers (Standard 3.7 a) iii)

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

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 who are under 18 years of age within our carer 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:child ratio**.

However, no person aged 16 years or less may be included in the carer:child ratio.

A service that wishes to appoint a person aged 17 years in the carer: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 to child ratio will be considered on a case by case basis.

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

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

- there are two qualified carers for each carer aged 17 years;
- the carer 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 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 and RTO) in place for the service to support the carer in their training and to monitor their progress; and
 - a person who holds an approval to act in a qualified role will not be used as the 'qualified' person to supervise the carer 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.

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 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 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 to child ratio; and
- Single staff protocol (if applicable).

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

4 EXCURSIONS AND TRANSPORT

STANDARD

Children's safety and wellbeing must be maintained during the excursion and any associated travel while in the care of the service.

Rationale

Children clearly benefit from excursions that provide them with opportunities to experience a broad range of environments and to explore their local community.

Excursions are fun, recreational experiences that provide children with an appropriate level of challenge. Excursions can allow children considerable freedom within predetermined limits, and provide opportunities for children to learn about their community and valuable life skills.

At the same time, well planned excursions incorporate the management of any possible risks in familiar or unfamiliar environments.

The service must assess whether any additional staffing is required for the proposed venue and activities, and to meet their duty of care.

This standard covers excursions, including travelling to/from excursion destinations, and any other travel, including home/school pickup and delivery.

4.1 Parental permission for excursions

- a) No child is to leave the premises without a parent(s)' written authorisation;
- b) Where a service offers routine excursions:
 - i) written information must be provided to a child's parent(s) when the child enters care detailing the nature of these routine excursions; and
 - ii) written authorisation for a child to participate must be obtained from the parent(s) when the child enters care, as a record that the parent(s) acknowledge the nature of these routine excursions.
- c) Where a service offers non-routine excursions:
 - i) specific information about each non-routine excursion must be given to the parent(s), detailing:
 - a. the date/times;
 - b. the proposed destination;
 - c. the method of transport;
 - d. activities/purpose of the excursion;
 - e. identified risks and risk management strategies;
 - f. carer/adult to child ratios; and
 - g. security arrangements, where applicable (e.g. overnight).
 - ii) written authorisation for a child to participate must be obtained from the parent(s) for each non-routine excursion.

4.2 Hazard identification and management

The service is to:

- a) develop a written procedure in order to identify, assess and manage any hazards associated with an excursion;
- b) implement the procedure prior to and during each excursion; and
- c) adjust adult to child ratios in accordance with Standard 4.4 – 4.5, and take any other action required to manage identified risk.

4.3 Safety of children on excursions

For any excursion, there must be:

- a) appropriate supervision by staff at all times;
- b) one carer with current First Aid qualifications as per Standard 2.4, and the knowledge and ability to implement current First Aid procedures;
- c) a well-equipped first aid kit, including any emergency medication suitable for the excursion, readily accessible at all times;
- d) a list of all children and adults participating in the excursion;
- e) emergency information, e.g. emergency contacts for all children, names and details of children with allergic reactions;
- f) a mobile phone or means of contact with emergency services readily accessible; and
- g) carer/adult to child ratios for excursions as per Standard 4.4 – 4.5.

4.4 Carer/adult to child ratio on excursions, including travel to and from the destination

4.4.1 Under school age care setting

a) The minimum requirement on any excursion, including travel to and from the destination:

The minimum carer:child ratio for the age group must be maintained (Refer to Standard 3.2: *Carer:child ratio*).

b) Where excursions involve children crossing a major road, the adult:child ratio must be:

- i) 1:4 (or part thereof) for children under five years; and
- ii) 1:10 (or part thereof) for children aged five years.

c) Where the service identifies the likelihood that there is a significant hazard within the excursion, the adult:child ratio must be:

- i) 1:2 (or part thereof) for children under the age of four years; and
- ii) 1:5 (or part thereof) for children aged four years and over.

d) If the children are to swim, the following conditions apply

- i) swimming at a pool can occur only where there is at least one adult with the group who holds a current Bronze Medallion (or equivalent¹), or where a qualified lifeguard, informed of the excursion, is present and available to assist;
- ii) swimming at a beach can occur only where a qualified lifeguard, informed of the excursion, is present and available to assist; and
- iii) the adult:child ratio is 1:1 for children under three years, and 1:2 for children aged three years or older, with the adult to be in the water with the child/ren.

Note: The intent of this standard can be met where the service decides that there will be a qualified (Bronze Medallion or equivalent¹) adult positioned on the poolside. This person must be positioned in order to see the children and carers in the water and be available to assist any of those children and carers immediately if required. This may mean that there is one less adult in the water than the ratio specified above.

- iv) children not in the water must be supervised at all times, and the relevant carer to child ratio for the identified level of risk for that situation must be applied.

Note: The qualified (Bronze Medallion or equivalent¹) adult is over and above the staffing requirement for supervision of children who are not in the water.

- v) the carer in charge of the excursion must always be present and maintain

overall responsibility.

Note: Refer to Explanatory Notes for further information re swimming.

¹ Refer to Explanatory Notes 'Can we take children swimming' for further explanation regarding equivalency of Bronze Medallion.

- e) **If the children are to paddle (but not to swim):**
- i) The service is to assess the level of risk and adjust ratios accordingly.
 - ii) The carer(s) and any other adults present must be able to see the children at all times and be able to assist children immediately if required.

4.4.2 School age care setting

- a) **The minimum requirement on any excursion, including travel to and from the destination:**

- i) The minimum **carer:child** ratio of 1:15 (or part thereof); and, in addition.
- ii) the minimum ratio of 1 **adult:10** children (or part thereof) must be maintained while on an excursion.

Note: If this adult is a volunteer, they must be under direct supervision of a carer – please refer to Standard 4.6.

- iii) Where the service is on a school site and regularly uses another unlicensed part of the school on a routine excursion basis, the service is to advise the licensing authority of the need to continue to operate with a minimum **carer:child** ratio of 1:15 (or part thereof), or 1:12 if it is a single staff service.

EXCEPT WHERE:

- b) **Significant hazard**

Where the service identifies the likelihood that there is a **significant hazard** within the excursion, the adult:child ratio is 1:5 (or part thereof)

- c) **If the children are to swim** (refer to Explanatory Notes for further information re swimming):

- i) Swimming at a pool can occur only where there is at least one adult with the group who holds a current Bronze Medallion (or equivalent¹), or where a qualified lifeguard, informed of the excursion, is present and available to assist;
- ii) Swimming at a beach can occur only where a qualified lifeguard, informed of the excursion, is present and available to assist;
- iii) The adult:child ratio is 1:5 for children, with the adult to be in the water with the children*;

***Note:** Where the service includes 4 year olds, the adult:child ratio of 1:2 must be applied.

Note: The intent of this standard can be met where the service decides that there will be a qualified (Bronze Medallion or equivalent¹) adult positioned on the poolside. This person must be positioned in order to see the children and carers in the water and be available to assist any of those children and carers immediately if required. This may mean that there is one less adult in the water than the ratio specified above.

- iv) Children not in the water must be supervised at all times, and the relevant adult:child ratio for the identified level of risk for that situation must be applied; and

- v) The carer in charge of the excursion must always be present and maintain overall responsibility.

Note: The qualified (Bronze Medallion or equivalent ¹), adult is over and above the staffing requirement for supervision of children who are not in the water.

¹ Refer to Explanatory Notes 'Can we take children swimming' for further explanation regarding equivalency of Bronze Medallion.

d) If the children are to paddle

- i) The service is to assess the level of risk and adjust ratios accordingly.
- ii) The carer(s) and any other adults present must be able to see the children at all times and be able to assist children immediately if required.

4.5 Overnight Care

4.5.1 An overnight care environment, e.g. a camp, away from the licensed premises

The service must ensure that:

- a) a minimum of two senior staff (one of whom must hold an appropriate child care qualification, in an under school age care setting) are present at all times;
- b) two staff members with current First Aid qualifications as per Standard 2.4, and the knowledge and ability to implement safety procedures are present at all times;
- c) the minimum adult:child ratio of 1:8 (or part thereof) is maintained for a school age care setting;
- d) the minimum adult:child ratio of 1:2 (or part thereof) for children under 3 years of age and 1:4 (or part thereof) for children 3 – 5 years of age, is maintained.

Note: The minimum **carer**:child ratio (or part thereof) applies.

Note 1: Staff and adults, when undertaking ancillary roles, e.g. cooking, are **NOT** included in the adult:child ratio.

Note 2: A single staff service may meet the intent of a) and b) with one carer who holds an appropriate child care qualification and current First Aid qualifications, plus one adult with current safety screening clearance and current First Aid qualifications.

4.5.2 Excursion/camp with overnight care

The licensing authority will **NOT** be involved in inspecting or licensing the sites used for excursion/camps with overnight care.

The service must, in advance of an overnight excursion/camp, assess the proposed facilities, using the 'Service self-assessment for safety and suitability of overnight excursion/camps' (See Appendix I), which covers:

- a. Maintaining a safe environment.
- b. Sleeping arrangements.
- c. Food arrangements.
- d. Personal hygiene arrangements.

The completed form(s) must be available to the licensing authority on request.

4.6 Use of volunteers/parents on excursions

The minimum **carer:child** ratio must always be maintained while on an excursion.

However, volunteers over 18 years of age, parents, and close family relatives, e.g. grandparents, may be used to make up the additional **adult:child** ratio required, on the condition that:

- a) volunteers and regular visitors are always under the direct supervision of a carer;
- b) volunteers and regular visitors (other than parents and close family relatives) hold a current safety screening clearance; and
- c) **for overnight excursions**, all volunteers and regular visitors **including** parents and close family relatives hold current safety screening clearance.

4.7 All vehicles

All vehicles used for transporting children must comply with the appropriate transport regulations, including

- a)
 - i) valid vehicle registration certification;
 - ii) seating for each child; and
 - iii) appropriate child restraints, correctly installed, where required (refer to Explanatory Notes).
- b) Children must be directly supervised and never left unattended when in or around a motor vehicle.
- c) There must be at least one staff member available at all times, including in an emergency, who holds current First Aid, CPR, asthma and anaphylaxis training in line with Standard 2.4.
- d) The driver must:
 - i) hold a valid driving licence for the vehicle;
 - ii) no longer be required to display provisional licence plates;
 - iii) have a zero blood alcohol content; and
 - iv) not be adversely affected by drugs or medication.
- e) Loose objects, such as luggage, are to be safely stored and secured.
- f) The service must have a written policy/procedure in the event of an emergency/accident.

4.8 Service's vehicle

In addition to meeting 4.7 a) – f), where the service operates its own vehicle to transport children in care:

- a) the vehicle must be roadworthy and regularly serviced; and
- b) the driver must have current safety screening clearance **and** meets the requirements of 4.7d).

Note 1: The driver may be considered within the minimum carer:child ratios and, if so, must meet the requirements of Standard 2.1.

Note 2: Whilst children are in a vehicle owned by the service they are in the care of and remain the legal responsibility of the service.

4.9 Collection and delivery of children in a school age care setting

The service is to assess the risk and adjust ratios accordingly.

As a minimum:

- a) Walking – the minimum **carer:child** ratio of 1:15 must be maintained;
- b) Service vehicle – the minimum **adult:child** ratio of 1:10 must be maintained; and
- c) Other vehicles – the minimum **adult:child** ratio of 1:10 must be maintained.

Note 1: Under the *Child Care Act 2001*, the term 'premises' is defined to include a vehicle. However, due to the potential risks to children, the above ratios apply.

Note 2: For an under school age care setting, refer to Standard 3.2.

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' management of any potential hazards (e.g. crossing the road); and
- 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 and other adults accompanying the children are briefed; and
- 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 in charge of the excursion must always be present, and always maintain overall responsibility.

Carers 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); 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, (for example, 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 restraint/seat belt checks.

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 Infrastructure, Energy and Resources (DIER) 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/licence_information/tasmanian_road_rules/road_safety_rules OR a full version of all changes can be obtained at: <http://www.thelaw.tas.gov.au/>

Note 2: Names of Approved Seat Fitters can be found at the DIER website www.dier.tas.gov.au Follow the links to Transport/Standards/Approved Seat Fitters. Unless listed by DIER, RACT agents are not approved seat fitters.

Note 3: 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/operator_information/public_passenger_vehicles_information_sheet

Note 4: Whilst children are on 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 satisfactory safety screening;
- 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; and

- understands and accepts standard 4.7 d) re alcohol, medication and drugs.

Note: * Information on public passenger vehicle licences is available from Service Tasmania www.dier.tas.gov.au. Follow the links to transport/Licence Information/Public passenger vehicles.

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?

From January 2000, some categories of vehicle are required to be fitted with child restraints.

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 DIER.

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: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.

Can we use volunteers or parents to help on excursions?

Yes. However, volunteers must be over 18 years of age, and have a current safety screening. The service must keep a copy of this evidence.

Parents and close family members, such as grandparents, do not need to have a safety screening. The exception is for overnight excursions, when ALL volunteers and regular visitors including parents and close family relatives must hold current safety screening clearance.

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 current safety screening clearance.

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

Are there any special considerations for staffing levels for single staff services?

Where the standard requires the minimum of two staff, e.g. Standard 4.5, a single staff service may meet the intent of the standard with one qualified carer and one adult who has current safety screening clearance and current First Aid qualifications.

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/www/html/190-tas-website-home-page.asp>

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.

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- 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; and
 - copy of completed risk assessment tool.

5 PROGRAMMING

STANDARD

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.

5.1 Programming

- a) Programs are to be:
 - i) child-centred;
 - ii) reflect the philosophy and goals of the service;
 - iii) documented;
- b) Programs are to:
 - i) be inclusive of the cultural diversity of all families using the service; and
 - ii) support children to explore a range of cultural experiences in an environment free from prejudice.
- c) Programs are to take into account:
 - i) the developmental needs of individual children;
 - ii) group size and composition;
 - iii) children with additional needs; and

-
- iv) expectations of children's parents.
 - d) Programs are to encourage appropriate social interaction, and positive and responsible behaviour.
 - e) Programs are to take into account:
 - i) the weather and the physical environment;
 - ii) suitable materials, toys and equipment, required to support the program; and
 - iii) quiet/active times and settings.
 - f) Programs are to offer all children the opportunity to:
 - i) explore a variety of experiences, both indoor and outdoor;
 - ii) pursue their own interests, including opportunities to return to and complete 'long-term' projects;
 - iii) be spontaneous;
 - iv) freely choose activities (including a balance of new and/or challenging experiences), solve problems, and have access to learning experiences;
 - v) practise autonomy and independence and, as appropriate, leadership;
 - vi) learn and practise life and social skills;
 - vii) be involved in an appropriate level of physical activity, which reflects current health guidelines for the age group;
 - g) All programs must promote the dignity and rights of each child at all times. This includes:
 - i) guidance towards acceptable behaviour, with encouragement freely given;
 - ii) positive child management techniques, (i.e. must not include physical, verbal or emotional punishment that could humiliate, frighten or threaten the child);
 - iii) respect for the values of the child's family; and
 - iv) flexible routines to ensure the needs of individual children are met.
 - h) In addition, programs in a school age care setting must:
 - i) be appropriate to the program offered, (i.e. holiday, before or after school);
 - ii) be planned with significant input from the children, written, displayed and evaluated regularly, allowing children the opportunity to contribute meaningfully to the development and evaluation of the program.

5.2 Program Records

The service provider is to maintain and display a record of the program, which describes the experiences that will be provided. This is to be readily available to all parents, including those who do not regularly attend the service venue.

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; and
- 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. A helpful resource, *Greening services: Practical sustainability* by Rachael Kinsella is available at www.earlychildhoodaustralia.org.au/pdf/rips/rip0703.pdf

The ECA website can also assist with information in relation to policies 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 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.

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; and
- 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.

Energetic 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 sports and recreation links is www.development.tas.gov.au/sportrec/useful_links www.movewelleatwell.tas.gov.au also includes valuable information for services.

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 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.

6 PLAY AND SLEEP SPACE

STANDARD

A safe and clean environment must be provided that is spacious enough to prevent overcrowding, and supports a range of daily activities and routines while minimising the risk of accidents and health risks.

Rationale

The physical environment affects the behaviour and interactions of children and adults. Sufficient physical space is essential to ensure a safe environment which allows children the opportunity to explore their world, while moving freely and energetically. The amount, arrangement and use of space, both indoors and outdoors, must facilitate children's physical, intellectual, social and emotional development.

As sleep is essential to healthy development for children under school age, a service must have sleeping facilities, for this age group, which enables a significant number of children to sleep or rest at any one time, and procedures which allow for children's individual needs. Sleep/rest areas must be arranged in such a way as to promote restful sleep. (*Requirements for overnight care are covered in Standard 18: Overnight Care*).

The amount of space required in addition to the children's play spaces is dependent upon the nature of the service and the length of time that children are present at the service.

6.1 Licensed Capacity

The licensee is to ensure that the licensed capacity, as noted on the licence, is not exceeded.

Note: Refer to Standard 3: Ratios Explanatory Notes for information re sessional changeover times.

6.2 Indoor play space

Indoor play space is to be maintained as 3.25m² of unencumbered play space per child.

6.3 Outdoor play space

Outdoor play space is to be maintained as 7m² of unencumbered play space per child.

6.4 Sleep space for children aged from birth to two years

- a) Sleep space, in addition to the required play space, is to be maintained in accordance with the following:
Each required sleep room/area, must:
 - i) **for children up to the age of 12 months**, provide 2m² of sleep space for the total number of children under 12 months present at any one time; and
 - ii) **for children aged one year**, provide 2m² of sleep space for at least half the number of children present at any one time.
- b) Cots/age-appropriate bedding are to be arranged to ensure:
 - i) direct access to each child;
 - ii) adequate space between cots; and
 - iii) accessibility to the exit at all times (refer to Standard 11.11: Fire Safety).

6.5 Supervision of sleep room

Where the sleep space is not directly adjacent to the playroom in use, or where visibility cannot be easily maintained, then:

- i) a supervision policy must be in place; and
- ii) where the carer does not remain in the room, there must be an operating baby monitor.

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: Explanatory Notes '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, etc., 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 (1sqm 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:	Measure Area of designated play space	= 32.0sqm
Step 2:	Measure Encumbrances, i.e. fixed furniture, furniture used for storage, items not used for children's play	= <u>6.7sqm</u>
Step 3:	Deduct Area of encumbrances from play space	= 25.3sqm
Step 4:	Deduct Doorways/doorswings/hallways/thoroughfares	= 4.0
Step 5:	Calculate 21.3sqm /3.25sqm	= 6.55
Step 5:	Calculate 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:	Measure Area of designated play space	= 32.0sqm
Step 2:	Measure Encumbrances, i.e. fixed furniture, furniture used for storage, items not used for children's play	= <u>6.7sqm</u>
Step 3:	Deduct Area of encumbrances from play space	= 25.3sqm
Step 4:	Calculate 25.3sqm / (3.25sqm + 15% circulation)	= 6.8
Step 5:	Calculate 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 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.

Supervision of sleep rooms:

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 does not remain in the room, there must be an operating baby monitor.

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.

7 FURNITURE, EQUIPMENT AND BEDDING

STANDARD

Age-appropriate furniture, equipment and bedding must be provided and maintained in good order.

Rationale

Age-appropriate furniture, equipment and bedding in sound repair, assists in maintaining children's safety and wellbeing, and supports their development.

Under school age children must have individual access to a bed to promote undisturbed sleep. While the sleeping requirements for children who are three years and over are less than those of infants, it must be assumed that all children under the age of five years may need to sleep/rest during the course of a day. Cots are recommended as the most appropriate bedding for children up to 18 months.

(For overnight care requirements, refer to Standard 18: Overnight Care).

7.1 Furniture and equipment

Where applicable, furniture and other equipment must comply with and be maintained so that it continues to meet relevant Australian Standards.

7.2 Children's toys, equipment and furniture

- a) There must be adequate, appropriate toys and equipment available to meet the age/developmental stages of the children in care;
- b) Toys, equipment and furniture must be maintained in a good state of repair, and if damaged or unsafe, must be inaccessible to children;
- c) Toys, equipment and furniture must not be hazardous to children; and
- d) Toys and equipment must be regularly cleaned.

7.3 Nursery equipment

- a) **Cots**
 - i) The service must use or provide for use cots which meet Australian Standard 2172: 1995 (Household Cots) as the minimum, or, where the licensing authority agrees, Australian Standard 2195 (Porta-cots).
 - ii) Cots must be:
 - a. safely positioned;
 - b. free of transfers, and any string, ribbon, ties or beading; and
 - c. free of all types of cot bumpers (padding tied to the cot).
- b) **Bunks and cradles**
 - i) Bunks and cradles must not be used in an under school age care setting.
 - ii) If bunks are used in a school age care setting:
 - a. the bunks must meet the relevant Australian Standard; and
 - b. school age children under six years of age are to sleep on the lowest bunk.
- c) **High/low chairs (chairs with a tray)**
 - i) Children must be supervised when in a high or low chair.

- ii) An age-appropriate, five-point safety harness must be used to protect a child sitting in a high chair.
- d) **Prams and strollers**
 - i) children must be supervised at all times when in the pram or stroller;
 - ii) the pram/stroller must not be overloaded;
 - iii) an age-appropriate safety harness must be fitted and adjusted to each child; and
 - iv) as a general rule, prams and strollers must not be used for children to sleep in.
However, if a child does fall asleep in a pram or stroller, carers must continue to supervise the child.
- e) **Walkers and jolly jumpers**
Walkers and jolly jumpers must not be used.

7.4 a) **Cots/beds where the service operates continuously for more than 4 hours per day**

- i) **For children up to the age of 12 months:** there must be one cot or age-appropriate bed for each child present at any one time.
 - ii) **For children aged 1 year:** there must be one cot or age-appropriate bed/mattress for each child present at any one time.
 - iii) **For children aged two and three years:** there must be a minimum of one age-appropriate bed/mattress for every two children present at any one time.
 - iv) **For children aged four years:** there must be a written management plan to ensure that children aged from four to five years are able to rest if required.
- b) Cots/beds where a session is provided for a maximum of four hours**
- i) **For children up to the age of 12 months:** there must be one cot/age-appropriate bed for each child present at any one time.
 - ii) **For children aged 1 and 2 years:** there must be a minimum of one age-appropriate bed/mattress for every two children present at any one time.
 - iii) **For children aged three and four years:** there must be a written management plan to ensure that children aged from three to five years are able to rest if required.
- c) For all children** there must be appropriate facilities located in a suitable area to cater for situations such as a child being unwell or where a child/children can rest.

7.5 **Storage of beds/mattresses**

After use, beds and mattresses must be:

- a) cleaned;
- b) aired; and
- c) stored appropriately.

7.6 Bed linen

- a) There must be sufficient bed linen (e.g. sheets/duonas/blankets/pillowcases; and impervious mattress covers, where required) to ensure that children do not share the bed linen prior to laundering the bed linen.
- b) After each use, the bed linen must be:
 - i) laundered; or
 - ii) each child's linen stored separately.

7.7 Soft furnishings

Large cushions and soft furnishings must be regularly cleaned.

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; and
- ensure they have up-to-date information about safety standards.

What are relevant Australian Standards?

Current, relevant Australian Standards include:

Household Cots: Australian Standard 2172:1995;

Folding Cots (i.e. Porta-cots): Australian Standard 2195:1999;

Cots for Day Nursery/Hospital Use: Australian Standard 2130:1998; and

Prams and Strollers: Australian Standard 2088.

Highchairs: Australian Standard 4684 (If manufactured after September 2009).

How do we find out about standards for nursery furniture?

Information can be obtained from:

- Standards Australia (<http://www.standards.com.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.greenweb.com.au/kidsafe>);
- Infant Nursery Products Association of Australia (<http://www.inpaa.asn.au>); and
- Australian Competition and Consumer Commission (<http://www.accc.gov.au>) - go to 'Product Safety'.
- *Choice*, the publication of the Australian Consumers Association may provide information about brands which meet safety requirements.

Is there any further information available about products (such as nursery furniture) which are safe?

Yes. **An example** is the *Keeping Baby Safe* booklet, published by the Australian Competition and Consumer Commission, utilising current information on nursery products, and referencing mandatory Australian Standards or voluntary Australian Standards.

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; and
- has no entrapment hazards.

Note: This is not a definitive list.

Some information can be found at:

http://www.standards.org.au/downloads/070827_Safe_Domestic_Furniture_Standards_Alert.pdf

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' occupational health and safety. When a porta-cot is replaced, it is preferable that the replacement cot meets at least Australian Standard 2172.

However, if the licensing authority agrees that it can be replaced with a porta-cot, that porta-cot must meet Australian Standard 2195, and used according to the guidelines around safe usage.

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

Australian Standard 2172:1995 (Household Cots) and Australian Standard 2130:1998 (Cots for Day Nursery/Hospital Use) both specify similar safety standards, e.g. the dimensions to prevent entrapment, depth and stability of the cot – however, the Australian Standard 2130:1998 is more specifically designed for situations where a cot has multiple users, and for ease of cleaning. Services must use the Australian Standard 2172:1995 (Household Cots), **as the minimum**.

Our cots do not meet the Australian Standard - what do we do?

The service must develop a reasonable replacement management plan and ensure that any safety issues are addressed in the interim.

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; and
- Appropriate bedding and sleeping practices – refer to the SIDS website, (<http://www.sidsandkids.org/tas/index.html>), which includes helpful practice considerations.

Note: Ongoing maintenance of nursery equipment, other equipment and bedding

Regular checks are essential for the safety of children and carers, 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 4th edition of *Staying Healthy in Child Care* (2006) 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 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 Explanatory Notes 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.

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 a crotch post with a **five-point harness**; and
- a cradle-style model must be firmly mounted underneath, i.e. the cradle-to-frame connection must not feel loose or flimsy.

To find the safest swing possible, look for the Juvenile Products Manufacturer's Association certification seal, which means the model meets the latest American Society for Testing and Materials F2088 safety requirements.

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.

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.

What about ongoing maintenance of furniture?

Regular checks are essential for the safety of children and carers, 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; and
- 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).

What are relevant Australian Standards?

Australian Standard for Children's Toys (AS 1647.3 – 1995).

How do we find out about these standards?

Information can be obtained from:

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

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 GENERAL FACILITIES

STANDARD

In addition to children's play space, the service must have sufficient space, equipment and facilities to ensure a healthy, safe and comfortable environment for children, staff and parents.

Rationale

It is important for services to have sufficient space, equipment and facilities to ensure that the health and safety needs of children, staff and parents are met.

The organisation and structure of the physical environment must be inviting and comfortable, to encourage a free flow during daily routines of eating, toileting, resting and playing and allow for positive interactions between children, staff and parents.

A balance of natural and artificial lighting, good ventilation and fresh air promotes the wellbeing of children and adults.

Provision needs to be made for privacy for parent/staff consultations and administrative procedures, secure storage of confidential records and also for staff respite.

Where a centre caters for children with additional needs and/or developmental delays, facilities must, where possible, be consistent with and sensitive to the requirements of these children.

8.1 Toilets and handbasins

The service is to ensure that there is:

- a) one toilet for every 15 children (or part thereof);
- b) one washbasin for every 15 children (or part thereof);
- c) sufficient soap and hand drying equipment;
- d) safe and suitable access to toilet facilities; and
- e) toilet facilities that afford privacy for children, while maintaining appropriate supervision.

8.2 Nappy changing facilities in an under school age care setting

Where children under the age of three years are cared for, hygienic nappy changing facilities are to be provided:

- a) a nappy change bench, able to accommodate the installation and storage of steps; (where steps are not required under the BCA, there is an appropriate procedure);
- b) one change mat for every 10 children (or part thereof) that has an impervious, washable surface, and is maintained in good repair;
- c) a bench type baby bath; (where not required under the BCA, there is an appropriate procedure);
- d) an appropriate water supply;
- e) in a location that enables a staff member changing a nappy to have visibility of the play area at all times; (where not required under the BCA, there is an appropriate procedure);

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- f) adult handwashing facilities; (where not required under the BCA, there is an appropriate procedure); and
 - g) suitable facilities for the hygienic disposal of waste materials.

8.3 Laundry facilities

- a) The service is to have appropriate laundering arrangements either on or off the premises.
- b) The service must have facilities for sanitary storage of soiled clothes, nappies and linen, pending laundering or disposal which are hygienic and inaccessible to children.

8.4 Floor surfaces

- a) The service is to ensure that in all areas, floor surfaces are suitable for the activities/routines conducted.
- b) Toilet and wet areas must be maintained so that the likelihood of accidents (e.g. due to slippery surfaces) is reduced.

8.5 Hot water

Hot water which is accessible to children must be tempered; or in an existing school age care setting, which is not required to comply with the Tasmanian Plumbing Code:

- hot water taps must be guarded or disabled; or
- appropriate supervision must be in place.

8.6 Food preparation facilities

- a) The service's food preparation facilities are required to be safe and hygienic for the preparation and storage of food and drink. Appropriate equipment may include:
 - i) a refrigerator;
 - ii) a stove/microwave (not required where care is provided for four hours or less, unless this incorporates a meal period);
 - iii) a sink with hot and cold running water;
 - iv) a facility for heating babies' bottles and food, that is adjacent to or part of the babies/toddlers area; and
 - v) where these facilities are not immediately available, a service must adequately demonstrate how safe and hygienic conditions are maintained.

Note: Refer to Explanatory Notes for additional information re 'adequately demonstrate' and local government requirements for food preparation areas.
- b) In an under school age care setting, the food preparation facilities are to be protected by a door or gate, including childproof latches, that prevents access to the facilities by children. Where this is not a requirement under the BCA, children must be supervised at all times, and must not be able to access hazards in these areas.
- c) 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.

8.7 Reception and administration areas

Where the service operates continuously for more than four hours per day, a space for:

- a) administration; and
 - b) private consultations with parents;
- is to be provided.

8.8 Storage

- a) The licensee must ensure that there is secure storage for:
 - i) confidential information, records and other documents, including any confidential records/information taken off site;
 - ii) other equipment and materials.
- b) There must be secure, **labelled** storage for items including cleaning materials, flammable, poisonous or other dangerous substances so that these items are inaccessible to children.
- c) Children under three years of age must not have unsupervised access to bags.

8.9 Telephone

- a) The service is to have an operating telephone on the premises readily accessible at all times.
- b) Where the service operates with a single staff person, there must be a portable, operating telephone with that person when that person cannot access the primary telephone.

8.10 Lighting

- a) Every room used by the children must be effectively and safely lit, using natural light as much as possible. Where natural lighting is limited, the children's program must be planned to ensure children experience a balance of indoor/outdoor time.
- b) In an under school age care setting, fluorescent lighting is to have diffusers or be guarded.
- c) In a school age care setting, where there is active play which may result in damage to lighting, any fluorescent lighting is to be guarded.

8.11 Ventilation

Every room used by the children must be effectively and safely ventilated.

8.12 Heating/cooling

- a) Heating and cooling is to be provided at a safe and comfortable temperature, when children are in care;
- b) Where heating/cooling units and fans are used, they are to be safely situated, or adequately shielded, to prevent access and injury to children.

8.13 Windows

- a) The service is to ensure that children's view to the outside is optimized.
- b) Where a window gives access to a pool or significant hazard:
 - i) a key lock is to be fitted;
 - ii) the window is to be locked whenever children are in care; and
 - iii) keys are to be kept out of the reach of children.

- c) Windows, when opened, must not create a hazard to children, e.g. a significant drop, or running into an open window frame.
- d) In an under school age care setting, if a window faces onto a drop of 600mm or more, or onto any other significant hazard, or leads to an unlicensed area, 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 to the window.

Note: For glazing requirements see Standard 11

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); and
- 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 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; and
 - 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, 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. (Please 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; and
- 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 and Human Services, Food Safety and Legislation website <http://www.dhhs.tas.gov.au/publichealth/foodsafety>. Food Standards Australia New Zealand <http://www.foodstandards.gov.au>. Nutrition Unit, Department of Health and Human Services, (03) 62227372, or the website <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 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.geciiasia.com/apo/products/lighting/speciality/33.htm>

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 FENCES AND BARRIERS

STANDARD

In an under school age care setting there must be fencing around the perimeter of the licensed outdoor play area, and any identified hazards must be isolated by fences or barriers and gates.

In a school age care setting, safe, secure, clear outdoor boundaries must be established and access to any identified significant hazards must be prevented/restricted by an agreed, appropriate barrier or safety management plan.

Rationale

In an under school age care setting, appropriate fencing, whether around the perimeter of licensed outdoor play areas, or isolating an identified hazard, is necessary to ensure that children cannot leave the service unaccompanied, nor access dangerous areas and hazards. Appropriate barriers considerably reduce the risks associated with children's accidents, drownings and falls.

In a school age care setting, outdoor boundaries need to be established to prevent children's unsupervised access to any significant hazards that have been identified. A barrier or safety management plan will reduce the risk of children running impulsively into hazards, e.g. traffic, water hazards or significant drops.

Note: 'Barriers' may include balustrades, railings, doors and windows, as required.

9.1 Child safety

9.1.1 Under school age care setting

The service must:

- a) maintain fencing, barriers and gates to meet requirements as outlined in 9.2 – 9.8;
- b) place signs requesting closure of gates/barriers on gates and barriers giving primary access/exit to the premises;
- c) ensure that fencing, gates, balustrades, retaining walls and barriers have nothing near them that will enable children to scale that fence, gate, balustrade, retaining wall or barrier;
- d) ensure that the effective height of the fencing and gates is maintained;
- e) ensure that gates are kept closed when not in use; and
- f) ensure adequate supervision so that children cannot exit unaccompanied from the licensed play area.

9.1.2 School age care setting

The service must ensure that:

- a) All staff and children are familiar with the identified outdoor boundaries;
- b) Children's access to any significant hazard is restricted by a barrier and/or a safety management plan; and
- c) All staff and children are to be familiar with any safety management plan.

9.2 Fencing and gates in an under school age care setting

- a) Fencing and gates around a licensed outdoor play area are to provide an effective barrier to young children, be at least 1200mm high, and be designed, installed and maintained to prevent entrapment hazards. (Refer to Explanatory Notes for definition of an 'effective barrier'); and
- b) Gates are to have self-fastening, childproof mechanisms, or are to be kept locked, and keys are to be:
 - i) kept out of the reach of children; and
 - ii) readily accessible by the staff in case of emergency.

9.3 Fencing and gates where there is a significant hazard adjacent to/within the premises

- a) Where there is a pool (¹), spa, or jacuzzi adjacent to or within the premises, fencing and gates are to be designed, installed and maintained in accordance with the Australian Standards 1926 and 2820;
- b) Where there is an approved pool gate, the self-closing mechanism and latch must be maintained in good operational order;
- c) In an under school age care setting:
 - i) Where there is any other significant hazard adjacent to or within the premises, fencing and gates are to be designed, installed and maintained in accordance with the Australian Standards 1926 and 2820.
 - ii) Where there is any significant hazard adjacent to or within the premises and a risk assessment identifies a need to keep gates locked, the gates are to be kept locked, and keys are to be:
 - a. kept out of the reach of children; and
 - b. readily accessible by the staff in case of emergency.

Note: Existing fencing/gates which do not meet the Australian Standards, but are 1500mm high are suitable. However, when the fencing/gates need to be replaced, the replacement fence/gates must comply with Australian Standard 1926 and 2820;

(¹) '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.

9.4 Vehicular gates in an under school age care setting

The service must ensure:

- a) vehicular gates to the play area are locked whenever children are able to access the outdoor play area;
- b) the key is:
 - i) kept out of the reach of children; and
 - ii) readily accessible by the staff in case of emergency.

9.5 Decking, patios and landings

- a) Where there is access to decks, patios and landings and where there is a drop of 600mm or more, there must be an effective barrier of 1000mm in height, which is designed, installed and maintained to prevent entrapment.

(Refer to Explanatory Notes for definition of 'effective barrier').

9.6 Steps, stairs and ramps

- a) Where there is access to steps, stairs and ramps, and where there is a drop of more than 600mm, there shall be an effective barrier at least 865mm in height from the nosing of the stair tread/floor of a ramp, which is designed, installed and maintained to prevent entrapment; and
- b) Access to stairs for children under the age of two years is to be directly supervised.

9.7 Drops and barriers in an under school age care setting

- a) Where there is a difference of 600mm or less in height levels within a play area or between adjacent play areas, consideration must be given to providing an effective barrier at the highest point (refer to Explanatory Notes for definition of an 'effective barrier'); and
- b) Where a difference in height exceeds 600mm, the barrier must be designed, installed and maintained to prevent children climbing the barrier.

9.8 Doors

- a) If a door is a required exit (i.e. a fire exit) the exit path and doorway must remain clear of obstacles;
- b) Doors which give access to a pool or significant hazard must not be required exits, and are to be securely locked whenever children are in care, and the key is to be:
 - i) kept out of children's reach, and
 - ii) readily accessible by the staff in case of emergency; and
- c) In an under school age care setting, if a door opens onto an unlicensed area, children are not to be able to open the door.

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 Tasmanian Appendix, 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. This is a requirement where the hazard is a pool, spa or jacuzzi.

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 Australian Standards for pool fencing/gates?

The current, relevant Australian Standards are:

- Australian Standard 1926 - Fences/Gates for Private Swimming Pools; and
- Australian Standard 2820 - Gate Units for Private Swimming Pools.

Our service has a pool ⁽¹⁾ 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 1926:1986 Fences/Gates for Private Swimming Pools; and
- Australian Standard 2820:1985 Gate Units for Private 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; and
- 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.

⁽¹⁾ ‘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.

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 & 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 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 WATER SAFETY

STANDARD

Children's safety must be maintained in and around water.

Rationale

Because of the attraction water holds for children it is essential to maintain a high level of vigilance in relation to water safety and children's access to water hazards. Carers must take every precaution to identify the risks, and document and implement hazard management strategies that protect children from drowning and water related accidents.

Note: For information about excursions to public pools, beaches or bodies of water, please refer to Standard 4: Excursions and Transport.

10.1 Understanding of the dangers of water

- a) The service provider must demonstrate an understanding of the dangers of water for children; and
- b) Carers must at all times directly supervise children's access to any body of water (e.g. baths, sinks, puddles, containers, water play activities and equipment).

10.2 Water play in an under school age care setting

Water play equipment (including wading/ paddling pools) may only be used while children are in care if the water play equipment:

- a) can be easily emptied by one person;
- b) is emptied immediately after each use;
- c) is stored safely, and in such a way as to prevent water collection; and
- d) is age-appropriate and presents no danger to children.

10.3 Swimming pool prohibition

- a) The licensee must ensure that there is no swimming pool⁽¹⁾ on the services licensed premises.

⁽¹⁾ '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.

10.4 Existing pools ⁽¹⁾ adjacent to, or near the licensed premises

- a) The service provider must treat the pool ⁽¹⁾ as a major hazard and prevent children's unsupervised access to that pool ⁽¹⁾ by having in place fencing and gates that meet the Australian Standards 1926 and 2820, and/or securely locked doors and windows.
- b) The service provider must ensure that:
 - i) children do not have access to pool filters or any other component of pool systems;
 - ii) spa jets are not operated when children are in care; and
 - iii) the plant room is locked when children are in care.

⁽¹⁾ '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.

Note: If a pool⁽¹⁾ is utilised as part of an excursion, the provisions of Standard 4 apply.

10.5.1 Water features, including ornamental ponds

- a) The service provider must seek approval from the licensing authority prior to the commencement of construction of a water feature/pond;
- b) 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.
- c) An ornamental water feature or pond that allows ponding or pooling, which can be accessed from a licensed play area, must be:
 - either:** covered with a rigid material which will prevent submersion of a young child and which cannot be removed by a child;
 - or:** treated as a significant hazard and enclosed as for pools (see Standard 9.3: *Fencing and gates where there is a significant hazard adjacent to/within the premises*).

10.6 Creeks/dams/rivers/sea and other bodies of water on, or near, the licensed premises

- a) In an under school age care setting, the outdoor play area is to be isolated from that hazard by fencing that meets Standard 9.3: *Fencing and gates where there is a significant hazard adjacent to/within the premises*;
- b) In a school age care setting, the licensee must ensure that children are prevented from gaining unsupervised access to these hazards by installing appropriate barrier(s), and/or having in place appropriate policies and procedures.

10.7 Excursions to bodies of water, e.g. to public pools, beaches

Refer to Standard 4: Excursions and Transport.

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. Australian Standards in relation to fencing around swimming pools and gates (Australian Standards 1926 and 2820) automatically apply to child care services.
The service must prevent children's unsupervised access to an existing pool (1) by meeting Australian Standard 1926 and Australian Standard 2820, by ensuring that any doors and windows which give access to the pool (1) are securely locked whenever children are in care, and by having appropriate supervision procedures in place.
2. New applications for a centre based care licence will NOT be considered if there is an existing pool (1) 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.)
3. The licensing authority will **NOT** approve an application from a licensed service to build a pool (1) within an area which is already licensed for child care.
4. 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).
5. 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.
6. Carers 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.
7. 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 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 directly supervise children involved in water play/water activities; and
- 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 meets Australian Standards 1926 and 2820, if applicable.

(¹) **'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.

II SAFE ENVIRONMENT

STANDARD

Children's overall development must be nurtured within a safe, well-maintained indoor and outdoor environment.

Rationale

Children require challenges and exposure to a wide variety of experiences in order that their development can be nurtured, within an environment that is safe, creative and stimulating.

The provision of a child-safe environment, where children are protected from known dangers and identified hazards, fosters independent creative play with reduced need for adult intervention. Such an environment requires careful planning and appropriate organisation.

Keeping the premises clean, well maintained and in good repair assists in protecting children from potential hazards and health risks.

Plants, birds and animals enrich a child's environment. However, while encouraging positive contact with animals, birds and plants, staff must ensure that children are protected from identified hazards.

II.1 Maintaining a safe environment

The service is to:

- a) demonstrate an understanding of supervision and have in place preventive measures to ensure a safe environment for children;
- b) maintain a hazard identification and management checklist, and complete this daily before the children access the indoor and outdoor areas;
- c) ensure that children are supported in following appropriate safety practices; and
- d) develop and maintain, if applicable, a Protocol to cover situations where one staff member is on duty. (Refer to Standard II: Explanatory Notes)

II.2 First aid equipment

There must be a fully equipped first aid kit that:

- a) is labelled;
- b) is readily available to all staff;
- c) contains no out-of-date items; and
- d) in an under school age care setting, is locked, and/or inaccessible to children.

II.3 Storage – medication

- a) Medicines are to remain in the original, labelled containers.
- b) All medication must be stored at the temperature stated on the container, in a labelled, lockable or child-resistant container.
- c) Emergency medication needs to be accessible to staff, whilst inaccessible to children in an under school age care setting.

- d) Medication for self-administration in a school age care setting must be stored safely and accessed by children according to written instructions from a medical practitioner or the parent(s).
- e) 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 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.

Note: Adrenaline auto-injecting devices, e.g. EpiPens must be labelled with the child's name, kept in a location known to staff, but not in a locked container – for further information, see Standard 17: Explanatory Notes.

Salbutamol – where this is available as emergency medication, it must be accessed only by those authorised to administer it. To enable it to be used in an emergency situation, it is to be stored in an area accessible by the authorised adult, while remaining inaccessible to children.

11.4 Storage – poisons and other dangerous substances

To guard against the accidental poisoning of children through ingestion, inhalation or skin contact, all poisonous or dangerous substances must be:

- a) stored in an area which is clearly labelled, and secured;
- b) inaccessible to children; and
- c) stored separately from food.

11.5 Storage – dangerous items

All objects and materials which present a hazard are to be inaccessible to children; unless in a school age care setting, where children are to be directly supervised by a staff member.

11.6 Storage and use of equipment and tools in an under school age care setting

- a) Each power tool, petrol or fuel-driven machine, mechanical device, tool or implement is to be inaccessible to children.
- b) Children are not to have access to any area where hazardous activities are being undertaken, for example, mowing lawns, using power tools.

11.7 Building and grounds - cleanliness, repair and safety

- a) The building, grounds, all equipment and furnishings are to be maintained so that at all times they are safe, clean and in good repair.
- b) Rubbish is to be inaccessible to children and is to be stored appropriately until collection.
- c) There must be measures in place which ensure vermin control.
- d) The grounds and buildings are to be maintained, so that at all times there is no hazard for children because of inadequate surfacing under or around equipment, sharp or rough edges and surfaces, projections, and trip hazards.

- e) Gates, doors, design features, fencing and outdoor equipment must present no entrapment hazards for children.

11.8 Plants

- a) In an under school age care setting, plants known to be toxic/dangerous to humans must be removed, or made inaccessible to children.
- b) In a school age care setting, children must be educated about the dangers of any toxic plants in the local environment.

11.9 Animals and birds

- a) Any animal, bird or livestock on the premises is:
 - i) to be maintained in a clean and healthy condition; and
 - ii) not to be a source of danger, infection or cause of an allergic reaction.
- b) In an under school age care setting:
 - i) Carers are to directly supervise contact between animals and the children.
 - ii) Any animal or bird is to be kept in a separate area such as a cage or enclosure.

11.10 Burns, scalds, and electric shocks

- a) In an under school age care setting:
 - i) Children's access to and use of stoves/hotplates/cooking appliances/barbeques must always be under direct supervision.
 - ii) Power point covers are to be placed in all open power points.
 - iii) Electrical cords are to be maintained in good condition, and kept secured or out of the reach of children.
 - iv) Electrical items must be positioned safely.
 - v) Staff must exercise caution when handling hot liquids and food.
 - vi) Burners (oil/incense) must be safely positioned and inaccessible to children.
- b) In a school age care setting, the service must have a management plan to prevent the occurrence of any burns, scalds or electric shocks.

11.11 Fire safety

- a) A service must provide, in accordance with the requirements of the BCA, a smoke alarm system, required exits, installed and portable fire protection equipment.
- b) Under the *General Fire Regulations 2010*, schools, child care centres, early childhood centres and school age care facilities are classified as 'specified buildings' requiring the service to prepare and maintain an evacuation plan approved by the Chief Officer, Tasmanian Fire Service [refer to Standard 17.6a)].
- c) In addition to the above, the service must also ensure that:
 - i) electrical outlets, cords and appliances are not covered by soft furnishings, carpets or other items which may create a fire hazard;
 - ii) flammable items are kept away from heat sources such as heaters or stoves; and
 - iii) access to fire protection equipment remains clear at all times.

Note: Standard 11.11 must be read in conjunction with Standard 17.6 Emergency and evacuation procedures.

11.12 Glazing in areas accessible to children (including glazed doors and side panels, other panels such as windows identified as hazards to children)

- a) All glazed internal and external door and side panels, and any glazing that is accessible to children and identified as a hazard must be safety glazed.
- b) For new, replaced or repaired glazing in an area identified as a hazard to children, a certificate stating that the quality and installation of the safety glazing materials comply with relevant Australian Standards is to be provided by the installer.
- c) In an under school age care setting, any glazing that is not required to meet the BCA and is accessible to children and identified as a hazard to children is:
either: professionally treated (i.e. safety glazed or treated with safety film appropriate to the thickness of the glazing);
or: effectively guarded by barrier(s) to prevent a child striking or falling against the glass.
- d) In a school age care setting, glazing is to either comply with the BCA or, where not required to comply with the BCA; the service is to have a policy/procedure for the identification and management of risk, including immediate replacement of glass if necessary, in any area where glass accessible to adults/children presents a hazard.

11.13 Other glass

Items of furniture or equipment with a glass component, such as mirrors, must not present a danger to children.

11.14 Compliance with Building Regulations July 2004 (Tasmania)

Under the *Building Regulations July 2004 Tasmania*, the owner/occupier must comply with requirements of Schedule 4 of the *Building Regulations July 2004*, re the annual maintenance of essential safety and health features and measures.

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.

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 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 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; and
- the children and staff are familiar with, and regularly practise, the evacuation plan and other emergency procedures.

What are the requirements for storage 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 to the Poisons List Order 2001. This can be found by browsing on www.thelaw.tas.gov.au or using a web browser.

Sections 34 & 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 narcotic substances, e.g. in circumstances where a child may leave care, and the child's medication (a narcotic substance) is left at the centre. You may seek advice from a pharmacist regarding the correct disposal of 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.

What are the requirements for storage of adrenaline auto-injecting devices e.g. epipens?

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 bumbag 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 children's 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 appropriately 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?

- Workplace Standards Tasmania Helpline – 1300 366 322; and
- Workplace Standards Tasmania (<http://www.wst.tas.gov.au>)

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.

Further information is available from the Children's Hospital, Westmead, at www.chw.edu.au.

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; and
- 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 in Child Care* 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); and
- doors (door jamb covers/hinge guards provide significant protection).

Note: This is not a definitive list.

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; and
- 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; and
- 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:

1. **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.

2. **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 HEALTH, HYGIENE AND INFECTION CONTROL

STANDARD

The health of children and staff is to be maintained through the application of appropriate health and hygiene practices.

Rationale

It is important that staff role-model positive health practices, that children are supervised, assisted and encouraged in their daily health and hygiene routines, and that the service takes appropriate measures to protect the health of children and staff.

12.1 General hygiene and infection control practices

The service is to implement policies and/or procedures which reflect current community standards and guidelines, to ensure that:

- a) staff observe appropriate health and hygiene practices; and
- b) children are encouraged to follow appropriate health and hygiene practices.

12.2 Infectious diseases

- a) The service is to implement a policy and/or procedures on infectious diseases which outline immunisation, exclusion and notification practices in line with health authority requirements or recommendations.
- b) The service is to ensure that staff and families are promptly informed about the occurrence of infectious diseases, in a manner that respects the rights of individual children or staff.
- c) The service is to keep records of cases of infectious diseases which require either exclusion or notification to relevant health authorities (refer to Standard 15.4 i)).

12.3 Sun protection

The service is to implement policies and/or procedures which reflect current community standards and health guidelines, to ensure that staff or any other person involved in the care of the children and children observe appropriate sun protection practices.

12.4 Staff health

- a) The service is to implement policies and/or procedures regarding the health of staff.
- b) Staff and others involved with the provision of care are required to maintain a reasonable standard of physical and mental health in order to fulfil their child care duties.
- c) The licensee must maintain their duty of care in relation to staff health and safety.
- d) Where there is concern that, for reasons of health, a person employed or involved in the service, with the provision of care cannot perform their 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, Department of Education.

12.5 Alcohol and drugs

The service is to implement policies and/or procedures to ensure that:

- a) no person who is adversely affected by drugs or alcohol can care for children; and

- b) no person will consume alcohol or drugs (except those required for medical reasons) during the hours that children are in the care of the service.

Note: The ECU expects that service policies about alcohol and drugs include all persons in contact with the children in care; visitors, volunteers, students and ancillary workers.

12.6 Smoking

The service is to implement policies and/or procedures to ensure that:

- a) the premises provide a smoke-free environment both indoor and outdoor.
Note: 'Smoke free environment' includes when children are not present in the service.
- b) no staff member or other person involved in the care of the children is to smoke on excursions, or in vehicles used for transporting children.

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 in Child Care* 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 in Child Care*; To keep this resource up to date, send your contact details to (Email) 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 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> and
- The Queensland Cancer Council website <http://www.cancerqld.org.au/publications.asp> and NSW Cancer Council websites have resources to assist with developing sun protection policies and procedures.

Why is there a standard about carers' 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 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.*

13 FOOD AND NUTRITION

STANDARD

Food provided by the service must be nutritious, appetising, and culturally and developmentally appropriate.

Rationale

The childhood years are vital in the establishment of lifelong eating habits and food attitudes. Sound nutrition practices are necessary for normal development, good health and the prevention of illness.

Where the service elects to provide food, it is responsible for providing nutritious foods in a safe and positive learning environment.

13.1 Food and nutrition policy

The service must implement a food and nutrition policy and/or procedures which outline the service's approach to:

- a) promoting appropriate nutrition to meet children's developmental needs;
- b) documenting appropriately individual children's dietary needs in relation to children's culture, religion, health and allergies; and
- c) food handling and storage practices, consistent with the *Food Act 2003* and the Australia New Zealand Food Standards Code (the Food Standards Code).

13.2 Food and drink provision

- a) Safe drinking water is to be available at all times for children.
- b) Staff members are to be familiar with individual children's allergy needs and know how to respond.
- c) Where the service elects to provide food and drink for children, it is to ensure that:
 - i) meals, snacks and drinks are nutritious, varied, adequate in quantity, culturally appropriate, offered at frequent intervals, and take into account children's individual dietary needs;
 - ii) meal equipment (such as crockery, cutlery and furniture) is appropriate to the children's developmental level and encourages their physical skill development and independence; and
 - iii) a menu which details the food provided daily is to be prominently displayed for children and parents' information.

13.3 Food handling and hygiene

- a) All services must comply with legislated food safety requirements [*Food Act 2003* and the Australia New Zealand Food Standards Code (the Food Standards Code)]; and
- b) Food is to be prepared, handled and stored:
 - i) in a safe and hygienic manner consistent with the Food Standards Code; and
 - ii) appropriately, to prevent children with allergies having contact with known allergens.
- c) Individual drinking containers are to be provided for all children.
- d) Where the service elects to provide food, it must ensure that food handlers have food safety skills and knowledge commensurate with their work activities as required by the Food Standards code

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?

- Food Safety Unit, Department of Health and Human Services, (1800 671 738), or the website http://www.dhhs.tas.gov.au/peh/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; and
- 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 to be positive role models;
- providing information for parents.
- discussion with children about good nutrition and healthy eating; and
- 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 http://enhealth.nphp.gov.au/council/pubs/pdf/rainwater_tanks.pdf

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 OUTDOOR PLAY ENVIRONMENT AND EQUIPMENT

STANDARD

Outdoor play environments and equipment are to be organised and maintained to maximise challenge and variety for children, within safe parameters, in accordance with relevant Australian Standards.

Rationale

Outdoor play and physical exercise are important for the health, development and general wellbeing of children. The outdoor play environment must be designed to be suitable to the child's age and ability, allow for ease of supervision, while presenting challenge, variety and excitement for the children.

To ensure that shade is maximised, priority needs to be given to areas where children play for extended periods, such as water play.

Care needs to be taken to ensure that equipment is developmentally appropriate and of a safe construction in accordance with Australian Standards. Supervision of the highest standard is necessary to ensure that children remain safe in playgrounds that present challenge and excitement for their age and ability. It is known that supervision reduces the risk of injury while children are at play.

14.1 The outdoor play environment

- a) The outdoor play environment must:
 - i) be easily supervised;
 - ii) provide a variety of areas, such as open spaces/quiet areas/active areas to allow for differing types of play opportunities and interests;
 - iii) comprise a range of surface types (refer to Standard 14, Explanatory Notes);In an under school age care setting:
 - i) have adequate shade for the number of children and activities undertaken, including passive play (i.e. sandpits);
 - ii) be accessible from the licensed indoor play area (refer to Standard 14, Explanatory Notes);
- d) A hazard identification and management checklist is to be completed daily, before children access the outdoor play area.
- e) The service provider must maintain all equipment, surfaces and vegetation in the outdoor play area in good repair to prevent any hazards for children due to lack of appropriate softfall, trip hazards, protrusions, entrapment hazards.
- f) In a school age care setting, the service must ensure there is a procedure in place to notify the service provider/school regarding any required maintenance of the outdoor play environment and equipment.

14.2 Outdoor play equipment

- a) Outdoor play equipment (both fixed and non-fixed equipment), and the surfaces under and around the equipment, must comply with, and be maintained so that they continue to meet relevant Australian Standards.
- b) The outdoor play equipment must be:
 - i) appropriate to the age and ability level of the children;
 - ii) maintained in a good state of repair;

- iii) positioned safely; and
- iv) stored safely, as appropriate.
- c) Sandpits must be:
 - i) shaded;
 - ii) maintained in a safe and clean condition; and
 - iii) in an under school age care setting, securely covered when not in use.
- d) Bikes and other mobile play equipment must be:
 - i) appropriate to the age and ability level of the children;
 - ii) used in areas away from potential hazards such as swings and slides; and
 - iii) in a school age care setting, when riding bikes and using other mobile play equipment, children are to wear appropriate safety equipment (i.e. safety helmets).
- e) In an under school age care setting, staff must directly supervise children at all times outdoor equipment is in use;
- f) In a school age care setting, staff must closely supervise children at all times outdoor equipment is in use;
- g) Children are to be made aware of guidelines for use of equipment, such as only one child at a time to use the equipment;
- h) Equipment is to be fitted with relevant safety items when in use;
- i) Swings for the baby/toddler age group must:
 - i) have a 5-point harness; and
 - ii) be used in areas away from potential hazards.
- j) In a school age care setting, trampolines must:
 - i) comply with the provisions set out in AS 4989 - 2006;
 - ii) be installed on certified under-surfacing; and
 - iii) be used with appropriate safety measures in place.

A service may, in a school age care setting, where it demonstrates that it is adhering to strict parameters (outlined in Standard 14: Explanatory Notes), use a trampoline.

Note: As a general practice, trampolines must not be used in an under school age care setting.

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: www.education.tas.gov.au

Play equipment for babies and toddlers

An area for particular care is 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

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?

I. 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.

Duty of Care - The licensee, to meet their duty of care, must become familiar with the content of Australian Standard 4422.

2. 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.

3. Playground Equipment:

Playgrounds can be made safer by the selection of well-designed, age-appropriate equipment which meets Australian Standards. AS 4685-2004 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 Standard 14: Explanatory Notes Playground Surfacing for information on fall zones around existing equipment, and equipment purchased since October 2004.

AS 4685-2004 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 4685-2004 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 4685-2004 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 1924.2 – 1982 *Playground equipment for parks, schools and domestic use – Design and construction, safety aspects*.

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 (refer to AS 4685-2004 Section 2.2.7.6). Any broken or damaged equipment must be repaired/replaced as soon as possible or removed/closed off.

4. 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 – 2004 (Parts 1 – 6): Playground equipment

AS/NZS 4422 – 1966: Specifications and test methods for playground surfacing

AS/NZS 4486.1 – 1997: Playgrounds and playground equipment: development, installation, inspection, maintenance and operation

AS 1924 - 1981 (Parts 1 and 2): Playground equipment for parks, schools and domestic (for equipment installed prior to October 2004)

AS 4989 – 2006: Trampolines

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.com.au>; and
- The Children's Hospital, Westmead <http://www.chw.edu.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 playspace, 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 4989-2006) has been developed about trampolines. The Foreword to the Australian Standard states:

'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 4989-2006 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:
 - a. Must be under 500mm in height for children under 6 years old.
 - b. is of the 'soft-edge impact attenuating frame' design;
 - c. meets AS 4989-2006; the service has certification to prove this; and
 - 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/playsafety/safety_info_sheets.htm

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; and
- 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.

The Cancer Council recommends a minimum of 2.5m² shade per person at the critical protection time in summer (theoretically, this time is nominated as 22 December at solar noon, the time when the shade patterns are at their minimum and UVR is at its maximum).

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 ADMINISTRATION AND RECORDS

STANDARD

The service must develop administrative practices which support and inform families and staff, ensure that the duty of care is met, and that records are appropriately maintained.

Rationale

Clear communication, accurate record keeping, and efficient and effective management strategies are important determinants of quality care. Access to information about the organisation allows parents to make informed decisions about the appropriateness of the child care service in relation to their individual family needs.

The service must develop practices to ensure confidentiality of the service's records and information obtained about the children, their families, and staff. The service must comply with relevant privacy principles when drawing up forms which obtain personal information about children, their families, staff and students.

Where information/records are taken off-site from the service, the service must have procedures in place to ensure that these are dealt with in a secure and confidential manner.

Where a service keeps records in electronic/scanned format, consideration must be given to appropriate procedures to ensure the records are legible for the required period of time, and whether the technology for long-term storage will be suitable and adequate for the required period of time.

15.1 Access to information

- a) The following items must be prominently displayed:
 - i) current licence;
 - ii) evacuation plan;
 - iii) telephone numbers for emergency services, at each telephone;
 - iv) emergency numbers whenever there is one staff member only on the premises, including the name and telephone number of a nominated person who is on call and available when the service is operating [refer to Standard 11.1 d)]; and
 - v) telephone number, address and other relevant information of the licensing authority.
- b) The following items are to be readily available:
 - i) the service's philosophy;
 - ii) times and days of operation;
 - iii) fees;
 - iv) policies, procedures and practices, with a covering index; and
 - v) the *Child Care Act 2001* and the Centre Based Care Class 5 licensing standards.

15.2 Insurance

The service must maintain current public liability, workers compensation and other insurance policies as required by law.

15.3 General certificates and documentation

- a) The service must retain certificates/documentation to confirm:
- i) that glazing materials and installation meet the relevant Australian Standards;
 - ii) that hot water is tempered, if applicable;
 - iii) approval of the fire evacuation plan by the Tasmania Fire Service;
 - iv) inspection of fire protection equipment;
 - v) the service's emergency/evacuation practices - to be kept for five years;
 - vi) where applicable, cots meet relevant Australian Standard/replacement plan for cots;
 - vii) where applicable, furniture and any other equipment meet relevant Australian Standards;
 - viii) that impact absorbing surfacing materials meet the relevant Australian Standards;
 - ix) that the installation of impact absorbing materials meets the relevant Australian Standards;
 - x) that outdoor equipment meets the relevant Australian Standards; and
 - xi) that pool fencing and gates meet relevant Australian Standards, where such fencing and gates are required.
- b) The service must have available the following documentation:
- i) Information for parents about excursions; and
 - ii) hazard identification checklist and maintenance schedules – to be kept for two years.

Note: Where a hazard has caused an injury to a child/member of the public, then these records must be retained until that child/person turns 25 years of age, consistent with the requirements of the *Tasmanian Limitation Act 1974*.

15.4 Records

a) Enrolment and contact information

- i) The following details about each child must be recorded prior to commencement of care:
- a. name, date of birth and gender of child;
 - b. child's residential address;
 - c. name, address, contact telephone numbers and place of employment of parent(s);
 - d. name, address and contact telephone numbers of any person¹ authorised by the parent(s) to collect the child;
 - e. name, address and contact telephone numbers of any person who may be contacted in an emergency if child's parent(s) are not available; and
 - f. name, address and telephone number for the child's medical practitioner.
- ii) The service must retain these records for at least six years.

¹ **Note:** A sibling may, with written parental authorisation, collect the child (refer to Standard 15: Explanatory Notes for further information).

b) Child information

- i) In addition to the enrolment information, the service must maintain the following information about each child:
 - a. details of allergies;
 - b. other relevant medical history or detail, including wherever possible, emergency action plans for children with asthma, anaphylaxis or similar conditions;
 - c. immunisation;
 - d. special requirements notified by a parent(s) regarding culture, religion or special needs;
 - e. primary language spoken by child, or if child has not learned to speak, the child's parent(s); and
 - f. copy of any court order pertaining to a family or child.
- ii) The service must retain child information records for at least six years, unless an incident occurs in relation to any of the matters listed above, in which case all of the child's enrolment and information records must be retained until that child turns 25 years of age, consistent with the requirements of the *Tasmanian Limitation Act 1974*.

c) Attendance register

- i) There must be an attendance register which details:
 - a. name of child;
 - b. time of arrival;
 - c. time of departure;
 - d. signature of person leaving the child; and
 - e. signature of authorised person collecting the child.
- ii) Any special arrangements for collection/departure of a child must be authorised by the parent(s), and documented.
- iii) The service must retain attendance records for at least six years.
- iv) The service must have a procedure to immediately advise appropriate persons of a child's absence, when that child's place in the service has been reserved and/or the child is expected by staff.

d) Parent permissions

- i) The service must keep a record of parental permission for:
 - a. emergency medical, hospital and ambulance services;
 - b. application of 'non-scheduled' (i.e. not covered under the Poisons Regulations) treatments, such as nappy cream ointments, insect bite creams, antiseptic creams;
 - c. child to be taken on routine and non-routine excursions or escorted to or from a specified place [refer to Standard 4.1 b) and c)]; and
 - d. child to leave the service unaccompanied (in a school age care setting).
- ii) The service must retain parent permissions for at least six years.

e) Authorisation and administration of medication

- i) The service must maintain a record of a parent(s') written authorisation of medication to be administered to their child while the child is in care, including:
 - a. the name of the child;

- b. the name of the medication, the date(s) and the time the dosage is to be administered;
- c. any doctor's/pharmacist's ¹ instructions relating to the dosage and its administration (refer to Standard 15: Explanatory Notes);
- d. the time the medication was last administered; and
- e. the parent(s)' signature.

¹ Under the *Poisons Regulations 2008*, medication may also be prescribed by dentists, optometrists, authorised optometrists, and authorised nurse practitioners.

Note: Where the service does not have the written authorisation of the parent(s), e.g. in an emergency, the service may elect to obtain verbal authorization, in which case documentation must be retained as per e) ii) iii) and iv) and v).

- ii) The service must maintain a record of the administration of medication, including:
 - a. the name of the child;
 - b. the name of the medication, the date and the time the dosage was administered;
 - c. whether the parent's authorisation is consistent with instructions on the medication label;
 - d. the dosage administered as per doctor's/pharmacist's instructions;
 - e. the name and signature of the person who measured and administered the dosage;
 - f. the name and signature of the person who witnessed the measurement and the administration of the dosage (not required if a single staff service); and
 - g. written acknowledgement of the record of administration of the medication by the person collecting the child.
- iii) In a school age care setting, where a child self-administers medicine, there must be written instructions from a medical practitioner or from the parent(s), including the expected level of supervision.
- iv) If an incident occurs as the result of the administration of medication, then those records must be kept until that child turns 25 years of age, consistent with the requirements of the *Tasmanian Limitation Act 1974*.
- v) Other than iv), records of the authorisation and administration of medication must be retained for at least six years.

f) Child accident and injury report form

- i) The following information is to be recorded on a report form:
 - a. full name and age of child;
 - b. date, time and circumstances of the accident or injury;
 - c. location where the accident or injury occurred;
 - d. nature of any injury sustained;
 - e. names of witnesses;
 - f. action taken, including administration of first aid;
 - g. name and signature of the person making the report, and date;
 - h. time of child's departure from the service and name of person collecting the child;

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- i. record of persons notified and by whom; and
 - j. signature of parent(s), as acknowledgement that they have been notified of the child's accident or injury.
 - ii) If a child has a serious accident at the service resulting in the child requiring significant medical treatment/hospitalisation, the service must keep a record that the Secretary, Department of Education has been:
 - a. notified no later than the next working day of the circumstances of the injury; and
 - b. provided with a written report within three working days.
 - iii) The service is to retain a child's accident or injury report forms until that child turns 25 years of age, consistent with the requirements of the *Tasmanian Limitation Act 1974*.
 - g) Register of accidents and injuries**
 - i) The service must keep a register of accidents and injuries which details:
 - a. full name, and age or date of birth of child;
 - b. location and date of the accident or injury; and
 - c. brief description of the circumstances of the accident, and the nature of the injury.
 - ii) The service must retain the register of accidents and injuries until the youngest child recorded in the register turns 25 years of age, consistent with the requirements of the *Tasmanian Limitation Act 1974*.
 - iii) If the accident and injury report forms are stored together, this may form a register.
 - h) Notification of the death of a child**
 - i) If a child dies while at the service, or as the result of an accident at the service, the record of the details surrounding the death is to be retained for a period of six years, consistent with the requirements of the *Tasmanian Limitation Act 1974*.
 - ii) The Secretary, Department of Education, must be:
 - a. notified no later than the next working day of the circumstances of the injury or death; and
 - b. provided with a written report within three working days.
 - iii) The service must keep a record that the Secretary, Department of Education, was:
 - a. notified no later than the next working day of the circumstances of the injury or death; and
 - b. provided with a written report within three working days.
 - i) Illness and cases of notifiable disease**
 - i) The service must keep a record of illness and any case of notifiable disease which occurs at the service or is notified by a child's parent(s) to the service, which details:
 - a. name and age of child;
 - b. the symptoms, and the date and time symptoms were noticed;
 - c. the room/area of service, or whether the service was notified by the parent; and
 - d. any action taken.

- ii) The service must retain records of illness and notifiable disease for at least six years.

j) Personnel management

- i) The service must keep a copy of the following for each staff member:
 - a. evidence of a current safety screening clearance (refer to Standard 1.1);
 - b. current first aid qualifications (first aid/CPR – including child CPR/asthma/anaphylaxis) (refer to Standard 2.4);
 - c. approved qualifications, if applicable (refer to Standard 2.);
 - d. documentation to validate a staff member's progress towards an approved qualification, if applicable (refer to Standard 2: Qualifications, Explanatory Notes);
 - e. documentation to validate that staff member's qualification meets current qualification requirements, if applicable [refer to Standard 2: Qualifications, Schedule 2)];
 - f. driving licences, if applicable ;and
 - g. copy of approval of the Secretary, Department of Education, to employ a person under 18 years of age where that person is part of the carer to child ratio, if applicable [refer to Standard 3.7 b)].
- ii) The service must retain these records while staff are employed, or for five years, whichever is the greater.
- iii) The service must keep a copy of staff rosters for two years.
- iv) The service must keep a copy of the safety screening clearance of persons 18 years and older who are volunteers, students, or regular visitors for five years [refer to Standard 1.1 f)].

15.5 Maintenance of records

- a) Records are to be kept up to date, and in a safe and secure area.
- b) Records must remain confidential to those who have a right to access them [refer to Standard 1.2.

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. Firstly, 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 **Afterschool** 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 in Child Care 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 in Child Care, Section 1 - 32*), 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 records, 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 safety screening clearance, 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 Tas. 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.

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- 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 safety screenings, 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); and
- 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.

16 PHILOSOPHY, POLICIES AND PROCEDURES

STANDARD

The service is to develop appropriate policies to ensure staff and families are well informed, duty of care is met, and clear practices and procedures are maintained.

Rationale

Written documentation is essential for effective and consistent communication within organisations. The provision of clear, written policies and procedures which reflect current professional practice and community expectations, assists in service accountability.

Written policies and procedures provide tangible evidence of intended practices which are consistent with the philosophy of the centre, and must be regularly reviewed, evaluated and updated.

Note: Standard 16 provides a list of policies/procedures required under all the standards – where it is appropriate, a reference to the relevant Standard and/or Explanatory Notes is made in order to provide information about the **content** to be included in the policy/procedure.

16.1 Philosophy

The service's philosophy is to contain the service's values and beliefs about the care and rights of children and any other matters of ethical importance to the service. The philosophy must inform the practices, policies, and directions of the service.

16.2 Policies

The service must implement written policies and/or written procedures for each of the following areas:

a) Emergency situations and evacuation/invacuation:

- i) emergency evacuation plan, as approved by the Tasmania Fire Service;
- ii) emergency invacuation plan;
- iii) accidents, injuries and incidents;
- iv) death of a child;
- v) absconded/lost child;
- vi) abandoned child; and
- vii) security arrangements, if applicable, e.g. for overnight care;

or for excursion/camp with overnight care as per Standard 4,
or overnight events.

Note: Refer to Explanatory Notes

b) Health, hygiene and safety:

- i) single staff protocol;
- ii) medication, including
 - person administering medication is authorised by the person in charge;
 - paracetamol;
 - the administration of medication in emergencies;

- the storage; and
 - disposal of medication.
- iii) infectious diseases and exclusion practices;
 - iv) immunisation;
 - v) child protection, consistent with the relevant Act;
 - vi) staff health;
 - vii) alcohol, drugs and smoking;
 - viii) occupational health and safety;
 - ix) food and nutrition, including allergies;
 - x) hygiene, including handwashing, and laundry;
 - xi) general cleaning and maintenance;
 - xii) excursions and transport, including emergencies;
 - xiii) sun protection;
 - xiv) plants and vegetation; and
 - xv) glass management plan, if applicable.
- c) Administration:**
- i) bookings, cancellations, fees and opening times;
 - ii) delivery and collection of children, including late collection of children (Standard 15 Explanatory Notes);
 - iii) access to the service by parents;
 - iv) exchange of information with parents (Standard 16 Explanatory Notes);
 - v) confidentiality and privacy (Standard 1.2);
 - vi) parent access to child; and
 - vii) complaints/grievance procedures for parents and staff.
- d) General**
- i) staff/child interactions;
 - ii) behaviour guidance;
- Note:** where a school age care program operates within a school, the program may attempt to ensure that behaviour management strategies are consistent with those operating within the school.
- iii) supervision;
 - iv) diversity and inclusion (Standard 5); and
 - v) equity and anti-bias issues.
- e) Programming**
- Programming policies are to:
- i) complement the service's philosophy;
 - ii) support the individual development of each child, include planning, implementation and evaluation (Standard 5);
 - iii) outline mechanisms for parent participation;
 - iv) encourage and maximise the social, physical, emotional, recreational and intellectual development of each child; and
 - v) in a school age care setting, encourage child/ren participation.
-

16.3 Maintenance of policies

The service must have procedures to review and update 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); and
- disposal of medication.

Person administering medication is authorised by the person in charge.

The *Poisons Regulations 2008* specify that the child carer 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 who have demonstrated that they can manage the responsibility of administering medication. The carer 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 in Child Care* Edition.

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 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 Ventolin 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 in Child Care* 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*.

Child and Family Services, within the Division of Children and Families, Department of Health and Human Services (DHHS) have the statutory responsibility for intervening where children are at risk of abuse and neglect under the *Children, Young Persons and their Families Act 1997*.

Notifications of suspected abuse or neglect must be directed to the statewide Child Protection Service which provides the entry point for statutory care and protection. The Child Protection Service can be contacted on **1300 737 639**.

For information about policy and program development, please contact: Child and Family Services Support Unit, 99 Bathurst Street, Hobart. Phone: (03) 6230 7650 Fax: (03) 6230 7924.

Information about the *Family Violence Act* and the Safe at Home campaign is available on the website www.safeathome.tas.gov.au. DHHS have responsibility for the family violence counselling and support service. The contact number is **1800 633 937**, 24 hours, 7 days a week.

Standard 16 calls for policy/procedure for both **evacuation and invacuation** emergencies. **Evacuation** occurs when people are required to leave the immediate area, for example, when there is a fire, or threat of gas cylinder explosion, storm, etc.

Invacuation, or 'lockdown', occurs when circumstances dictate that the safety of people is better ensured inside the building, behind locked doors. In the event of invacuation, staff and children should remain out of sight, away from openings, windows and behind furniture or solid walls.

As it is difficult to pre-determine the nature of the risk, it may assist to have alternative lockdown areas. Examples of this sort of emergency include an outside person behaving inappropriately, chemical spill, bushfire, weapon crisis or a severe storm.

Another area for consideration for emergency situations is **bushfires**. The Tasmania Fire Service website, <http://www.fire.tas.gov.au> has information on preparation for the bushfire season, and procedures at each stage of a bushfire emergency – follow the links to Fire Safety and You/In the bush.

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 EMERGENCY PROCEDURES, FIRST AID AND ADMINISTRATION OF MEDICATION

STANDARD

In the event of an emergency, or a child becoming ill or having an accident, the staff must take appropriate action.

Rationale

In order to respond appropriately and quickly in emergencies, including accidents and illness, staff must have current first aid, CPR, anaphylaxis and emergency asthma management, and well-practised emergency procedures.

17.1 Records

For all emergencies, the service must maintain records in accordance with Standard 15: Administration and Records:

- a) parental authorisation for emergency medical/hospital/ambulance services (refer to Standard 15.4 d));
- b) accident and injury (refer to Standard 15.4 f) and 15.4 h) iii));
- c) authorisation and administration of medication (refer to Standard 15.4 e)); and
- d) illness/cases of any notifiable disease (refer to Standard 15.4 i)).

17.2 First aid equipment and qualified first aiders

The service must:

- a) have at least one staff member on the premises at all times who holds current, recognised first aid qualifications (first aid/CPR – including child CPR/asthma/anaphylaxis) (refer to Standard 2.4), and is immediately available in an emergency situation; and
- b) maintain a safely located, appropriately equipped first aid kit, readily available to all staff (refer to Standard 11.2).

17.3 Medical/emergency treatment

- a) If a child has an accident/injury or becomes ill while attending the service, the child must be kept under adult supervision until the child's parent(s), or a person nominated by the parent(s), or emergency services personnel take responsibility for the child.
- b) If a child requires immediate medical aid, the service must take all necessary steps to secure that attention.
- c) If emergency treatment/medical aid is sought, the child's parent(s) must be notified as soon as possible.
- d) If medical treatment is sought off the premises, relevant information must be taken with the child.
- e) In an emergency where the child requires medication and the service does not have the parent(s') prior authorisation, every attempt must be made to secure the parent(s') authorisation, or the authorisation of a registered medical practitioner previously nominated by the parent(s).

17.4 Medication

- a) The service must:
 - i) store all medications safely;
 - ii) develop appropriate policy and procedures (refer to Standard 16.2 b) and

- iii) administer medication in line with policy and procedures; and
- iv) keep records as per Standard 15.4 e).

In a school age care setting:

- b)
 - i) medication for self-administration is to be stored safely; and
 - ii) where a child self-administers medicine, there must be written instructions from a medical practitioner or from the parent(s), including the expected level of supervision.

17.5 Notification of serious accident or death

If a child has a serious accident at the service resulting in the child's hospitalisation or death, the service must:

- a) notify the Secretary, Department of Education no later than the next working day of the circumstances of the injury or death; and
- b) provide the Secretary, Department of Education with a written report within three working days.

17.6 Emergency and evacuation procedures

- a) For safety in the event of fire, the service must ensure that the building they occupy complies with the *General Fire Regulations 2010* and that:

- i) there is a fire evacuation plan, approved in writing by the Chief Officer, Tasmania Fire Service;
- ii) the evacuation plan is prominently displayed in each functional area of the service.

Note: The **Quick Action Plan**, i.e. the crucial, emergency steps to evacuation must be displayed in each functional area of the service – it is not necessary to display the complete evacuation plan.

- iii) all staff and children are familiar with the evacuation plan and emergency procedures;
- iv) evacuation practices are conducted at least twice a year; and
- v) a record of the practices is retained at the service for five years.

Note: Refer to Explanatory Notes for further information re practice evacuations.

- b) For all emergencies, the service must ensure that:
 - i) telephone numbers for emergency services are prominently displayed at each landline/fixed telephone and/or stored within any mobile/cordless telephone;
 - ii) there are documented emergency procedures [refer to Standard 16.2 a)].

17.7 Provisions when only one staff member is on the premises

When there is only one staff member on the premises, there must be:

- a) a documented protocol which:
 - i) clearly displays (with the other emergency contacts) the name and telephone number of a nominated person who is on call and available when the service is operating; and
 - ii) ensures that the children and staff are familiar with and regularly practise the evacuation plan and other emergency procedures.
- b) an operating mobile telephone OR cordless telephone if the staff member is unable to readily access the fixed telephone.

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.

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.

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 <http://www.allergyfacts.org.au/product.html>.

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; and

- 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 in Child Care*, 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).

Why do we need to notify the Department of Education (the Education and Care Unit) of a serious accident, or the death of a child?

The occurrence of a serious accident or death of a child causes much distress for all parties, and the service must consider the needs of families and staff. The licensing authority will consider any issues relating to licensing and standards, and can give advice on avenues for appropriate counselling.

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.*

18 OVERNIGHT CARE

STANDARD

The safety of children must be maintained when in overnight care.

Rationale

The service must demonstrate an understanding of the special needs of children in overnight care, and provide quality care, maintaining a comfortable and safe environment for the children.

Overnight care includes both 'sleepovers' at the licensed premises (e.g. an occasional event as part of a Vacation Care program) and also a regular service for families (e.g. 24 Hour Care).

Staff and adults, when undertaking ancillary roles, e.g. cooking, are **NOT** included in the adult:child ratios.

Note 1: *In order to be able to provide overnight care as a regular service to families, the service must meet all requirements under Standard 18.1 and be approved to have a Condition of Licence.*

18.1 Maintaining a safe overnight care environment (regular, on-going service)

The licensee must ensure that:

- a) the minimum carer to child ratio is maintained at all times;
- b) a minimum of two senior staff (one of whom must hold an approved qualification in an under school age care setting) are on the premises at all times;

Note: This includes situations where the application of the carer:child ratio would generally allow for only one carer to be present.

- c) in an under school age care setting, staff remain awake throughout their shift.
- d) as a minimum, one staff member directly supervises the children at all times;
- e) at least one staff member holds current first aid qualifications, as per Standard 2.4; and the knowledge and ability to implement safety procedures, is present at all times; and
- f) security arrangements are documented and made available for parents prior to the child being accepted into overnight care.

18.2 Maintaining a safe overnight care environment for a 'sleepover' at a licensed premises

- a) In addition to meeting 18.1 (a) – (f), where a 'sleepover' occurs at the licensed premises, the licensee must ensure that:
 - i) in a school age care setting, the minimum adult:child ratio of 1:10 (or part thereof) is maintained;
 - ii) in an under school age care setting, the minimum adult:child ratio of 1:3 (or part thereof) for children under 3 years of age and 1:6 (or part thereof) for children 3 – 5 years of age, is maintained;

18.3 Sleeping arrangements

- a) Suitable sleeping arrangements must be provided for each child in overnight care.
- b) Each child is to have their own bed/cot.

Note 1: Mattresses alone are not sufficient for overnight care.

Note 2: Standard 7.3 b) applies;

- c) If bunks are used (only permitted in a school age care setting):
 - i) children under six years of age are to sleep on the lowest bunk;
 - ii) the bunks must meet the relevant Australian Standard;

- d) In a school age care setting, the sleep space is to be gender-segregated.
- e) Ventilation must be adequate.

18.4 Other facilities

There must be:

- a) sufficient bed linen (e.g. sheets/duonas/blankets; and impervious mattress covers, where required) to meet the needs of children in overnight care;
- b) a bath and/or shower for the children's use;
- c) sufficient towels and bathroom linen to meet the needs of children in overnight care;
- d) all other facilities as outlined in Standard 8: General Facilities; and
- e) in an under school age care setting, adequate nappy changing/toileting facilities in reasonable proximity to the sleeping area.

18.5 Other matters

- a) Programs for overnight care, in addition to meeting the criteria for Standard 5, must:
 - i) provide for the needs of the children in overnight care; and
 - ii) be of the same quality and standard as activities and learning experiences offered during the day.
- b) Food and drink available to children in overnight care must meet all criteria of Standard 13.

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; and
- 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; and
- menu/food and drink provision.

It is recommended that the service also discuss the proposed service with relevant Commonwealth

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/duonas/blankets/impervious 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: 1994, 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 Office of Consumer Affairs and Fair Trading at www.justice.tas.gov.au/ca/product-safety/fi_Sheet_bunk

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.

Education and Care Unit

Department of Education

Licensing Standards

APPENDIX I

Service self-assessment for safety and suitability of overnight excursions/camps

[Reference: CBC 5 Standard 4.5]

Service

Name: _____

Address where overnight excursion/camp will be held:

Date(s) of excursion/camp: _____

	N/A	What action must be taken?	Date completed	Signature
MAINTAINING A SAFE ENVIRONMENT				
Site checked. (Look for things like cracked windows; inadequate surfaces under the outdoor play equipment; unsecured vehicles/trailers in the outdoor play area; water hazards; untempered hot water) Following hazards identified: Indoor 1. 2. 3. 4. 5. Outdoor 1. 2. 3. 4. 5.		Management plan for identified hazards – developed, implemented and available: Indoor 1. 2. 3. 4. 5. Outdoor 1. 2. 3. 4. 5.		
Fire protection equipment (including smoke detectors) in place and/or readily available. Date last tested: _____				
Bushfire emergency operation plan developed, current, available/displayed?		Date(s) emergency practice(s) held with staff and children: _____		
Emergency evacuation plan (as applicable) – developed, current, available/displayed?		Date(s) emergency practice(s) held with staff and children: _____		
A mobile phone or means of contact with emergency services is readily available		Any other strategies service will put in place?		
A list of emergency numbers readily available with the phone (i.e. displayed/entered into phone)?				
Excursion/camp specific:				

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SLEEPING ARRANGEMENTS (including bedding)				
Are children required to bring own sleeping bag/pillow/case?		Spare sleeping bags/pillows/pillow cases available.		
There is easy access for each person to a required exit (fire exit).				
If there are bunks: NOTE: In an under school age care setting, children are not permitted to use bunks.		<ul style="list-style-type: none"> ▪ Management plan for bunks; ▪ Product safety alert 'Bunk Bed Safety' has been referred to; 		
Excursion/camp specific:				
FOOD ARRANGEMENTS				
Facilities available to enable food to be prepared and stored in a safe and hygienic manner.		Management plan required.		
Sufficient water, fit for drinking, is adequately available.		Management plan required.		
Sufficient quantity of drinking containers and utensils available				
Are there children with specific food requirements.		Management plan required.		
Excursion/camp specific:				
PERSONAL HYGIENE ARRANGEMENTS				
Appropriate hand washing and drying arrangements				
Adequate arrangements for showering/bathing.				
Appropriate toileting arrangements in place:				
If required, appropriate nappy change facilities.				
Excursion/camp specific:				

I, on behalf of _____ (insert service name) agree to:

1. implement any required actions to ensure the safety of the children;
2. maintain and attach all management plans, as applicable;
3. maintain this completed 'service self-assessment plan' and, as requested, make available to the Education and Care Unit; and
4. provide a copy of the following to the Education and Care Unit on request:
 - a. program
 - b. security arrangements
 - c. the attendance and staff rosters for the overnight excursion/camp.

Name: _____
(Please print)

Position: _____

Signature: _____

Date: _____

GLOSSARY

'ancillary staff' means persons employed by a child care service provider or in respect of a child

'applicant' means a person who has applied for a licence under section 13;

'approved premises' means premises approved by the Secretary, or premises of a class approved by the Secretary, under subsection (2);

'approved registration body' means a person who holds a registration body approval licence;

'approved registration body licence' means a licence granted under section 16 that authorises one or more of the activities specified in section 10;

'Authorised officer' means a person appointed as an Authorised officer under section 72;

'carer' see child carer;

'Centre Based Child Care Licence', means a centre-based child care licence granted under section 16 that authorises the activity specified in section 11;

'Centre Based Care Class 5' means Occasional Care Services and Services funded through the Australian Government Budget Based funding program.

Occasional Care comprises services providing education and care for 0-12 year olds on a sessional basis for short periods, that is, less than 8 hours a day, 5 days a week, 48 weeks a year.

Note: They may enable parents to attend appointments, take care of personal matters, undertake casual or part-time employment, study or have temporary respite from full time parenting. These services may be provided by community based or private providers and may be funded by the Australian or State Governments or operate without funding.

Budget Based Funded (BBF) early childhood services are funded by the Australian Government.

Note: They are funded by the Australian Government where the market would otherwise fail to deliver services. BBF services are predominately in rural, remote and Indigenous communities and are also operationally known as non-mainstream services. They may include long day care centres.

'child' means a person who has not attained the age of 13 years;

'child care' has the meaning given by section 4;

'child care centre' means premises, other than a person's primary residence or approved premises or the primary or other residence of the child, at which a child may be provided with child care;

'child care service' means –

- a) the operation by an approved registration body of any business that involves one or more of the activities authorised by the licence; and
- b) the operation by the holder of a centre-based child care licence of any business that involves one or more of the activities authorised by the licence; and
- c) the operation by the holder of a home-based child care licence of any business that involves one or more of the activities authorised by the licence;
- d) the provision of child care by a registered carer;

'child care service provider' means –

- a) an approved registration body; and
- b) a holder of a centre-based child care licence; and
- c) a holder of a home-based child care licence;
- d) a registered carer;

'child carer', in respect of a child who is being provided with child care, means a person who, for fee or other material benefit, cares for the child –

-
- e) in that person's own primary residence; or
 - f) in that person's approved premises; or
 - g) in the child's primary or other residence; or
 - h) in premises in which child care is provided under a centre-based child care licence;

'close relative', in relation to a person, means –

- a) another person who resides with that person; and
- b) another person who is a guardian of that person; and
- c) another person who, in the opinion of the Secretary, may have frequent or extended contact with a child for whom that person is operating or providing or may operate or provide a child care service;

'director', in relation to a body corporate –

- a) if the body corporate is a corporation within the meaning of the *Corporations Act*, has the meaning as in the *Corporations Act*; and
- b) if the body corporate is not a corporation within the meaning of the *Corporations Act*, means a person holding a position in the body corporate that is equivalent to or substantially the same as the position of director in a corporation, within the meaning of the *Corporations Act*;

'early childhood centre' means any premises or part thereof providing or intending to provide a centre-based education and care service within the meaning of the *Education and Care Services Law Act 2011 (Tas)* and centre-based services that are licensed or approved under State and Territory children's services law, but excludes education and care primarily provided to school aged children in outside school hours settings and services licensed as *Centre Based Care Class 4* under the *Child Care Act 2001 (Tasmania)*.

'employ' means employ for payment or other reward and includes engage the services of, whether as an employee or an independent contractor or otherwise;

'extended family' has the same meaning as in the *Children, Young Persons and Their Families Act 1997*;

'guardian' has the same meaning as in the *Children, Young Persons and Their Families Act 1997*;

'home-based child care' means the provision of child care -

- a) in the child's primary or other residence; or
- b) in the child carer's primary residence; or
- c) in the approved premises of the child carer;

'home-based child care licence' means a licence granted under section 16 that authorises one or more of the activities specified in section 12;

'licence' means –

- a) an approved registration body licence; and
- b) a centre-based child care licence; and
- c) a home-based child care licence;

'licence applicant' means the individual or body that is applying to hold a license to operate or provide a child care service;

'licensee or licence holder' means the individual or body to whom a licence to operate or provide a child care service has been issued;

'licensee representative' means the person nominated by the service operator to represent all members of the service operator on licensing matters where the service operator holds the licence. This person is expected to have a higher level of understanding about the operation of the child care service and its adherence to the Licensing Standards;

'may' indicates that the power may be exercised or not exercised; with discretion;

'must' indicates that the power is required to be exercised;

'parent' includes a stepmother, stepfather and guardian;

'person in charge' –

- a) in relation to the child care service operated or provided by an approved registration body, the person who is directly in charge of the day-to-day coordination of the child care service; and
- b) in relation to a child care service operated or provided by the holder of a centre-based child care licence or a home-based child care licence, the person who –
 - i) is physically at the centre, residence or other facility or premises where children are provided with child care by that service; and
 - ii) is in charge of the day-to-day running and supervision of that service or centre, residence or other facility or premises,

whether the person referred to in paragraph (a) or (b) is the holder of the licence under which the child care service operates or is provided, or an individual employed by that holder;

'potential child carer' means a person who is desirous of obtaining employment as a child carer;

'premises' includes –

- a) a vehicle, vessel and other means of transport; and
- b) a part of premises;

'registered carer' means a person who has been registered as a child carer by an approved registration body;

'registration' means registration of a person as a child carer by an approved registration body in accordance with the relevant Standards;

'regulations' means the regulations made and in force under this Act;

'responsible person' means the individual to whom is assigned by an incorporated or unincorporated body the general responsibility for, and supervision of the operations of, the provision of child care under a licence held by that body;

'school age child/ren' means children 5 years and over. Where 4 year olds are in a school aged setting they will be included as school aged, unless otherwise stipulated.

'school age care facility' is a facility providing care for children (primarily) 5 years or older in an outside of school hours setting which is either approved or licensed under the *Education and Care Services National Law Act (Tasmania) 2011* or the *Child Care Act 2001*.

'school age care setting' previously known as CBC2;

'service operator' is the name of the organisation/management body that provides the service from the child care centre. It may be a community based management committee or incorporated body, a company, registered business, a partnership, a government agency or an individual who owns the service. The service operator may choose to hold the licence or may authorise an individual employee to hold the licence;

'spouse', in relation to a person, includes a person who, although not legally married to that person

- a) is generally recognised as the de facto husband or wife of that person; or
- b) has a relationship with that person that is of a marital nature;

'Staff Member' of a child care service under a Centre Based Care Licence is an individual employed by the service operator and likely to have contact with children in care at the service;

'Standards' means the Child Care Standards issued under section 47, as amended or substituted from time to time;

'under school age child/ren' means child/ren less than 5 years;

'under school age care setting' was previously known as CBC1;

'unencumbered space' means useable, clear space which is always available for children's use. 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.

'volunteer' means a person who undertakes duties authorised by the service, as a voluntary worker, and who receives no remuneration or compensation in money or other consideration, e.g. parents who participate in fundraising activities or working bees, or committee members.

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