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G O V E R N M E N T
G A Z E T T E

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Child Care

Tasmanian
Licensing Standards
for
Centre Based Child Care,
Class 4

Prepared by the Education and Care Unit,
Department of Education

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Acknowledgements

The initial version of these Standards is the result of several years of consultations and discussions between the Education and Care Unit and management and staff from a number of Tasmanian Community Houses.

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Preface

Centre Based Care Class 4

Centre Based Care Class 4 is the short term¹ care of children and is provided in conjunction with a meeting, function, or activity endorsed by the management of the service that involves the parent(s) of the children, or a person who would otherwise have care of the child/ren during the period that child care occurs and who are not on site for part or all of the period that child care occurs.

The Centre Based Care Class 4 Licensing Standards focus on children's safety and well-being.

¹ The expression 'short term' may refer to either the length of time per session, or to the total number of times the child will be in care dependent on the nature of the meeting/function/activity the parent is involved in, e.g. an irregular arrangement such as the participation of the parent in a first aid course that is held for 6 hours a day across two days. Each organisation may set its own policy around the preferred maximum length of sessions.

Scope of the Licensing Standards for Centre Based Care Class 4

The Standards are applicable to all *Centre Based Care Class 4* child care services that are required to be licensed under the provisions of the *Child Care Act 2001*, Section 11.

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'.

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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 including those who care for children directly, other staff, and those persons who have regular contact with children at that service, are fit and proper persons. This includes persons (visitors, members of the service operator/management committee, contractors, volunteers and students) who are in the presence of the children in care on a regular basis, or in a capacity that would indicate to children that this person is a 'friend' and not a stranger. 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.

A child care service/provider must inform carers regarding their duty of care. A carer has a common law duty to take reasonable measures to prevent a child in care from suffering harm from foreseeable risks, i.e. the standard of care is not affected by whether or not a parent is in the building; or whether the child care program is licensed or not. In an action about negligence, a court would determine on a case by case basis whether a carer met the relevant standards as required at common law.

The level of duty of care of, for example, a child carer employed to be responsible for the supervision of the occasional care program is higher than the baseline level of duty of care of a volunteer carer.

Note: Refer to Schedule 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) All personnel¹ who have contact with the children in the Centre Based Care Class 4 program are to satisfactorily meet all the 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.
- b) Licensee holder/representatives, person in charge and responsible persons satisfactorily meet all the requirements of the 'Fitness and Propriety' check conducted by the licensing authority.

Note: 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.

1.2 Confidentiality, privacy provisions and duty of care

All personnel¹ who have contact with the children in the Centre Based Care Class 4 program are to:

- a) understand the need for, and maintain, the confidentiality of client and staff information; and
- b) 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.

¹ All personnel includes:

- the licence applicant/holder/licensee representatives
- all members of the service operator who are directly involved in the management of the child care service
- person(s) in charge
- responsible person(s)
- all staff
- persons 18 years and older who are volunteers, students, or regular visitors.

SCHEDULE: FITNESS AND PROPRIETY DEFINITIONS

For CENTRE BASED CARE OCCASIONAL CARE CLASS 4

The following definitions apply to roles and terms as they relate to the *Child Care Act 2001* and/or to the Licensing Standards.

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.

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. This person may either hold a specific position on the executive of the committee or be a general member.

Where the licensee is a body (e.g. a 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.

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 also differs to that defined under the *Education and Care Services National Law (Tasmania) 2011*.

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.

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;

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 safety screening clearance; and
- contacting the Conduct and Investigations Unit to ensure that the clearance is still current (that is, it has not been suspended or cancelled, since the time it was issued).

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.

2.1 Qualified Staff

The program must be supervised by a qualified carer who holds a minimum of a Certificate 3 in Children's Services, or equivalent.

2.2 Knowledge, skills and experience

All carers are 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; and
- e) a basic knowledge of children's health, hygiene, nutritional and safety needs.

2.3 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.

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 Qualified person in charge

To ensure a service meets its duty of care in relation to children in care, the program must be supervised by a qualified person.

3.2 Carer:child ratio

The minimum carer to children ratio is:

Age of child	Carer:child ratio
Under three years	1:5 (or part thereof)
Three to five years inclusive	1:10 (or part thereof)

3.3 Number of staff in the program

- Where there is one carer only with the group, there is to be other identified adults on the premises available to assist immediately as necessary.
- Where there is a baby under 12 months of age, there is to be a second carer, even if there are fewer children than per the required ratio.

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 Qualified staff:children ratio

- The ratio of qualified carers:children is 1:15.
- This ratio is to be maintained at all times, except over lunch periods, and in short term emergency situations.

3.6 Under 18 year olds

Persons under the age of 18 years shall **not** be included in the carer:child ratio.

4 EXCURSIONS

STANDARD

Where planned excursions provide children opportunities to explore their physical and social environment away from the licensed premises, their safety and wellbeing must be maintained during the excursion.

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 create fun, recreational experiences, providing 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.

4.1 Parental permission for excursions

- a) No child is to leave the premises without a parent(s)' written authorisation; and
- 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.

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 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 2.3;
- 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, including 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.

4.4 Use of volunteers/parents on excursions

Volunteers over 18 years of age, parents, and close family relatives, e.g. grandparents, may be used to increase the number of adults to children to effectively manage increased risks on the excursion, on the condition that:

- a) the **minimum carer** to child ratio is maintained ;
- b) volunteers and regular visitors are always under the direct supervision of a carer ; and
- c) volunteers and regular visitors (other than parents and close family relatives) hold a current safety screening clearance.

5 PROGRAMMING

STANDARD

Programs that support and maximise each individual child's development, and allow for age-appropriate learning experiences and activities, are to be provided in a safe 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 young children. The provision of sufficient and varied opportunities for play enhances each child's growth and individuality. Such opportunities must be culturally appropriate, culturally diverse and offer experiences that facilitate each child's individual development.

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.

To assist services in the development of their program consideration may be given to the *Early Years Learning Framework* or *My Time, Our Place Framework for school aged care in Australia*.

5.1 Programming

- a) Programs are to take into account:
 - i) the developmental needs of individual children;
 - ii) group size and composition;
 - iii) children with additional needs;
 - iv) expectations of children's parents; and
 - v) the cultural diversity of all families using the service.
- b) Programs are to encourage appropriate social interaction, and positive and responsible behaviour.
- c) 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.
- d) The program 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. shall not include physical, verbal or emotional punishment that could humiliate, frighten or threaten the child; and

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- iii) respect for the values of the child's family;

6 PLAY AND SLEEP SPACE

STANDARD

An 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, a service must have sleeping facilities which enable 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 are to be arranged in such a way as to promote restful sleep.

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.

6.2 Indoor play space

- a) Indoor play space is to allow clear unencumbered play space of at least 3.25m² for each child cared for in the room or area.
- b) Where this is not possible, the organisation will need to develop a management plan¹ which demonstrates how it will ensure the safety of the children.
- c) Play space assessed to determine the number of licensed places in each area is to be maintained as unencumbered play space.

6.3 Outdoor play space

- a) Outdoor play space is to be a minimum of 7m² of unencumbered space per child cared for in the centre.
- b) Where this is not possible, the organisation will need to develop a management plan¹ which demonstrates how it will ensure the safety of the children.
- c) Play space is to be maintained as unencumbered outdoor play space.

6.4 Sleep space for children aged from birth to two years

- a) Sufficient sleep space is to be provided for the total number of children under 12 months and for half the number of children aged 1 to 2 years.
- b) Where this is not possible, the organisation will need to develop a management plan¹ which demonstrates how it will ensure that the children's needs for rest are met.

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, the organisation must demonstrate how it will manage supervision of sleeping children.

¹ Management plans may consider the following:

- Negotiation for access to further space
- Balance between indoor/outdoor activities
- Management of the program during inclement weather, e.g. when children must stay indoors
- Use of excursions
- Maintaining a safe environment

If the Education and Care Unit assesses that the service's proposals cannot guarantee quality outcomes or a safe environment for the children, the Education and Care Unit will initiate discussions with the service to resolve the issues.

7 FURNITURE, EQUIPMENT AND BEDDING

STANDARD

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

Rationale

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

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.

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 and equipment

Toys and equipment are to be:

- a) developmentally appropriate;
- b) safe and in good repair; and
- c) well cleaned.

7.3 Sleep/rest facilities

- a) 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).
- b) There must be appropriate facilities in a suitable area that can be easily supervised, for children who are unwell.
- c) Cots, beds, linen, mattresses and large cushions must be cleaned, aired and stored appropriately.
- d) There must be sufficient bed linen to ensure that children do not share the bed linen prior to laundering the bed linen.

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.

When the organisation and structure of the physical environment is inviting and comfortable, it encourages a free flow during daily routines of eating, toileting, resting and playing and allows 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, and also for staff respite.

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

8.1 Toilets and handbasins

- a) There is to be 1 toilet and 1 handbasin for every 15 children.
- b) Where the toilet is an adult toilet, a firm, non-slip step and a junior seat are to be provided, if required.
- c) Where the handbasin rim is higher than 600mm, appropriate facilities to assist children to access the handbasin are to be provided, if required.
- d) The service must ensure that there is sufficient soap and hand-drying equipment.

8.2 Nappy changing facilities

- a) Where children under 3 years are cared for, hygienic nappy change facilities are to be provided with:
 - i) a change bench with change mat;
 - ii) hot and cold water supply to all fittings;
 - iii) a handbasin;
 - iv) a baby bath;
 - v) suitable facilities for the hygienic disposal of waste materials;
 - vi) fixed or retractable steps for toddlers to climb up onto the change bench;
 - vii) viewing back into the play area; and
 - viii) appropriate ventilation.

- b) Where the service is unable to meet the requirements in 8.2a), the organisation is to demonstrate through appropriate policy and procedures, that the nappy change facilities provided ensure a healthy, safe and comfortable environment for children and carers.

8.3 Laundry facilities

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, floors surfaces are suitable for the activities/routines conducted; and
- b) Toilets and wet areas must be maintained so that the likelihood of accidents is reduced.

8.5 Hot water

Hot water which is accessible to children must be tempered, and continue to meet requirements of the Tasmanian Plumbing Code.

8.6 Food preparation facilities

Food preparation areas are to have appropriate equipment, including:

- a) hot and cold water supply;
- b) a refrigerator;
- c) stove/microwave (where it is required for heating food and babies' bottles).

8.7 Storage

- a) There must be adequate storage for:
 - i) children's personal belongings,
 - ii) play equipment;
 - iii) resources and materials;
 - iv) confidential information and records;
 - v) cleaning equipment; and
 - vi) other equipment and materials.
- b) Children under three years must not have unsupervised access to bags.

8.8 Telephone

The service is to have an operating telephone on the premises readily accessible at all times.

8.9 Lighting

Fluorescent lighting is to have diffusers or be guarded.

8.10 Heating/cooling

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

8.11 Viewing to outdoors

The children's view to the outside is to be optimised.

9 FENCES AND BARRIERS

STANDARD

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.

Rationale

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.

Note 1: 'Barriers' may include balustrades, railings, doors and windows.

9.1 Child safety

The service must:

- a) 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;
- b) ensure that the effective height of the fencing and gates is maintained;
- c) ensure that gates are kept closed when not in use; and
- d) ensure adequate supervision so that children cannot exit unaccompanied from the licensed play area.

9.2 Fencing and gates

Fencing and gates around a licensed outdoor play area are:

- a) to comply with Australian Standard 1926 for pool fencing and gates; or
- b) provide an effective barrier, be at least 1200mm high and have no entrapment hazards.

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

Fencing and gates around a licensed outdoor play area are:

- a) to comply with Australian Standard 1926 for pool fencing and gates; or
- b) provide an effective barrier, be at least 1500mm high and have no entrapment hazards.

9.4 Decking, patios and landings/steps, stairs and ramps

Where there is access to a drop of 600mm or more, there must be an effective barrier installed, which is designed to prevent entrapment and children climbing over it.

9.5 Doors and windows

- a) If a door opens onto an unlicensed area, children are not to be able to open the door;
- b) If a door is a required exit (i.e. a fire exit) the exit path and doorway must remain clear of obstacles;
- c) Where there is a drop of 600mm or more from a window, or it opens onto an unlicensed area, there must be a lock, secured screen or other device.
- d) Windows, when opened, must not create a hazard to children.

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 high standards 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.

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 water hazards (e.g. baths, sinks, puddles, containers, water play activities and equipment).

10.2 Water play

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 service provider must ensure that there is no swimming pool ⁽¹⁾ on the service's 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.
⁽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.

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

The outdoor play area is to be isolated from that hazard by fencing that meets Standard 9: *Fencing and gates where there is a significant hazard adjacent to/within the premises.*

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) 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; and
- c) ensure that children are supported in following appropriate safety practices.

II.2 First aid equipment

There must be a fully equipped first aid kit that:

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

II.3 Storage – medication

- a) Medicines are to remain in the original, labelled containers.
- b) Emergency medication needs to be accessible to staff, whilst inaccessible to children.
- c) Other medication, including medication for self-administration, is to be stored safely, at the temperature stated on the container, in a labelled, lockable or child-resistant container.

- d) 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.

Salbutamol (ventolin) – 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.

11.6 Building and grounds - cleanliness, repair and safety

The building, all equipment and furnishings are to be maintained so that at all times they are safe, clean and in good repair.

11.7 Plants

Plants known to be toxic/dangerous to humans must be removed, or made inaccessible to children.

11.8 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 response.
- b) Carers are to directly supervise contact between animals and the children.
- c) Any animal or bird is to be kept in a separate area such as a cage or enclosure.

11.9 Burns, scalds, and electric shocks

- a) All fans, heating and cooling units (including external units), must be safely situated and/or adequately guarded (rigid fire guards to be used whenever heaters with hot external surfaces are in use).
- b) Children's access to and use of stoves/hotplates/cooking appliances/barbeques must always be under direct supervision.

11.10 Fire safety

The organisation must have

- a) evidence of current Tasmanian Fire Services approval of the evacuation plan (required every 5 years).
- b) appropriate equipment with certification provided e.g. smoke alarms and fire extinguishers;
- c) appropriate practices, e.g. exits kept clear, all personnel familiar with evacuation procedures.

11.11 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 doors and side panels and any other window glazing that is accessible to children and identified as a hazard to children must:
either: be professionally treated (i.e. safety glazed or treated with safety film appropriate to the thickness of the glazing);
or: be effectively guarded by barrier(s) to prevent a child striking or falling against the glass.
- b) A certificate stating that the quality and the installation of the safety glazing materials comply with the relevant Australian Standards must be provided by the installer.
- c) In all services, when glass in an area identified as a hazard to children is replaced, glazing materials which comply with the relevant Australian Standards must be used.

11.12 Other glass

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

11.13 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 maintenance of essential safety and health features and measures.

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 child carers 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 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 shall care for children; and
- b) no person consumes 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.

12.5 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.

13 FOOD AND NUTRITION

STANDARD

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

Rationale

The early 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.

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.

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.

Rationale

Outdoor play and physical exercise are important for the health, development and general wellbeing of children. The outdoor play environment is to present challenge, variety and excitement, while being suitable to the child's age and ability.

Ideally, each age group will have direct access to the outdoor play area. A play area must be designed to be easily supervised.

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. 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.

14.1 The outdoor play environment

- a) The outdoor play environment must:
 - i) be easily supervised;
 - ii) have adequate shade for passive play areas, including sandpits.
- b) A hazard identification and management checklist is to be completed daily, before children access the outdoor play area.
- c) 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.

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) securely covered when not in use; and

- iii) maintained in a clean condition.
- d) Bikes and other mobile play equipment must be:
 - i) appropriate to the age and ability level of the children; and
 - ii) used in areas away from potential hazards such as swings and slides.
- e) Staff must directly supervise children at all times outdoor equipment is in use;
- f) Children are to be made aware of guidelines for use of equipment, such as only one child at a time to use the equipment;
- g) Equipment is to be fitted with relevant safety items when in use, for example, a trampette must have safety pads to cover all springs;
- h) Where equipment is used inside, there must be sufficient protection suitable for the fall height, e.g. portable mats which meet the relevant Australian Standards, underneath the equipment;
- i) Swings for the baby/toddler age group (outdoors or indoors) must:
 - i) have a 5-point harness; and
 - ii) be used in areas away from potential hazards.
- j) As a general practice, trampolines must not be used.

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 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(s);
 - ii) evacuation plan;
 - iii) telephone number, address and other relevant information of the licensing authority.
- b) The following items are to be readily available:
 - i) the *Child Care Act 2001* and the licensing standards for Centre Based Care, Class 4.

15.2 Insurance

The service must maintain the following insurances:

- i) current public liability;
- ii) workers compensation;
- iii) volunteers; and
- iv) 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 Standard [refer to Standard 11.11];

- ii) that hot water is tempered, if applicable [refer to Standard 8.5];
 - iii) approval of the fire evacuation plan by the Tasmania Fire Service [refer to Standard 11.10 & 17.5];
 - iv) inspection of fire protection equipment [refer to Standard 11.10];
 - v) the centre's emergency/evacuation practices - to be kept for five years [refer to Standard 17.6];
 - vi) that cots meet relevant Australian Standard/replacement plan for cots [refer to Standard 7.3];
 - vii) where applicable, furniture and any other equipment meet relevant Australian Standards [refer to Standard 7.1];
 - viii) that impact absorbing surfacing materials meet the relevant Australian Standards [refer to Standard 14.2];
 - ix) that the installation of impact absorbing materials meets the relevant Australian Standards [refer to Standard 14.2];
 - x) that outdoor equipment meets the relevant Australian Standards [refer to Standard 14.2 ; and
 - xi) that pool fencing and gates meet relevant Australian Standards, where such fencing and gates are required [refer to Standard 9.2 & 9.3].
- b) The service must have available the following documentation:
- i) Information for parents about excursions [refer to Standard 4]; and
 - ii) hazard identification checklist and maintenance schedules – to be kept for two years. [refer to Standards 14 and 11].

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 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 the 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.

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 of a child must be authorised by the parent(s), and documented.
- iii) The service must retain attendance records for at least six years.

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' (ie not covered under the Poisons Regulations) treatments, such as nappy cream ointments, insect bite creams, antiseptic creams; and
 - c. child to be taken on routine excursions or escorted to or from a specified place [refer to Standard 4].
- 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, authorised optometrists, 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)).

- 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;
 - 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; and
 - g. written acknowledgement of the record of administration of the medication by the person collecting the child.
- iii) 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*.
- iv) Other than iii), 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;
 - 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 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 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. safety screening clearances (refer to Standard 1.1);
 - b. current first aid qualifications (first aid/CPR – including child CPR/asthma/anaphylaxis) (refer to Standard 2.3);
 - c. approved qualifications, if applicable (refer to Standard 2.1);
- 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].

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 & 8.7].

16 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 quality assurance and 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 is made in order to provide information about the **content** to be included in the policy/procedure.

16.1 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 (Standard 17.5);
- ii) emergency invacuation plan
- iii) accidents and injuries (Standard 17.3);
- iv) death of a child (Standard 17.5);
- v) lost child; and
- vi) abandoned child.

b) Health, hygiene and safety:

- i) medication, including
 - person administering medication is authorised by the person in charge;
 - paracetamol;
 - the administration of medication in emergencies (Standard 15.4 e), 17.3);
 - storage (Standard 11.3) and disposal of medication.
- ii) infectious diseases and exclusion practices (Standard 12.2);
- iii) immunisation (Standard 12.2);
- iv) child protection, consistent with the relevant Act;

- v) alcohol, drugs and smoking (Standard 12.4 and 12.5);
 - vi) food and nutrition, including allergies (Standard 13.1);
 - vii) hygiene, including handwashing, and laundry (Standard 12.1);
 - viii) general cleaning and maintenance (Standard 11);
 - ix) excursions (Standard 4);
 - x) sun protection (Standard 12.3); and
 - xi) plants and vegetation (Standard 11.7).
- c) Administration:**
- i) exchange of information with parents;
 - ii) confidentiality and privacy (Standard 1.2);
 - iii) parent access to child;
 - iv) complaints/grievance procedures for parents and staff; and
 - v) parents are notified that care through the CBC4 program is only available for programs endorsed by the management of the service at the licensed premises.
- d) General**
- i) staff/child interactions (Standard 5);
 - ii) behaviour guidance;
 - iii) supervision;
 - iv) diversity and inclusion (Standard 5); and
 - v) equity and anti-bias issues.
- e) Programming**
- Programming policies are to:
- i) support the individual development of each child;
 - ii) outline mechanisms for parent participation.

16.2 Maintenance of policies

The service must have procedures to review and update policies and procedures.

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 and CPR, 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));
- 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 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).

17.3 Medication

- a) The service must:
 - i) store all medications safely (refer to Standard 11.3);
 - ii) develop appropriate policy and procedures (refer to Standard 16.1(b)(i));
 - iii) administer medication in line with policy and procedures; and
 - iv) keep records as per Standard 15.4 e).

- b) Medication for self-administration is to be stored safely;
- c) Where a child self-administers medicine there must be written instructions from a medical practitioner, including the expected level of supervision.

17.4 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.

17.5 Emergency and evacuation procedures

- a) For safety in the event of fire, the service must ensure that:
 - i) there is evidence of current Tasmanian Fire Services approval of the evacuation plan (required every 5 years).
 - 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) there is appropriate equipment, e.g. smoke alarms and fire extinguishers;
 - iv) all staff and children are familiar with the evacuation plan and emergency procedures and ensure that appropriate practices remain in place, e.g. exits kept clear.
 - v) a record of the practices is retained at the service for five years.
- 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 16.1).

GLOSSARY

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

'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' is taken to mean the same as **'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;

'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 –

- 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;

'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*;

'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 licence 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;

'staff member' of a child care service under a center 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.

'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;

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

'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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