

**STANDARDS**

**FOR**

**CENTRE BASED**

**LONG DAY CARE**

JULY 1993

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## **A. NATIONAL STANDARDS**

### **INTRODUCTION**

Children and families in Australia are entitled to consistent standards of quality, irrespective of where they live.

The aim of these national standards is to ensure the health safety and appropriate development of children using long day care centres in Australia.

The standards were agreed to by all Ministers with responsibility for child care and are the culmination of two years' work by a committee involving all States, Territories and the Commonwealth to achieve consistency across the country in this vital area of community services

All States and Territories are individually responsible for regulating and licensing their own child care centres, and for historical reasons these regulations have varied from State to State. Each State and Territory Minister has agreed to incorporate those standards into regulations by 1996.

# **1 FACILITIES**

National standards have been agreed in the following areas

- 1.1** Space Requirements
- 1.2** Laundry
- 1.3** Food Preparation Facilities
- 1.4** Toilets and Hand Basins
- 1.5** Nappy change
- 1.6** Sleeping Facilities
- 1.7** Storage
- 1.8** Administrative Clerical Staff

## **1.1 SPACE REQUIREMENTS**

The physical environment affects the behaviour and development of both children and adults. The quality of the physical space affects the level of child involvement and the type of interaction between staff and children. The amount, arrangement and use of space, both indoors and outdoors, conveys important information about the quality of daily life.

The provision of adequate open play space is to

- enable an environment to be created that fosters optimal growth and development through opportunities for exploration and learning
- ensure the provision of an environment that is free from over crowding to minimise the danger of accidents and health risks associated with cramped, confined places.

### **Agreed Standard**

**1.1.1** *The indoor space requirements shall be 3.25 sq metres of unencumbered play space per child. When calculating this space, such items as any passage way or thoroughfare, kitchen, toilet or shower area are located in the building, or any other facility, such as cupboards are to be excluded.*

**1.1.2** *The outdoor space requirement shall be 7 sq metres of useable play space per child.*

**1.1.3** *In inner city areas the outdoor space requirement may be less if the Minister is satisfied that a lesser requirement will not impact negatively on children using the area and where alternative sites are not available to meet the needs of the community.*

### **Implementation**

As a minimum, States and Territories will not require that existing services upgrade to the new standard. However, some States and Territories may require that the new standard applies to existing services. In all cases where a service is not required to upgrade to the new standard, a statement to this effect is to be written on the licence and publicly displayed.

## **1.2 LAUNDRY**

To maintain the health and well being of children and to minimise the risk of cross infection, all centres must have adequate and hygiene arrangements for the laundry requirements of the centre.

### **Agreed Standard**

**1.2.1** *The centre shall have laundry arrangements either on the premises or through another facility, service or arrangement.*

**1.2.2** *The centre shall*

- (a) comply with the Building Code Of Australia F2.3 (C ii) – i.e. laundry facility comprising a washtub, and space in the same room for a washing machine or wash copper*
- (b) provide sanitary facilities for the storage of soiled clothes, linen and nappies pending their laundering or disposal.*

### **Implementation**

As a minimum, States and Territories will not require that existing services upgrade to the new standard. However, some States and Territories may require that the new standard applies to existing services. In all cases where a service is not required to upgrade to the new standard, a statement to this effect is to be written on the licence and publicly displayed.

### **1.3 FOOD PREPARATION FACILITIES**

Children need adequate nutrition which includes a wide variety of foods. Children can learn about foods and meal expectations during the early childhood years.

To ensure that the dietary needs of children are met, the centre shall have food storage and preparation facilities on the premises or through another facility, service or regular arrangement.

The extent to which the centre provides food preparation facilities is dependant on the practices of the service in relation to main meals. In centres where main meals are prepared on the premises full kitchen facilities will be required.

The national standards set a requirement for kitchen facilities, regardless of the meal preparation practices, as all services will have some requirement for food storage and heating, together with the cleaning of plates and other eating utensils. This is in conformity with the Building Code of Australia requirements.

#### **Agreed Standard**

**1.3.1** *The centre shall comply with the Building Code Of Australia F2.3 C. – i.e. one kitchen with facilities for the preparation and cooking of food for infants, including a kitchen sink and space for a refrigerator.*

**1.3.2** *The centre shall have a stove/microwave, hot water supply, and refrigerator.*

**NOTE:** *Child care centres shall comply with State and Local Authority legislation. Some specific health regulations may require additional standards. eg SA requires a hand basin in the kitchen.*

#### **Implementation**

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## **1.4 TOILETS AND HAND BASINS**

Toilet facilities should be sufficient in number to

- ensure the health and well being of children
- ensure minimal delay for children requiring use of a toilet
- enable independent access.

The provision of toilets and hand basins at a suitable height for children is to

- increase the confidence and skills of children
- encourage hand washing after toileting
- decrease cleaning and frequency with which staff must assist children onto the toilet, thus allowing more child contact time for developmental activities
- decrease the necessity for lifting, thus recognising occupational health and safety issues

### **Agreed Standard**

**1.4.1** *As per the Building Code Of Australia F2.3 -9b. i.e. For every 15 children or part thereof there shall be*

- (a) *a junior toilet, or adult toilet with a firm step and a junior seat*
- (b) *one hand basin either with a firm step, or at a height so as to provide reasonable child access*

**1.4.2** *In addition for children under 3 years there shall be one potty for every 5 children or part thereof.*

### **Implementation**

As a minimum, States and Territories will not require that existing services upgrade to the new standard. However, some States and Territories may require that the new standard applies to existing services. In all cases where a service is not required to upgrade to the new standard, a statement to this effect is to be written on the licence and publicly displayed.

## **1.5 NAPPY CHANGE**

To maintain the health and safety of children who are not toilet trained the centre must have nappy change facilities that

- are sufficient to meet the number of the children in the centre
- are of a type that are easily cleaned to prevent cross infection
- will minimise occupational health and safety implications for staff

### **Agreed Standard**

**1.5.1** *Where children under the age of three years are cared for in a centre the following shall be provided*

- (a) *a changing bench or unit with an impervious washable top for every 10 children or part thereof*
- (b) *a sink type bath with hot and cold running water in or adjacent to the nappy change area.*

### **Implementation**

As a minimum, States and Territories will not require that existing services upgrade to the new standard. However, some States and Territories may require that the new standard applies to existing services. In all cases where a service is not required to upgrade to the new standard, a statement to this effect is to be written on the licence and publicly displayed.

## **1.6 SLEEPING FACILITIES**

The provision of adequate bedding is necessary to ensure that children have access to a bed to ensure undisturbed sleep. The provision of individual bed linen and implementation of adequate hygienic measures are necessary to minimise the risk of cross infection.

The centre shall have sleeping facilities which enable a significant number of children to sleep/rest at any one time. The extent to which children sleep is dependent on their age. Infants sleep for longer periods of time and at more frequent intervals than do children who are older. (Infants characteristically sleep/rest for 80% of a 24 hour cycle.) Whilst the sleeping requirements of children who are three years and over are less than those of infants it must be assumed that all children under school age may wish to sleep during the course of a day at child care. (Children who are 3-5 years old characteristically sleep for 40% of a 24 hour cycle.)

### **Agreed Standard**

- 1.6.1** *The centre shall have at least one bed or mattress for every two licensed places for children who are two years of age or older.*
- 1.6.2** *The centre shall have at least one cot or other age appropriate bedding for each licensed place for children under the age of two years.*
- 1.6.3** *The centre shall have individual bed linen and blankets for each child and a centre procedure that ensures that children do not share the same bed or bed linen prior to washing the bed linen.*
- 1.6.4** *The proprietor shall ensure that beds, cots, stretchers or mattresses are so arranged that there is easy access to each child and ease of exit is maintained.*

## **1.7 STORAGE**

To guard against the accidental poisoning of children through the consumption of harmful substances all goods that are not suitable for human consumption must be stored safely.

To ensure that children develop a sense of caring for their individual belongings and in acknowledgement of the right to individual space and privacy, it is necessary that children have access to a space for storage of their personal belongings. Failure to provide such space will lead to a sense of institutionalisation.

On order to foster their independence children need to be able to access toys, books and equipment suitable to their developmental needs. Provision within children's play areas of open storage and display units of a height suitable to children enables them to independently access equipment without the assistance of an adult.

### **Agreed Standard**

- 1.7.1** *The centre shall have storage facilities which are secure and inaccessible to children, for cleaning materials, disinfectants, flammable, poisonous and other dangerous substances, tools, toiletries and first aid equipment.*
- 1.7.2** *The centre shall have adequate storage facilities for indoor equipment.*
- 1.7.3** *The centre shall have display areas in each play room that are accessible to children for the placement of indoor equipment.*
- 1.7.4** *The shall have storage space for each child's personal belongings. (For children over three years of age this storage will be positioned to ensure that children have ready access to their space.)*

### **Implementation**

As a minimum, States and Territories will not require that existing services upgrade to the new standard. However, some States and Territories may require that the new standard applies to existing services. In all cases where a service is not required to upgrade to the new standard, a statement to this effect is to be written on the licence and publicly displayed.

## **1.8 ADMINISTRATIVE CLERICAL STAFF**

The way in which a program is administered will affect all the interactions within it. Effective administration facilitates the provision of high quality care for children.

The effective operation of a child care centre requires space for the administrative functions of a centre, for private consultations with a guardian/parent and for respite of staff. These areas are not to encroach upon the indoor area of 3.25 sq metres required for child play space.

### **Agreed Standard**

**1.8.1** *A child care centre shall have ready access to space for administration, for private consultations with parents and for respite of staff. This space is not to encroach upon the indoor area of 3.25 sq metres required for child play space.*

### **Implementation**

As a minimum, States and Territories will not require that existing services upgrade to the new standard. However, some States and Territories may require that the new standard applies to existing services. In all cases where a service is not required to upgrade to the new standard, a statement to this effect is to be written on the licence and publicly displayed.

## **2 HEALTH AND SAFETY**

National standards have been agreed in the following areas

- 2.1** Fencing
- 2.2** Glass
- 2.3** Telephone
- 2.4** Pools
- 2.5** Heating
- 2.6** Infectious Diseases
- 2.7** Illness and Accident
- 2.8** First Aid
- 2.9** Food
- 2.10** Outdoor Play Equipment
- 2.11** Building Cleanliness, Maintenance and Repair
- 2.12** Staff Health
- 2.13** Smoking
- 2.14** Plants
- 2.15** Animals
- 2.16** Child Health
- 2.17** Medication
- 2.18** Emergency procedures/Fire Drill

## **2.1 FENCING**

The provision of boundary fencing around outdoor play areas is necessary to ensure that children cannot impulsively run out into dangerous situations. The design and height of fencing should be such as to prevent children from scaling or crawling under it. Locking mechanisms should be provided in order to overcome potentially dangerous situations when gates are not closed. The provision of fencing is not a substitute for consistent supervision of children in outdoor play areas and it is acknowledged that children with a will may scale seemingly child-proof fencing.

### **Agreed Standards**

- 2.1.1** *Outdoor play spaces shall be fenced on all sides with fences at least 1200mm high. The design of the fence should be such as to prevent children from scaling or crawling under it.*
- 2.1.2** *All gates leading to or from play areas shall be of the same height and be equipped with a child-proof self-locking mechanism.*
- 2.1.3** *Child care premises that are adjacent to or provide access to any hazards, including water hazards or major roads, shall be isolated from such hazard by a fence that is at least 1500mm in height or by an approved pool fence.*
- 2.1.4** *Any side of a stairway, ramp, corridor, hallway or external balcony which is not abutting a wall shall be enclosed to prevent a child falling through.*

### **Implementation**

As a minimum, States and Territories will not require that existing services upgrade to the new standard. However, some States and Territories may require that the new standard applies to existing services. In all cases where a service is not required to upgrade to the new standard, a statement to this effect is to be written on the licence and publicly displayed.

## **2.2 GLASS**

Children must be protected from falling through window glass. The nature of children's play increases the risk of accidental collision with sheet glass. The provision of safety glass to a standard as required in the Building Code of Australia minimises breakage in the event of minor collisions.

### **Agreed Standard**

***2.2.1 Any glazed area accessible to children shall be safety glazed or effectively guarded by barriers which prevent a child striking or falling against the glass***

***2.2.2 The quality and installation of the glass shall comply with the Building Code of Australia i.e. AS 2208 – Safety Glazing Material And AS 1288 – Installation Code.***

### **Implementation**

As a minimum, States and Territories will not require that existing services upgrade to the new standard. However, some States and Territories may require that the new standard applies to existing services. In all cases where a service is not required to upgrade to the new standard, a statement to this effect is to be written on the licence and publicly displayed.

## **2.3 TELEPHONE**

The provision of a telephone in a child care centre is necessary for the general business operations of the service, but more importantly for the calling of emergency services and notification of parents in the case of illness or accidents. For this reason the telephone should be accessible to staff during the operating hours of a centre.

### **Agreed Standard**

**2.3.1 *The centre shall have an operating telephone readily accessible to staff.***

## **2.4 POOLS**

Children can drown in as little as 5 centimetres of water. Whilst most drownings occur in swimming pools, child care centres must be mindful of other potentially dangerous situations. Particular attention must therefore be paid to children in the presence of water.

The proposed standards on child/adult ratios in relation to excursions must apply when children have access to swimming pools. Australian Standards in relation to fencing around swimming pools apply automatically to child care services.

The proposed standard refers specifically to safety precautions when using wading pools. A practice where the pool is emptied after every use prevents accidents in the event of child using it unsupervised. The practice is also supported by evidence demonstrating that bacteria and algae that may be detrimental to children, can grow quickly in unchlorinated water and be of considerable health risk to children.

### **Agreed Standard**

**2.4.1** *All paddling pools shall be emptied after use and stored so as to prevent the collection of water.*

**2.4.2** *Requirements by State or Local Authorities in relation to fencing around swimming pools shall apply to child care centres.*

## **2.5 HEATING**

The provision of safety features around heating and cooling units is necessary to ensure the safety of children. One of the most common household accidents involve children coming into contact with hot appliances causing burns and scalds.

### **Agreed Standard**

- 2.5.1** *That all heating and cooling units shall be adequately guarded to prevent accidental contact with hot surfaces or moving parts and the emission of any sparks or flames.*
- 2.5.2** *All equipment controls shall be guarded to prevent children's access.*
- 2.5.3** *Fans in child rooms shall be in an inaccessible position to children.*

## **2.6 INFECTIOUS DISEASES**

For the general health and well being of children and staff it is necessary to minimise the risk of cross infection, both through the practice of strict hygiene codes and the isolation of children from the centre when infection occurs.

Parents have the right to know the centre policies to satisfy themselves that the centre practices are in keeping with their expectations.

The centre practices must respect the rights of individual privacy and be in keeping with Commonwealth and State Acts that specifically deal with a particular disease. In States and Territories where the health authority has recommended practices of exclusion, these should be maintained.

### **Agreed Standard**

- 2.6.1** *The licensee shall ensure that the centre has a policy on infectious diseases which outlines the exclusion practices for children who have an infectious disease or who have been exposed to an infectious disease.*
- 2.6.2** *The licensee shall ensure that the policy is practised*
- 2.6.3** *The licensee shall ensure that information about the occurrence within the centre of infectious disease (with the exception of those diseases dealt with by the Commonwealth Privacy Act or State or Territory Health Acts) in either the staff or children is made available to the parents or guardians of children in a manner that is not prejudicial to the rights of individual children or staff.*

## **2.7 ILLNESS AND ACCIDENTS**

The standard of care provided for each child must ensure maximum personal safety. In the event of a child becoming ill or having an accident, every attempt must be made to ensure the sound management of the child to exacerbation of the situation and to secure necessary medical treatment.

In the interests of maintaining rights and to ensure the emotional security of the child, every attempt must be made to inform the parent of the status of the health of the child in such situations.

The administration of medication poses a serious question for carers. Failure to follow good practice may result in an accident. Duplicate dosages could be administered or medication to which the child is allergic could be given. In order that the interests of the child, parents and staff are maintained, administration of medication must only be given with parental consent, or in the case of emergency with permission from a medical practitioner. A record must be kept of all medication given to a child with a record of the staff administering the medication.

The occurrence of a serious accident or death of a child in care causes much distress for all parties. The licensing authority requires notification of such occurrences so that assistance can be offered to individuals who may benefit from support (this may be provided by the licensing authority or referred appropriately). Monitoring of such occurrences also enables the identification of hazards that may otherwise go noticed in a centre.

### **Agreed Standard**

***2.7.1 The licensee shall ensure that if a child has an accident or becomes ill while attending the centre***

- (a) the child is kept under adult supervision until the child recovers or the child's parents or some other responsible person takes charge of the child***
- (b) and if the child requires immediate medical aid, all responsible attempts are taken to secure that attention and to notify the parent of the accident or illness***
- (c) in case of medication being required in an emergency without the parent's/guardian's prior consent, every attempt is made to secure that consent or the consent from a registered medical practitioner.***

***2.7.2 The licensee shall ensure that a parent or other responsible person is notified of any medication administered to the child and any other matter concerning the child's health that comes to the notice of the licensee while the child is attending the centre.***

- 2.7.3** *The licensee shall ensure that if a child has a serious accident that causes hospitalisation or death at the centre, the chief executive officer of the licensing authority is notified no later than the next working day of that fact and the circumstances of the injury or death.*
- 2.7.4** *The licensee shall ensure that the centre shall maintain a register of all accidents detailing the time, circumstances and staff in attendance.*
- 2.7.5** *The licensee shall ensure that at least one staff member is to hold a current approved first aid qualification.*

## **2.8 FIRST AID**

In the event of a child's accident or illness, first aid equipment must be available.

### **Agreed Standard**

**2.8.1** *The licensee shall maintain in efficient order a fully equipped first-aid kit on the child care premises in a position that is inaccessible to children.*

## **2.9 FOOD**

The provision of a nutritious diet to children is necessary to continuing health and well-being. Children who do not have adequate food and fluids do not perform to the best of their ability and are more prone to accident due to tiredness and irritation. The provision of food that suits the developmental needs of children is essential to ensure that accidents do not occur (for example choking). It needs to be of a standard to attract the interest of the children who may be otherwise reluctant eaters.

Information for parents regarding the meals provided for their child is necessary to ensure that a child is offered a balanced diet throughout the day.

### **Agreed Standard**

- 2.9.1** *The centre shall ensure that food provided by the child care service is nutritious, adequate in quantity, varied and offered at frequent intervals.*
- 2.9.2** *The centre shall each week prominently display in a place visible to parents the menu which outlines the food provided daily.*
- 2.9.3** *The centre shall have a food policy that is accessible to parents that outlines the centre's approach to individual children's dietary needs, culture, religion and health.*

## **2.10 OUTDOOR PLAY EQUIPMENT**

The frequency of accidents involving children whilst playing on outdoor equipment both in the home and in public places led to the development of Australian Standards in relation to outdoor equipment. Australian Standards *1924 Playground Equipment For Parks, schools and Domestic Use Part 1 – 1981 – General Requirements and Part 2 – 1981 Design Construction – Safety Aspects* are applicable to the needs of child care centres. Work is currently in progress to further develop standards in relation to play equipment. It is anticipated that the revised standards will be completed in 1994.

### **Agreed Standard**

**2.10.1** *Outdoor play equipment shall comply with Australian Standards*

**2.10.2** *The equipment in the playground shall not constitute a hazard to children because of*

- (a) *the lack of soft surfaces under or around the equipment*
- (b) *the height from which a child can fall*
- (c) *the likelihood that a child can be trapped, pinched or crushed in the equipment or struck by it*
- (d) *sharp or rough edges and projections or rust*

## **2.11 BUILDING CLEANLINESS, MAINTENANCE AND REPAIRS**

The provision of an environment that is safe, clean and in a hygienic condition is necessary for the general health of children. Environments that are not regularly cleaned and kept in a hygienic state encourage vermin, bacteria and fungal outbreak which can have serious consequences to a child's health.

In addition to the general health of children it is necessary that the centre models to children standards that will promote sound long term behaviour. It is generally accepted within social norms that clean and hygienic environments are desirable and are to be encouraged.

### **Agreed Standard**

***2.11.1 The centre shall ensure that the building, grounds and all equipment and furnishings used in the child care service are maintained in a thoroughly safe, clean and hygienic condition in good repair at all times.***

***2.11.2 The centre buildings and grounds shall be kept free of vermin.***

## **2.12 STAFF HEALTH**

For the general health and well being of children and staff, it is necessary to minimise the risk of cross infection between children and between staff and children through strict hygiene practices. It is necessary that staff have up to date information from health authorities in relation to advised handling procedures to minimise cross infection as policies may change as new research becomes available.

There is much documentation indicating the risks associated with the consumption of alcohol and other drugs when operating in precise situations. Clearly judgements are impaired when the risks of accidents occurring are increased in these situations. Furthermore, the consequences of modelling undesirable behaviour to children must be the priority to avoid in child care centres.

### **Agreed Standard**

- 2.12.1 The licensee shall ensure that employees observe strict health and hygiene practices that have regard to current community standards and ensure that staff have access to current information provided by relevant government departments to minimise health risks to staff and children.***
- 2.12.2 The Minister's Delegate may at any time require a person employed or involved at the centre to submit to a medical examination.***
- 2.12.3 No staff member who is adversely affected by drugs or alcohol shall supervise or remain in the presence of a child.***
- 2.12.4 The licensee shall ensure that alcohol or illegal drugs are not consumed on the premises during the hours the service is operating.***

## **2.13 SMOKING**

Research indicates that the health risk to passive smokers is considerable. In the interests of the health of children both in the long term and the immediate consequence to children who suffer from lung sensitive conditions. It is necessary that children are not exposed to the risk. Centres should also be mindful to the effects of modelling positive behaviour to children.

### **Agreed Standard**

**2.13.1 *Smoking shall be prohibited in the presence of children or in a building where children are being cared for.***

## **2.14 PLANTS**

Many common plants pose a health risk if consumed. Some plants cause skin irritation on contact. As with other hazardous items it is necessary that children be protected from the risks associated with poisonous vegetation.

### **Agreed Standard**

**2.14.1 *The licensee shall identify any poisonous vegetation on the premises and shall ensure that vegetation is not accessible to children.***

## **2.15 ANIMALS**

The keeping of animals is common to the Australian culture. When animals are kept in a sound condition and environment it can be both educational to children and promote a sense of caring and responsibility. In addition to legal questions in regard to the protection of animal welfare rights, modelling positive behaviour is important for children.

Maintaining animals in an hygienic condition is necessary for the health and safety of children. Animals can become a source of infection.

### **Agreed Standard**

**2.15.1 *Any animal or bird kept on or about the premises shall be maintained by the licensee in a clean and healthy condition.***

**2.15.2 *The licensee shall ensure that there is no animal, bird or livestock present in the centre which is likely to be a source of infection or which in any way may be detrimental to the well-being of the children***

## **2.16 CHILD HEALTH**

It is well accepted that children are influenced by the behaviour of others around them. Modelling of sound hygiene practices by staff and encouraging their use by children will promote children to adopt personal hygiene practices beneficial to their long term health.

### **Agreed Standard**

***2.16.1 The centre shall ensure that the staff observe strict health and hygiene practices in relation to children that have regard to current community standards and are in accord with relevant government guidelines to minimise risks to children. Staff shall encourage children to observe these practices.***

## **2.17 MEDICATION**

As discussed in the section *Illness and Accidents*, procedures for administration of medication to children must be strictly followed. A record of the procedure is necessary to ensure the child's safety against risk of duplicate dosages. The record also protects the interests of staff from claims of negligence.

### **Agreed Standard**

**2.17.1** *If any medication is administered to the child while in the licensee's care the following records shall be maintained*

- (a) *the name of the medication*
- (b) *the date, time and dosage administered*
- (c) *the name of the person who administered the medication and the person who checked the dosage, and*
- (d) *the parent's written permission for and doctor's instruction in relation to its administration.*

## **2.18 EMERGENCY PROCEDURES/FIRE DRILLS**

To ensure the safety of children in the case of fire and other emergencies, emergency procedures must be known and practised.

### **Agreed Standard**

**2.18.1** *The licensee shall develop an emergency procedure in consultation with the local authority.*

**2.18.2** *All staff shall have available a copy of emergency procedures.*

**2.18.3** *The licensee shall ensure that the procedures are practised a minimum of twice a year or at a frequency as determined by a relevant authority.*

**2.18.4** *A record of the practices shall be maintained at the centre for a period of two years.*

### **3 CURRICULUM/PROGRAMMING**

National Standards have agreed in the following areas

- 3.1** Centre Policies
- 3.2** Written Program
- 3.3** Equipment to Support Program
- 3.4** Staff Interaction with Children

### **3.1 CENTRE POLICIES**

Parents have a right to know the policies and practices operating in a centre so that they may make an informed decision as to the appropriateness of the centre in relation to the care of their child.

The availability of written policies and strategies to ensure the effective implementation of those policies for the following reasons

- access to written policies will ensure that staff and parents have consistent information regarding the expectations of the service. Such policies will form the basis of the centre curriculum. In the absence of policies individuals will act from their own experiences; these experiences may not be necessarily be consistent with the intention of the service.
- access to written policies will provide tangible evidence of intended practices; where these practices are not maintained an opportunity is provided for the consumer to have some redress as the service did not meet the intended contract. Written policies also afford a protection for the service in the case of a consumer having an expectation that was not offered by the service.

#### **Agreed Standard**

**3.1.1 *The licensee shall ensure that the centre has a curriculum policy and implementation strategy in the following areas***

- (a) *Statement of philosophy.*
- (b) *Parent and staff participation in the development of the centre curriculum*
- (c) *Individual developmental needs of children*
- (d) *Cultural relevance*
- (e) *Child self reliance, self esteem*
- (f) *Children with a disability*
- (g) *Gender equity*
- (h) *Excursions*

**3.1.2 *The licensee shall ensure that the centre has available to parents, policies in the following areas***

- (a) *Parent participation in service programming.*

- (b) *Delivery and collection of children.***
- (c) *Fees.***
- (d) *Times and days of opening.***
- (e) *Complaints procedures.***
- (f) *Emergencies.***
- (g) *Staffing, including support and relief staff.***
- (h) *Staff Development.***

### **3.2 WRITTEN PROGRAM**

The formulation of a curriculum for an early childhood service is regarded as an important indicator of quality. A program of experiences for young children, based on their needs and individual abilities, should be regularly developed by centre staff. The production of a written program by the staff team ensures

- that the perceptions of all primary contact staff concerning the needs of individual children are taken into account
- that the planning of experiences and activities is coordinated and draws on the expertise of all staff
- that all staff are aware of the program aims for the duration of the program
- that all parents have access to information about the experiences offered to their children and the centre's aims for the group as a whole.

#### **Agreed Standard**

- 3.2.1** *The program developed by the centre shall be designed to stimulate and develop each child's social, physical, emotional, intellectual, language and creative potential and shall detail activities that are appropriate to the age of each child.*
- 3.2.2** *The program developed by the centre shall have a balance of indoor and outdoor activities and include activities that can be freely chosen by the child.*
- 3.2.3** *A daily timetable shall be prominently displayed in each play area.*

### **3.3 EQUIPMENT TO SUPPORT PROGRAM**

An environment that provides opportunities for children to learn and develop their skills requires the provision of equipment. Toys and other materials assist and further extend children in a play situation.

The learning needs of children vary according to their ages. These differing needs should be recognised in the equipment available for their use. For instance

- children aged 0 to 2 years are generally learning to organise and cope with the physical world
- children aged 3 to 6 to develop perceptual skills

Equipment needs to be available in sufficient quantities for children to avoid excessive competition and long delays. Equipment should also provide opportunities for a variety of experiences that appeal to individual interests.

#### **Agreed Standard**

- 3.3.1** *The licensee shall ensure that adequate equipment is available to meet the age appropriate needs of children as outlined in standards 3.2.1 and 3.2.2.*

### **3.4 STAFF INTERACTIONS WITH CHILDREN**

Positive, supportive and individualised relationships with adults enhance and integrate the social, emotional, cognitive and physical development of young children. The manner in which adults interact with children is significant to the child's development and growth. Of particular relevance are the behaviour management practices within centres. It is well accepted that physical, humiliating punishment has negative consequences for children and that a warm, attentive atmosphere enhances children's abilities to be responsible for their actions and their sense of confidence and self worth.

#### **Agreed Standard**

**3.4.1** *The centre shall have a policy statement that is accessible to parents that describes the centre's approach to child staff interactions, including the areas of*

- (a) behaviour management practice that ensures that children are guided towards positive and responsible behaviour*
- (b) child-staff interaction practises that ensure that children have the opportunity to freely choose activities and problem solve; that children have access to staff as they need to assist their learning experiences. The policy shall describe the centre's attitudes to learning.*

**3.4.2** *The licensee shall ensure that the dignity and rights of the child are maintained at all times. The licensee shall ensure that*

- (a) child management techniques do not include physical, verbal or emotional punishment, including for example, punishment that humiliates, frightens or threatens the child*
- (b) a child is not isolated for any reason other than illness, accident or a pre arranged appointment with parental consent*
- (c) a child is given positive guidance directed towards acceptable behaviour with encouragement freely given.*

## **4 STAFFING**

National Standards have agreed in the following areas

### **4.1 Staff Qualifications**

## **4.1 STAFF QUALIFICATIONS**

Research has indicated that neither years of experience with children nor general level of education are related to outcomes for children in care. The significant variable which influences the quality of care provided is the level of related training which staff have undertaken.

Early Childhood programs should be staffed by adults who understand child development, who recognise and provide for children's needs, who are able to plan developmentally appropriate programs and who can competently manage groups of children.

### **Agreed Standard**

#### **4.1.1 *Following qualifications shall be considered as approved for staff working in qualified positions***

- (a) *a 2 year accredited post-secondary course in child care***
  
- (b) *a 3 year accredited tertiary course in early childhood care or education***

## **5 ADMINISTRATIVE FUNCTIONS**

National Standards have agreed in the following areas

- 5.1** Parental Access to Children
- 5.2** Information for Parents
- 5.3** Records
- 5.4** Insurance
- 5.5** Arrival and Departure of Child
- 5.6** Authority for Treatment
- 5.7** Excursions
- 5.8** Licensee Requirements

## **5.1 PARENTAL ACCESS TO CHILDREN**

Families are of primary importance in child development. Because the family and the early childhood worker have a common interest in the child's welfare, it is important to acknowledge a primary responsibility to bring about collaboration between the child care centre and the family in ways that enhance the child's development.

It is therefore necessary for families to access their children at any time. It is also important to build support networks for families by providing them with opportunities to interact with program staff, and to see their child interact with staff and other children at any time.

Access by parents to centres can assist the parent in overcoming anxieties associated with leaving a child in the care of another adult. While most parents are committed to the decision to use a child care centre, it is a common experience that many parents feel anxious, particularly in situations involving the first child or a new centre. Anecdotal evidence supports the proposition that these anxieties are alleviated when the centre has an "open door" policy.

### **Agreed Standard**

#### **5.1.1 *The centre shall ensure that parents can***

- (a) enter the centre at any time during the hours of operation, and***
- (b) exchange information about their child with staff.***

## 5.2 INFORMATION FOR PARENTS

The way in which a program is administered will affect all the interactions within the program. The availability of written policies is important for the following reasons

- written communications are an essential basis for effective and consistent communication among staff and parents. In the absence of clearly defined policies individuals will act from their own experiences, these experiences may not necessarily be consistent with the intention of the service
- access to the written policies of the centre will allow parents to make an informed decision about the appropriateness of the child care service in relation to the family's needs
- access to written programs will provide tangible evidence of intended practices; where these practices are not maintained an opportunity is provided for the consumer to have some redress to the service not meeting the contract and may allow parents to influence such policies. Written policies also afford a protection to the service in the case of a consumer having an expectation that was not offered by the service.

### Agreed Standard

**5.2.1** *The centre shall ensure that parents have access to all written policies required by regulation or other policies developed by the centre.*

**5.2.2** *The centre shall have on prominent display near the main entrance the following details*

- (a) *The centre license*
- (b) *Emergency evacuation procedures*
- (c) *Procedures for dealing with parent concerns*
- (d) *The telephone number, address and other relevant information of the nearest appropriate office of the relevant state government department*
- (e) *Delivery and collection of children procedures*
- (f) *A list of all centre policies as per 5.2.1. – clearly indicating that parents have access to these policies*
- (g) *Hours and days of operation*

### **5.3 RECORDS**

The operator of a centre needs to keep adequate records about individual children to ensure their safety and well-being. The records are required to enable

- access to knowledge which is important to a child's well-being
- safety of children by allowing them to be accounted for
- safeguarding against centre staff allowing the child's removal by an unauthorised person
- accountability to consumers
- legal protection of licensees

#### **Agreed Standard**

**5.3.1** *The licensee shall keep the following records up to date and in a safe and secure area. The records will remain confidential and will only be made available to those who have a genuine interest in obtaining it.*

##### *In relation to the child*

- (a) *the child's full name, date of birth, residential address and gender*
- (b) *details of allergies or other relevant medical history or detail*
- (c) *the full name, residential address, place of employment and contact telephone number of the guardian/parent*
- (d) *any special requirements notified by a parent/guardian, for example, culture or religion, the needs of a child with a disability or with other special needs*
- (e) *the primary language spoken by the child or, if the child has not leaned to speak, the child's parents*
- (f) *court orders affecting custody of, access to, the child*
- (g) *the name and address and telephone number of a person authorised by a parent to collect the child*
- (h) *the name, address and telephone number of a person who may be contacted in an emergency (if the parent is not available)*
- (i) *the name, address and telephone number of the child's doctor or hospital*

- (j) *if any medication is administered to the child while in the licensee's care*
  - (i) *the name of the medication*
  - (ii) *the date, time and dosage administered*
  - (iii) *the name of the person who administered the medication and the name of the person who checked the dosage*
  - (iv) *the parent's written permission for, and any doctor's instructions relating to, its administration*
- (k) *a parent's permission for emergency medical, hospital and ambulance service*
- (l) *a parent's permission for a child to be taken on an excursion or escorted to or from a specified place*
- (m) *the nature and circumstances of any injury to the child while at the centre*
- (n) *particulars of treatment given to a child who is injured or becomes ill while at the centre*
- (o) *if a child dies while at the centre, the details surrounding the death.*

**5.3.2** *The licensee shall ensure that the records are kept for the following period*

- (a) *5.3.1 (m) and (n) are to be retained until the child is 24 years of age*
- (b) *(o) is to be retained for a period of 6 years*
- (c) *(j) (i) (ii) and (iii) are to be retained for a period of two years after the staff member leaves the centre*
- (d) *(j) (iv) is to be retained for a period of two years from the date the record is made.*

## **5.4 INSURANCE**

Insurance protection is an essential ingredient of sound management. It protects children, parents, staff and licensees from the severe financial consequences of matters of public liability.

### **Agreed Standard**

**5.4.1** *Every licensee shall obtain and keep current a policy of insurance that adequately meets the licensee's public liability in respect of the provision of a child care service.*

## **5.5 ARRIVAL AND DEPARTURE OF CHILD**

For the well-being and protection of the child, sound arrival and departure procedures are required in centres. To avoid a child being handed over to the wrong person, the centre must ensure that the child can only leave with a custodial parent or person so authorised in writing by the parent.

Accurate attendance records showing times of arrival and departure and signed by the person responsible for the child protect the rights of the child, parents and management of the centre. For effective emergency and evacuation procedures, staff at the centre must be able to ascertain which children are in attendance at any given time. This can be only done if arrival and departure times are accurately recorded.

### **Agreed Standard**

- 5.5.1** *When a child who is to stay at a child care centre arrives at the centre, the director or a person authorised by the director shall receive the child.*
- 5.5.2** *The person who brings the child to the centre is to record in the centre's attendance book the time of the child's arrival at the centre and sign the record.*
- 5.5.3** *The person who receives the child from the centre is to record in the centre's attendance book the time of the child's departure from the centre and sign the record.*
- 5.5.4** *When a child leaves a child care centre, the person in charge shall ensure that the person who receives the child is the child's parent or a person who is authorised in writing by the child's parent to receive the child.*
- 5.5.5** *If it is not possible to comply with 5.5.4, the person in charge shall ensure that alternative arrangements to secure the safety and welfare of the child have been made before the child is permitted to leave the centre.*

## **5.6 AUTHORITY FOR TREATMENT**

In an emergency time and the ability for a quick response can be a crucial factor. Immediate action can be taken to procure medical, hospital or ambulance services if the parent's or guardian's authority for such treatment has been gained in advance. If such treatment is sought, the parent or guardian should be notified as soon as possible in order to provide comfort to the child and to take over the responsibility for any further treatment which may be required.

### **Agreed Standard**

- 5.6.1** *A child shall not be enrolled at a child care centre unless the child's parent has authorised the centre to seek emergency medical, hospital and ambulance services or the parents' chosen alternative.*
- 5.6.2** *If ambulance attention, transport or medical treatment under 5.6.1 is provided a parent shall be notified as soon as possible.*

## **5.7 EXCURSIONS**

Excursions are an essential part of the child care centre program. Excursions allow children to explore their local community and support particular aspects of the service's program.

A child care centre must ensure that any excursion arranged by the centre is arranged to maximise both children's developmental experiences and their safety. Parents have a right to expect that their children will be properly supervised and cared for on any excursion from the centre.

Parents have a right to control where and when their children go on excursions.

### **Agreed Standard**

- 5.7.1** *The centre shall ensure that no child is taken outside the centre by staff without a parent's written authorisation in relation to the date, proposed destination, method of transport, activities and number of staff to accompany and supervise the children.*
- 5.7.2** *The licensee shall ensure that for all excursions away from the centre that involve the use of transport or crossing a major road, the minimum adult to child ratio is one adult for each multiple of four children. In the case of excursions close to the centre that don't require the use of transport or crossing a major road, the usual adult to child ration shall be maintained.*
- 5.7.3** *If the excursion is to a place where children are to swim or where there is a significant hazard there shall be*
- (a) one adult for each child under the age of three years*
  - (b) one adult for each two children over three years*
  - (c) the person in charge of the excursion shall have a current resuscitation certificate and the knowledge and ability to implement safety procedures.*

## **5.8 LICENSEE REQUIREMENTS**

The care of children in the absence of their parent(s) is a situation requiring great responsibility. State licensing authorities must be satisfied that a prospective licensee is a responsible person in whom trust can be given to ensure that the welfare of children is maintained at all times.

### **Agreed Standard**

**5.8.1** *The licensee shall be over 21 years of age or a body corporate*

**5.8.2** *The licensee shall apply on a form and include*

- (a) the full name and all known former names of the applicants*
- (b) postal address and telephone number of the applicant/s*
- (c) residential address of the applicant/s*
- (d) details of experience and training of the applicant/s*
- (e) details of any child care service previously operated by the applicant/s*
- (f) address of the premises where the child care centre is to operate*
- (g) authority to obtain details of any record of criminal conviction*
- (h) details of any criminal conviction of the applicant relating to the abuse, neglect or assault including sexual assault, of a child or any offences against morality*
- (i) such other information as the Minister's Delegate may require*

**5.8.3** *In the case of an application by a body corporate, department of the public service or public authority, the above information shall be provided by a person who is responsible for ensuring that the requirements of the regulations are maintained*

**5.8.4** *The licensee shall advertise in a newspaper the notice of application.*

## **B. STAFFING STANDARDS**

The following standards have been agreed to by New South Wales, Tasmania, Queensland, South Australia, Western Australia, Northern Territory and the Australian Capital Territory.

**1.1** Staff : Child ratios

**1.2** Qualified Staff

## **1.1 STAFF : CHILD RATIOS**

The staff:child ratio in child care centres is widely regarded as one of the major indicators of quality care. Research indicates the frequency of adult staff interactions is central to positive outcomes for children. Phillips, Scarr and McArthy found that the amount of verbal interaction directed to children by care givers was the strongest predictor of both language and social development. In an important longitudinal study Vandell, Henderson and Wilson (1988) found that children who spent more time in positive interactions with adults were socially competent, co-operative, emphatic and better able to negotiate conflict. These effects were found to persist – eight year old children who attended poor quality centres at four years of age showed problematic development in contrast to those from higher quality centres.

The link between staff:child ratios and quality of staff child interactions is well supported by research which shows that as the number of children per staff member increases, staff spend more time in restrictive and routine communication with children but less in positive verbal interaction.

In summary, higher staff child ratios lead to more positive and frequent interactions between adults and children, greater children's engagement in play, lower levels of distress in children and more positive, nurturing behaviour from staff. Lower staff:child ratios have been linked with poor social development, limited verbal expression, poor co-ordination and low attention spans in children.

By setting a minimum requirement in this area regulatory authorities provide one of the fundamental structures on which a good quality child care program can be built.

The research does not indicate a specific staff:child ratio as "ideal". However, most research has examined ratios between 1:5 and 1:15 for three to five year olds. The United States National Day Care Study found no significant difference in achievement levels for children at 1:5 and 1:10 ratios. However, an Australian study (Russell 1985) found that negative social behaviours increased from 1:9 to 1:11.

Both NECA and NAEYC recommend maximum ratios of 1:10 children from three to five years and ratios of 1:3 for children under 12 months.

The working party adopted an approach which sets a national standard in two age groups, under 3 years and over 3 years. This standard recognises that within these age groups individual centres and State regulators may determine ratios which reflect their particular needs and circumstances.

### **Agreed Standard**

#### **1.1.1 *The primary contact staff ratio to children shall be as follows***

- (a) *for children under the age of three years there shall be one staff member to every 5 children or part thereof*

*(b) for children who are three years of ages and over there shall be one staff member for every 11 children or part thereof.*

**1.1.2** *States may set ratios for specific age groups. The average of these ratios shall equal the national standard. (discussion)*

### **Implementation**

From the date of incorporation into regulations new centres must comply. States that incorporate earlier than 1996 may develop transitional arrangements for existing services.

## **1.2 QUALIFIED STAFF**

The need for adequate numbers of qualified staff in child care centres is based on recognition of the fact that the care of large groups of children, for long hours, requires specialist knowledge and skills. The view that these skills are “natural” or “innate” in particular individuals has been shown to be inaccurate and significant differences are observable in programs run by qualified and unqualified staff.

Research has indicated that neither years of experience for children nor general level of education are related to outcomes for children in care. The significant variable which influences the quality of care provided is the level of related training which staff have undertaken.

Researchers have noted that trained staff spend more time directly interacting with children and that children in these programs show more co-operation with each other and spend more time involved in activities than children in groups led by untrained staff. Researchers have noted that trained staff are particularly important if the staff:child ratio is greater than 1:9 for 4 to 5 year olds and 1:4 for younger children.

### **Agreed Standard**

The trained contact staff ratio to children shall be as follows

- 1.2.1** *There shall be trained staff for every 10 children under the age of three years and one trained staff for every 22 children over the age of three years.*
- 1.2.2** *In services operating mixed age groups there shall be a trained staff ratio of one staff for every 15 children.*

### **Implementation**

The proposed standard is to be achieved by the year 2000.

In the short term, Staters should achieve the following

- for children under the age of three years there shall be one trained staff member for every 15 children or part thereof
- for children who are three years and over there shall be one trained staff member for every 33 children or part thereof.

## **C. ACCREDITATION STANDARDS**

Currently information is not available for this section. As soon as the Accreditation information is released by the National Accreditation Council the accreditation standards will be included in this section.