

# **Section 9**

# **Early Childhood Education and Care Centres**

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## PURPOSE AND SCOPE

This section of the Environmental Health Protection Manual covers health protection activities to meet service specification requirements for early childhood education services. This section needs to be read in conjunction with the Ministry of Education's criteria for the service type that is being assessed for a health report. It includes information on recommended practice and is a guide to Ministry of Health policy. When policy changes or new policy is created, appropriate manual amendments will be issued. The purpose of the early childhood section is to:

- assist designated officers<sup>1</sup> to discharge their duties in providing advice to the Ministry of Education in accordance with regulation 9(2) and 55 of the Education (Early Childhood Services) Regulations 2008 which came into effect on 1 December 2008, and/or other legislation, relevant standards or guidelines
- assist designated officers involved in the assessment of risks and compliance monitoring
- improve decision making on enforcement issues that may affect public health
- establish principles and a process for identifying and assessing potential effects or risks to public health arising from the operation of early childhood centres
- identify roles and responsibilities of those involved in risk assessment and compliance monitoring
- identify sources of information that will assist in the assessment of risk and the formulation of requirements to protect public health.

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<sup>1</sup> These are statutory officers pursuant to the Health Act 1956. They may be either medical officers of health or health protection officers.

## OUT OF SCOPE

The following areas (which were formally part of the health and safety assessment under the Education (Early Childhood Centres) Regulations 1998) that are no longer to be included in the health assessments under the Education (Early Childhood Services) Regulations 2008. They are:

- hazard ID register and management including:
  - gas bottles;
  - electricity safety;
  - water quality of pools including paddling pools;
  - external play area safety including play ground equipment, sandpits and poisonous plants;
- external fencing including pools;
- first aid i.e. first aid cabinets (including a record of all items in the first aid kit that expire or require replacing) and current First Aid qualification meeting the training requirement outlined by the Department of Labour;
- emergency provisions and procedures including evacuation schemes;
- surrounding neighbourhoods including location. Territorial authorities (district & city councils/unitary authorities) are the appropriate agencies for making assessments of external hazards when granting land use consents under the Resource Management Act (RMA) 1991 or building consents under the Building Act 2004. For further information refer to the Ministry of Education's website <http://www.lead.ece.govt.nz/>;
- chemicals and medicines including medicines administration and register and action plans;
- transport and excursions.

## DEFINITIONS

The interpretation provisions of relevant legislation including regulations and licensing criteria give relevant definitions.

## REFERENCES

Building Industry Authority (now the Department of Building and Housing) (1998 Reprint) *The New Zealand Building Code Handbook*. Wellington: Building Industry Authority.

Landcare Research New Zealand (1994) *Plants in the North Island Poisonous to Children*. Lincoln: Landcare Research New Zealand.

Landcare Research New Zealand (1994) *Plants in the South Island Poisonous to Children*. Lincoln: Landcare Research New Zealand.

Ministry of Education (2007) *Food and Nutrition for Healthy Confident Kids: Guidelines to Support Healthy Eating Environments in New Zealand Early Childhood Education Services and Schools*, Wellington: Ministry of Education.

Ministry of Health (1997) *Nga Kupu Oranga — A health and safety resource for early childhood services*. Wellington: Ministry of Health.

Ministry of Health (2005a) *Drinking-Water Standards for New Zealand 2005 (revised 2008)*. Wellington: Ministry of Health.

Ministry of Health (2005b) *Small Drinking-water Supplies: Preparing a public health risk management plan*. Wellington: Ministry of Health.

Ministry of Health (2007a) *Food and Beverage Classification System for Early Childhood Education Services*. Wellington: Ministry of Health.

Ministry of Health (2007b) *The Environmental Case Management of Lead-exposed Persons: Guidelines for Public Health Units: Revised edition*. Wellington: Ministry of Health.

Ministry of Health (2007c) *The Management of Asbestos in the Non-occupational Environment: Guidelines for Public Health Units: Revised edition*. Wellington: Ministry of Health.

Ministry of Health (2008) *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2 years): A background paper*, Wellington: Ministry of Health.

New Zealand Food Safety Authority (2003) *Introduction to HACCP*. Wellington: New Zealand Food Safety Authority.

New Zealand Food Safety Authority (2003) *What Does a Food Safety Programme Look Like?* Wellington: New Zealand Food Safety Authority.

World Health Organization (1999) *Guidelines for Community Noise*. Edited by Birgitta Berglund, Thomas Lindvall and Dietrich H Schwela. <http://www.who.int/docstore/peh/noise/guidelines2.html>

## LEGISLATION

### Health Legislation

Health Act 1956

Health (Infectious and Notifiable Diseases) Regulations 1966

Health (Immunisation) Regulations 1995

Food Act 1981

Food Hygiene Regulations 1974

Food Safety Regulations 2002

Resource Management Act 1991

Smoke-Free Environments Act 1990

### Other Relevant Legislation

Building Act 2004

Building Regulations 1992

Education Act 1989

Education (Early Childhood Centres) Regulations 1998

Education (Early Childhood Services) Regulations 2008 (SR 2008/204) (as at 24 September 2009)

Education (Home-Based Care) Order 1992

Hazardous Substances and New Organisms Act 1996

Health and Safety in Employment Act 1992

Licensing Criteria for Early Childhood Education and Care Centres 2008

Licensing Criteria for Home-based Education and Care Services 2008

Licensing Criteria for Hospital-based Education and Care Services 2008

Licensing Criteria for Kōhanga Reo affiliated with Te Kōhanga Reo National Trust 2008

## INTRODUCTION

### Public Health Overview

Early childhood centre environments may present health risks to children, staff and other people who spend time at the centre. This in turn creates a risk to public health.

Early childhood centres are high risk environments for disease transmission, for example:

- children under five years (because of their developmental stage) are likely to have poorly developed personal hygiene habits
- there is a high level of physical contact between children
- nappy changing is considered to be a high risk activity
- food may be shared
- children tend to place items in their mouths and may contaminate those items.

Disease transmission within early childhood centres may have implications for the wider community, in particular parents, caregivers and friends of children attending.

The developmental stage of children less than five years old means that they will explore their physical environment and often have little understanding of the dangers to which they are exposed. The close proximity of children and staff adds to this risk.

Prior to obtaining a licence for a new early childhood education and care centres (i.e. centre-based services), all prospective ECE service providers are required to

Education (Early Childhood Services) Regulations 2008

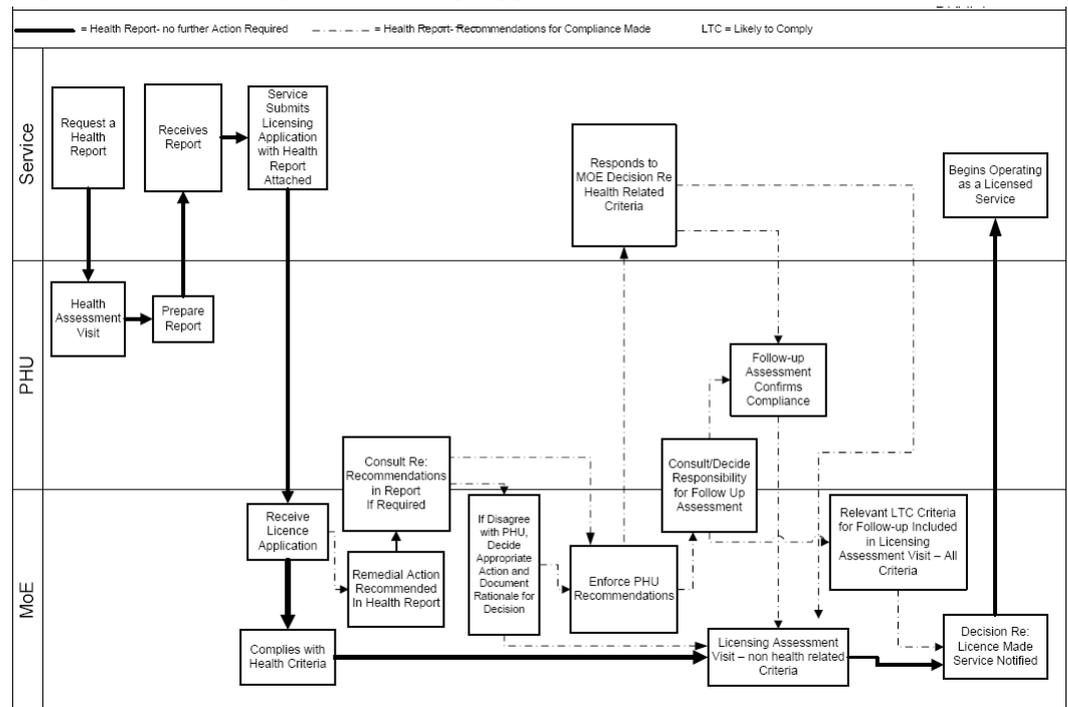
regulation 9(2)

obtain health reports from their local public health unit (regulation 9(2)). Note that this requirement applies to new centre-based services only. The health report is required documentation that needs to be completed and a copy sent to the Ministry before a decision to grant a licence to operate can be made (see Figure 1).

Regulation 9(2) states:

- (2) Every application for a licence in relation to a new centre must be accompanied by a report from the Director-General of Health or a person nominated by the Director-General of Health for that purpose, assessing whether —
- a) relevant aspects of the premises and facilities standard set out in regulation 45 and relevant aspects of the health and safety practices standard set out in regulation 46 are, or are likely to be, complied with; and
  - b) the premises and facilities to be used by the centre are suitable for use as a centre.

**Figure 1 – Flow Diagram Showing Application Procedure for a Licence**



Education (Early Childhood Services) Regulations 2008 regulation 55

For existing centre-based, home-based and hospital-based, Kohanga reo services regulation 55 allows the Ministry of Education to request a health report (Figure 2) under certain circumstances. Note that regulation 55 refers to ECE services already holding a licence. The health report is required documentation that needs to be completed and a copy sent to the Ministry before a decision to grant a licence to operate can be made.

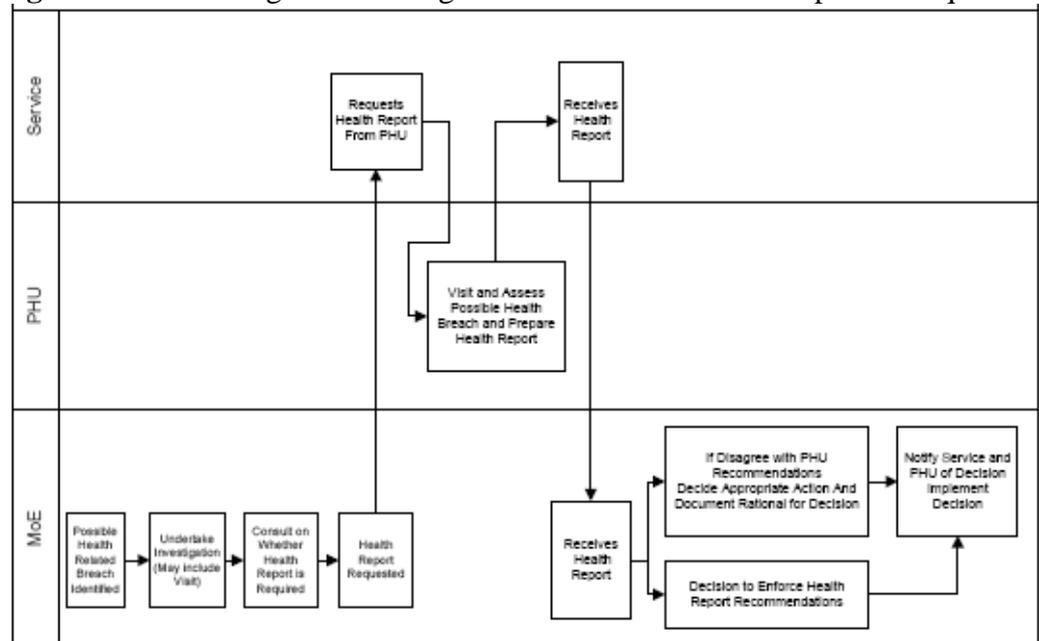
Regulation 55 states:

**55 Secretary may request health reports**

*In determining whether the premises and facilities standard set out in*

regulation 45 or the health and safety practices standard set out in regulation 46 has been or is likely to be complied with, the Secretary may direct the service provider of a licensed service to obtain a report from the Director-General of Health or a person nominated by the Director-General of Health for that purpose.

**Figure 2 – Flow Diagram Showing Procedure For A Health Report If Required**



Public health units have total discretion over the number and nature of visits they make to early childhood services for example in response to a complaint. No requirement is placed on them to agree to undertake a visit other than in situations where they believe there are significant health issues that need to be addressed, or when centres are first licensed. On occasions other than for formal visits (regulation 9(2)), the Ministry of Health encourages health visits by public health staff to be part of a settings approach to improve children’s health through a more holistic model of health. The settings-based approach has its roots in the World Health Organization (WHO) *Health for All* initiative and the *Ottawa Charter for Health Promotion*.

Health reports prepared by public health units provide the Ministry of Education with expert advice on whether health and safety-related requirements are being met or are likely to be met and whether there are any health risks. They cover issues such as:

- building services (e.g. water supply)
- food and nutrition
- safety and the physical environment
- general cleanliness and hygiene, and
- disease prevention.

### Guiding Principles

- ECE service providers, parents, staff, helpers and other regulatory agencies rely on the Ministry of Health and its designated officers for specialised public

## Roles and responsibilities

health advice.

- Health authorities should ensure continued monitoring to identify and adequately address public health risks in a timely and effective manner.
- By maintaining effective public health oversight through assessments, enforcement, and health promotion, health and safety risks in early childhood centre environments will be reduced.

Regulation 9(2) of the Education (Early Childhood Services) Regulations 2008 allows the Director-General of Health to delegate responsibility for health reports. The Director-General of Health has delegated this responsibility to designated officers under the Health Act 1956.

The assessment should focus on any existing or potential hazards to children which may arise within the ECE centre environment. This information is to be reflected in the report provided to the centre and the Ministry of Education. In addition the Secretary for Education may request from the service provider of the licensed service, a health and safety assessment (regulation 55).

The role of Ministry of Health designated officers is to assess the early childhood centre environment from a public health perspective. With the obvious exception of infectious disease control, such officers have a limited enforcement role under these regulations. Deficiencies identified during the assessment should be discussed with centre management so that acceptable solutions may be found. Where appropriate this should also be expanded to include Ministry of Education staff.

Regular meetings between public health units and Ministry of Education staff can facilitate this to ensure that both parties are familiar with each other's roles and responsibilities as they relate to the regulations and licensing criteria.

Other agencies involved with early childhood centres include :

- **Department of Labour:** Occupational Safety and Health Division:
  - ~ occupational health and safety.
- **Education Review Office** (Auckland, Hamilton, Wanganui, Lower Hutt, Christchurch, Dunedin)
  - ~ early childhood centre quality reviews
- **Ministry of Education:** Development officers, local/regional offices
  - ~ early childhood centre licensing requirements
- **Territorial local authorities:** (City and District Councils):
  - ~ public health nuisances through the Health Act 1956
  - ~ resource consents e.g. land use under the Resource Management Act 1991
  - ~ building consents under the Building Act 2004 including the New Zealand Building Code
  - ~ food hygiene
- **Associations involved in early childhood centres**
  - ~ Early Childhood Council Inc (national organisation)
  - ~ Local associations for kindergartens and playcentres

- ~ New Zealand Childcare Association (Te Tari Puna Ora o Aotearoa)
- ~ Te Kohanga Reo National Trust Board
- ~ Plunket Society Royal New Zealand) (involved in child health and well-being)

## PROCEDURES

Education (Early Childhood Centres) Regulations 2008  
section 55

This part of the manual addresses the practical interpretation and application of the premises and facilities; and the health and safety standards established by the Education (Early Childhood Services) Regulations 2008. It provides guidance on how compliance should be assessed and indicates the level of advice required to assist an ECE service to resolve any deficiencies.

The Secretary for Education relies on advice from the Ministry of Health and designated officers as to 'adequacy' and 'suitability' with regards to provisions for the health and safety of children attending early childhood centres.

It provides guidance to ensure that assessments are focused and that duplication between the Ministries of Education and Health is prevented. It is expected that officers will use discretion and sound professional judgement when applying these points and attempt to find acceptable solutions for deficiencies which are identified in individual centres.

Because the applicants will approach the public health unit, and because this is not a regulatory requirement funded under Vote: Health, public health units may charge the centre for the provision of a 'health' report. Fee setting must be mindful of the difference between the time and tasks associated with assessing the centre for compliance with the 2008 Regulations, and the time taken while visiting the centre to promote public health as part of the designated officer's routine surveillance role. Fees should not be charged for assessments initiated by a public health unit as part of its routine local surveillance programme.

Public health units are not required to assess new home-based or hospital-based services or community playgroups. However should they be aware of health and safety problems or if they are asked to investigate complaints at such premises, designated officers should apply discretion accordingly using the standards contained in the Education (Early Childhood Centres) Regulations 1998, or relevant licensing criteria and/or Education (Home-based Care) Order 1992 for existing services who have not been through the relicensing process under the Education (Early Childhood Services) Regulations 2008.

All new services – services that have not operated before, will be subject to the 2008 regulatory system and will be assessed against the Education (Early Childhood Services) Regulations 2008 and Licensing Criteria for Early Childhood Education and Care Centres 2008 that apply. A copy of the licensing criteria for ECE and care centres is available on the Ministry of Education's website as follows:

<http://www.lead.ece.govt.nz/~media/Educate/Files/Reference%20Downloads/Lead/Files/Criteria/2008LicensingCriteriaforEarlyChildhoodCareCentresBooklet%20Aug09.pdf>

From 1 December 2008 any new licence to operate is issued under the 2008 regulatory system.

**Existing services** – services licensed and/or chartered before 1 December 2008 will continue to comply with the requirements of the regulatory framework they were licensed under until the service is visited by the Ministry of Education and assessed against the 2008 regulatory system. This will happen during the six year transition period (i.e. until 30 November 2014 when all services must be licensed under the 2008 regulatory framework).

A hash symbol (#) contained in the criteria indicates a requirement upon which a service provider may be required under regulation 55 to obtain a report from a Public Health Unit.

### **The transition period:**

- If licensed services are unable to meet all regulatory requirements under the 2008 regulatory system, the Ministry of Education will be able to issue a transitional licence to give the service a period of up to 18 months to comply.
- A health report is not required for existing licensed services at the point of relicensing. However, the Ministry of Education can request a service provide a health report if, at the time of a relicensing assessment visit, health related compliance issues have been identified.

### **General Aspects of Assessments**

Public health units will be undertaking assessments of early childhood centres from two aspects:

- compliance with legislative requirements; and
- assessment of health risk.

There will be some criteria that will be assessed for the likelihood of the service complying (likely to comply) with the regulations; this is because in some instances full compliance cannot be checked until the service is operating with children attending e.g. nappy changing procedure (HS 3). This follow up check will be carried out by Ministry of Education licensing officers when assessing the service for a full licence after a year of operating.

Other criteria do not need to have the children attending the service for full compliance to be checked e.g. laundry facilities (HS 2).

Health report assessment visits should be pre-arranged with centres. This will give an opportunity to outline the purpose and aims of the assessment and to ensure that responsible centre personnel are available. Written confirmation of the assessment appointment should be accompanied with a brief outline of what aspects of Ministry of Health health and safety designated officers will be assessing in advance of their visit [Appendix 1]. This is so that services know what to expect and what the requirements are.

Appendix 2 provides a template setting out the required licensing criteria that designated officers are to assess against. Headings included in the report are:

- requirements to be met – to be used when a centre does not comply with a regulation or a criteria and what needs to be remedied to meet the criteria
- recommendations for improving practice – pragmatic advice to assist the centre to meet the requirements of the Education (Early Childhood Services) Regulations 2008
- an optional heading relating to health promotion information and good ideas. This would not necessarily be a requirement from a Ministry of Education perspective, rather it would fit with a “setting approach” and therefore not be chargeable to the centre.

At the conclusion of the assessment the designated officer should discuss the findings with the centre’s representative. Attention should be drawn to any adverse findings and, in particular, to any serious public health risk requiring prompt or immediate attention. Appendix 4 provides a recommended template for health reports.

The centre should be advised that a copy of the assessment and recommendations

will be provided to them and a copy forwarded to the Ministry of Education. Where the designated officer is required, or feels obliged, to bring any matter to the attention of another regulatory authority (such as non-compliance with the Building Code), then this should be discussed with the centre and the Ministry of Education.

## Follow-up of assessments

Designated Officers' must ensure that each assessment is followed up with a confirmatory letter and a copy of the assessment report and recommendations. Reports should be forwarded within seven working days of the assessment. Where the report has drawn attention to a serious public health risk, identification of a time to remedy the problem should be recommended. A check will need to be made by either a health or education designated officer (or both as determined at the time between both parties), at the end of this time to ensure appropriate remedial action has been taken and compliance has been achieved.

## 9.1 PLAY AREA

### 9.1.1 Building Standards

Building Act 2004 section 15(1)

The Building Act 2004 and subsequent regulations, in some cases, provide more detailed performance requirements than those contained in the *Education (Early Childhood Services) Regulations 2008* requirements relating to building standards. However, comment should still be made on any deficiencies observed during the assessment.

If in doubt as to the safety or compliance of any aspect, it is recommended that designated officers liaise with building inspectors of the Territorial Local Authority.

The following text refers to the *New Zealand Building Code Handbook and Approved Documents* made under the *Building Act 2004*. Comments should be made on any observed deficiencies:

Licensing Criteria for Early Childhood Education and Care Centres 2008, PF12  
Building Code G7.2

#### (a) Lighting

G7.2 of the Building Code states that 'Habitable spaces shall provide adequate openings for natural light and for a visual awareness of the outside environment.'

'Natural light shall provide an illuminance of no less than 30 lux at floor level for 75 percent of the standard year.'

Building Code G7.3.1

In the absence of sufficient natural light the Australian/New Zealand Standard 1680: 2006 *Interior and workplace lighting Part 1: General principles and recommendations* sets out general principles and recommendations for the lighting of interiors of buildings for performance and comfort. This standard recommendation a level of 240 lux 0.75 metres from the ground. Children playing at floor level as well as 3-5 years olds learning letters/numbers etc in a mat situation need good lighting.

Licensing Criteria for Early Childhood Education and Care Centres 2008, PF12  
Building Code G4.2

#### (b) Ventilation

There must be adequate ventilation in every room in the centre that is used by children. The objective of the building code provisions on ventilation is to safeguard people from illness or loss of amenity due to lack of fresh air.

Adequacy of ventilation under the building code is measured through air change rates. An air change rate is a measure of how quickly the air in an interior space is replaced by outside (or conditioned) air by ventilation and infiltration. Air change rates are measured in cubic metres per hour divided by the volume of air in the room, or by the number of times the dwelling's air changes over with outside air. For example, if the amount of air that enters and exits in one hour equals the total volume of the heated part of a dwelling for example, the dwelling is said to undergo one air change per hour. A recommended figure for ECEs is a minimum of 3 air changes per hour.

Licensing Criteria for Early Childhood Education and Care Centres 2008, PF12, HS24

Building Code G5.2.1.a

### (c) Heating

'Buildings shall be constructed to provide an adequate, controlled interior temperature.'

Building Code G5.3.1

*'Rooms used by children are kept at a comfortable temperature no lower than 16°C (at 500mm above the floor) while children are attending.'* (HS24)

'Heating appliances, and any attached cables or other fittings shall be securely fixed in place.'

Building Code G5.3.2

Specific concerns with regard to prevention of burns should be addressed by centres. All heating devices used in centres should be either incapable of burning children, or inaccessible to them. Preferred heaters are those that are permanently wired and wall mounted above a child's reach.

When contemplating a heating system it is recommended that consideration be given to heating systems that do not produce or contribute to indoor air-pollution. Such systems include flued gas heaters or central heating that carry the pollutants outside or alternatively electric heaters or reverse cycle air conditioner units. The Ministry of Health does not support the use of unflued gas heaters. These heaters release nearly two kilograms of water for every kilogram of gas burnt. Moisture rapidly builds up in the room being heated, leading to the growth of moulds and dust mites, impacting on the health and well being of children. There is also the danger of asphyxiation from using this form of heating in an unventilated area and the adverse health impacts of inhaling nitrogen oxides. To combat these effects the recommended use involves an open window – this undermines their heating value.

Licensing Criteria for Early Childhood Education and Care Centres 2008, HS15

Building Code G6

### (d) Noise

All practicable steps need to be taken to ensure that noise levels do not unduly interfere with normal speech and/or communication, or cause any child attending distress or harm. Assessing noise could be included as part of a follow-up assessment of the centre i.e. when children are present.

Acoustic design must ensure that noise is kept to a reasonable level especially in areas designated for rest or sleep. Constant high levels of noise in playrooms can also have an impact on stress levels and child well being, and adequate floor coverings and wall linings can help reduce this stress.

Table 1 (derived from Guidelines for Community Noise, World Health Organization, 1999) indicates maximum noise exposure desirable in Early Childhood Education environments. The recommendations take into account the sensitivity of young children to noise, which can impair learning and language

development.

**Table 1** Recommended maximum noise exposures in Early Childhood Environments

Environment	Potential Health Effects	Leq (dBA)	Time (hours)	Lmax (dBA fast)
Pre-school, Bedroom indoors	Sleep disturbance, sleeping hours	30	Sleeping time	45
School classrooms	Speech interference, disturbance of information extraction and message communication	35	During class	-
School, Playground outdoor	Annoyance (from an external source)	55	During Play	-

**NOTE:** Items (a) to (c) above are required under PF12 of the Licensing Criteria for Early Childhood Education and Care Centres 2008, but the building code requirements are of greater relevance in assessing these aspects. Further guidance information to help ECE services understand the criteria requirements and to illustrate different way to comply with PF12 can be found on the following Ministry of Education website

<http://www.lead.ece.govt.nz/CentreBasedECEServices/PremisesAndFacilities/General/PF12HeatingLightingNoiseVentilation.htm>.

**(e) Art Sink**

- If children have access to an art sink the water temperature should be no higher than 40°C.
- Due to the risk of cross-contamination from body waste, body wash facilities must not be used for art preparation and clean up.
- It is preferable that the art preparation and clean up facility is a separate plumbed in sink or tub unit that is used exclusively for this purpose. Locating this facility close to existing plumbing e.g near or backing onto the kitchen or laundry is often most practical and cost-effective.
- If a dedicated art sink is not possible at the centre, the service provider will need to have an acceptable alternative system in place. Alternative systems may include:
  - Using one or more buckets to wash materials, and disposing the waste water in the cleaner’s sink or down an outside gully trap
  - Placing an insert into a sink facility used for another purpose to prevent art materials from coming into contact with any cleaning waste or chemical residues, and/or to prevent paint or waste water from coming into contact with the sink.
- Robust cleaning and sanitising procedures are needed to ensure that facilities such as cleaner’s sinks, laundry tubs and benches are thoroughly cleaned and sanitised before and after being used for art preparation and clean up.

**(f) Animals**

The Officer should ensure that the centre only allows animals that are clean,

Licensing Criteria for Early Childhood Education and Care Centres 2008, PF10

Licensing Criteria for Early

healthy and able to be restrained on the premises. Dogs, chickens and cats are not considered acceptable as their faecal material may contaminate the play area. Turtles are known to carry *Salmonella*. This risk can be managed appropriately through close supervision of children when handling turtles, ensuring hands are washed after handling and the prevention of access to tank contents. Other animals that can be kept at early childhood centres (provided that they are kept in a suitable state of hygiene) include guinea pigs, rabbits, mice, rats, fish, frogs and tadpoles, lizards and small birds.

Centres that have, or intend to have, animals on the premises should produce a policy that outlines how the centre will:

- ensure that the animals are supplied with a good, healthy living environment;
- maintain living conditions to a high standard of cleanliness;
- store animal food so that it is clearly distinguishable from human food;
- ensure that children having had contact with animals immediately wash their hands under supervision; and
- quarantine sick animals away from children.

There is a requirement under the Animal Welfare Act 1999 to ensure that the physical, health, and behavioural needs of animals are met. Under this Act the onus of care lies with the owner or person in charge of an animal to ensure these needs are in accordance with both good practice and scientific knowledge.

## 9.2 KITCHEN/DINING AREA

### 9.2.1 Drinking-Water Supply

Most self supplied drinking-water supplies to centres will need to be registered as 'community purpose supplies' in terms of the Register of Community Drinking Water Supplies in New Zealand. Early childhood centres are required to provide an ample supply of potable drinking water to children. Potable means water free from bacteria/parasitic contamination and chemical contamination. Designated officers should discuss with centres how this potable supply can be assured and audited. This aspect is especially important for centres in rural areas and for centres that are on private water supplies.

The following requirements to be considered include:

- drinking-water of potable quality must be freely available to children at all times.
- drinking water from a non-reticulated supply (e.g. roof water, on-site bore water, etc) can only be considered potable if it meets the Standards, which set out the compliance monitoring and testing requirements applicable to all community water supplies (supplying >25 people). This means that section 10 of the *Drinking-Water Standards for New Zealand 2005 (revised 2008)* (MoH, 2005a) would apply to them. To comply with the Standard the supply would be required to prepare and implement a Public Health Risk Management Plan. Further information on preparing a public health risk management plan can be found in the Ministry of Health's publication *Small Drinking-water Supplies: Preparing a public health risk management plan* (MoH, 2005b).
- drinking-water supplies to less than 25 people or any number of people for at

least 60 days per year (if the number of those people when multiplied by the number of days per year during which those persons receive water from that supply is 6000 or greater) are not required by the Health (Drinking Water) Amendment Act 2007 to meet the Standards. Designated officers should encourage centres to adopt public health risk management approach to manage their water supplies and it is suggested that at the time of assessment, at least 4 samples for microbiological analysis annually or 3 monthly samples are taken from the centre, particularly targeting the period after rainfall if it is to be more meaningful. In consultation with the Ministry of Education the cost for any sampling should be the responsibility of the licensee. The requirements of the Building Act 2004 should be complied with. The Building Code [Approved Document G12 - Water Supplies] requires premises to be provided with water that is suitable for drinking and for tooth brushing, washing up and food preparation.

Should a centre require assistance with regard to potable drinking water supplies, they should be advised to contact their local health designated officer (e.g. health protection officer) or drinking water assessor.

School water supplies in New Zealand have been found to be susceptible to contamination with unacceptably high levels of lead (and sometimes copper). This occurs for a variety of reasons including source of water (e.g. rainwater collection systems often include lead-containing components), components of the reticulation system, pH, and total hardness of the water. Designated officers are recommended to consider testing for lead or copper in non-reticulated water supplies, especially when schools in the area have recorded high lead or copper levels in the past.

Some plumbing fittings have the potential to allow minute traces of metals to accumulate in water standing in the fittings for several hours. Although the health risk is small, the Ministry of Health recommends that a mugful of water be flushed from the drinking-water tap each morning before use to remove any metals that may have dissolved from the plumbing fittings. The Ministry of Health recommends this simple precaution for all those on public and private water supplies which would include early childhood centres.

### 9.2.2 Nutrition

Licensees are required to ensure that food available at the centre meets the nutritional needs of the children. Where food is provided by parents, the service encourages and promotes healthy eating guidelines. Further information on the criteria HS19 to help ECE services comply with the requirements is available on the Ministry of Education's website:

<http://www.lead.ece.govt.nz/ServiceTypes/CentreBasedECEServices/HealthAndSafety/FoodAndDrink/HS19FoodAndNutrition.aspx>.

It is recommended that the licensee has a nutrition policy, including breastfeeding policy in place that incorporates the key principles of good childhood nutrition and for supporting breastfeeding. The centre's nutrition policy should be designed in accordance with *Food and Nutrition for Healthy Confident Kids: Guidelines to support Healthy Eating Environments in New Zealand Early Childhood Education Services* (MoE, 2007) and *Schools, Food and Beverage Classification System for*

Licensing Criteria for Early Childhood Education and Care Centres 2008, HS19

*Nga Kupu Oranga*, (MoH 1998) Section F

Licensing Criteria for Early Childhood Education and Care Centres 2008, HS19

*Early Childhood Education Services* (MoH, 2007a), *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2): A background paper* (MoH, 2008) and *Nga Kupu Oranga* (refer to the 'Reference' section p1-2). Further information on nutritional needs for children is available to licensees from within their local public health unit, either Health Promotion Officer or community dietician. The nutrition policy and menus should be available for inspection and reviewed as necessary.

General nutritional considerations pertinent to early childhood centres where food is provided include that centres should:

- provide a variety of foods which include foods from all the major food groups, sufficient quantity of food and food of acceptable quality
- provide sufficient quantity of fluid to meet fluid requirements
- serve food at appropriate times and frequency
- provide high nutrient and lower saturated fat and sugar containing foods as most of the menu choices
- be aware that healthy eating habits start early and early childhood centres can play an important role in developing these habits
- consult parents and guardians regarding preferred foods for their child as well as any special nutritional requirements they may have, for example, allergies, diabetes. It is recommended that parents be given the opportunity to express dietary preferences for their children.

Special considerations for babies and toddlers:

- breastmilk provides optimal nutrition for babies. Early childhood centres should provide an environment that is supportive of breastfeeding. Refrigerator space should be available for the storage of breastmilk.
- If breastmilk is not provided, infant formula should be used until 12 months of age. Parents or guardians must approve the formula before use. *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2): A background paper* contains valuable information on breastfeeding and breastmilk substitutes.
- Children aged 2-5 years should be provided with reduced fat milk. Children aged 1-2 years should be provided with full-fat whole milk and water as their main fluids.
- babies and toddlers should be offered fluids regularly and more frequently in hot weather as they can quickly become dehydrated.
- Infants under the age of six months and other children unable to drink independently should be held upright while being fed.
- Complementary foods (solids) are recommended to be started at around six months of age. Decisions about the age to start should be made in consultation with parents or guardians.

Centres are required to maintain a record (for up to three months after the food is served) of all food provided by the service, showing the type of food provided to the children. This record must be available for inspection by the designated officer. The record should indicate that the food served is consistent with the nutrition policy and menus.

The Healthy Heart Award provided by the New Zealand Heart Foundation, is a free-of-charge programme that encourages early childhood centres to promote healthy eating and active movement to the under fives and their families. The programme provides early childhood centre staff with nutrition and active movement information, planning tools and curriculum guides, to assist with the implementation of healthier food choices and active movement. For further information refer to the following website  
<http://www.nhf.org.nz/index.asp?pageID=2145820300>.

The New Zealand Food Safety Authority document on safe feeding for infants provides a useful reference for bottle feeding policy. For further information refer to the following website <http://www.nzfsa.govt.nz/consumers/low-immunity-child-pregnancy/safe-feeding-for-infants/>

All babies and children must be closely supervised when eating. In addition they must eat only when seated and have minimal distraction during food times. Eating on the move and when distracted increases the risk of choking.

Selecting appropriate food for the different age groups at the ECE is very important in minimising choking risk. Recommendations related to appropriate foods and textures for different ages is detailed in the Ministry of Health's *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2 years): A background paper*. However stages of development vary greatly between individual children so it is important to discuss with a parent or caregiver what foods they are able to manage safely rather than rely on their age alone as the indicator. Altering food texture for an individual child may be necessary in some cases. This can include grating, cooking, mashing or pureeing foods.

Any whole pieces of food can cause children to choke. Do not give small hard foods such as whole nuts until children are at least 5 years old. Avoid serving chunky cereal products containing small pieces of dried fruit, which are a choking risk.

The person supervising an infant or toddler needs to know how to respond if a child chokes and then how to get appropriate assistance if required.

### **9.2.3 Food Safety**

Centres are required to provide 'safe' food and this can only be reasonably assured if an auditable food safety plan is in operation on the premises.

No children are to be allowed to eat alone and officers should ensure that the centre staff have a roster for ensuring that children are attended while eating.

Officers should focus inspections on key food safety risk areas and promote the development of food safety programmes such as food control plans in line with current New Zealand Food Safety Authority guidelines.

When considering food provision, early childhood centres can be divided into three general categories:

- centres that prepare food on site
- centres that provide limited food, snacks, sandwiches, and baked goods

Licensing Criteria for Early Childhood Education and Care Centres 2008, PF16 and HS20

Food Manual, Section 5 and HACCP Guideline, Appendix 3.

- centres that require the children to provide their own food.

Key points in relation to food safety that designated officers need to ensure are:

- procedures are in place to ensure that staff and parents thoroughly wash their hands before and during the preparation of any food
- procedures are in place to ensure that staff, parents and children who are suffering from an illness, which may be communicable, do not become involved in food handling activities
- frozen food is thawed under refrigeration, or using microwave ovens
- raw food is stored such that it cannot contaminate cooked food or food that will not receive further cooking
- steps are taken to ensure that the internal temperature of high risk food, for example processed meat and poultry (including livers) reaches at least 75°C during cooking
- readily perishable food is not stored for more than the cumulative two hours in the danger-zone (between 4°C and 60°C)
- readily perishable food is cooled from 60°C to 21°C in two hours and from 21°C to 4°C in four hours
- cooked food is not stored in the refrigerator for more than two days
- food is not re-heated more than once
- re-freezing of food is avoided i.e. do not freeze any food more than once
- cooked foods are stored above uncooked meats in the refrigerator
- food is stored in covered containers
- readily perishable foods pre-prepared at home and intended for on-site consumption are stored in the refrigerator prior to consumption
- all fresh fruit is washed in potable water prior to eating or preparation
- have an allergen management plan in place
- have guidelines covering the handling and storage of expressed breast milk and powered formula is appropriate.

It is recommended that any staff member of an early childhood centre that prepares food complete an accredited basic food hygiene or food safety course. There are a number of independent training providers that deliver courses, some to the NZQA Unit Standard 167 (Practice Food Safety Methods in a Food Business). The New Zealand Food Safety (NZFSA) website <http://www.foodsafe.org.nz/> provides more information about food hygiene. There is also information explaining how the NZFSA's new legislation relating to the sale of food will affect ECE centres.

Playdough is mentioned in *Nga Kupu Oranga: Healthy Messages* (page 34) as being a substance that should be treated as a food because no matter how it is made, some children will try and eat it. Since 1997 when this document was published there has been a salmonella outbreak (2009) where raw flour (possibly playdough) was implicated. In light of this the Ministry does not consider appropriate that playdough should be promoted as being “clean and safe for playing or eating”.

All early childhood centres without a registered Food Safety Programme are

1974, R.9, R.11-19 (excluding 19(3) & 19(4))

required to comply with Food Hygiene Regulations 1974 covering:

- general cleanliness of premises
- duties of occupiers
- maintenance of hand wash basins (for kitchen use)
- vermin control
- refrigeration and food storage
- conditions of appliances, packages and receptacles
- cleaning of places and equipment
- food protection
- protective clothing
- behaviours of workers.

Licensing Criteria for Early Childhood Education and Care Centres 2008, PF16

### Kitchen and Cooking Facilities (including dishwashing)

Early childhood centres kitchens must have adequate space and facilities (access to cooking facilities, refrigerator, dishwashing facilities) but for good hygiene should also have equipment which limits cross-contamination such as cutting or chopping boards.

Food service articles need to be maintained in a hygienic and sanitary manner. Food service articles may be washed either by hand or in a suitable dishwasher. A commercial dishwasher is preferable, however domestic dishwashers are not generally suitable as the temperature of water used to wash and rinse may not be of a sufficiently high temperature to sanitise the dishes. Dishwashing must be carried out in accordance with the guidelines outlined below.

Food Hygiene Regulations 1974 R.35(a) and R.37, and Food Manual, Section 22.1 for approved dishwashers

COMMERCIAL DISHWASHERS MUST HAVE:

- a minimum wash temperature of 60°C or higher
- a device that gives an automatic dose of soap or detergent
- a rinse that lasts for ten seconds or longer with a water temperature of at least 77°C
- baskets and trays that allow all dishes to get completely wet
- temperature control that stops the machine if the water temperature is too low, or the rinse temperature cannot continue for at least ten seconds
- a thermometer to show the temperature of rinse water.

Food Hygiene Regulations 1974 R.35 (b) and R.37

CENTRES THAT HAND WASH DISHES MUST:

- use water that is at least 43°C
- have adequate soap or detergent.
- Kitchen — hot water must be provided in the kitchen to enable utensil washing to comply with the Food Hygiene Regulations 1974. In the case of dishwashing machines this may require a higher temperature than 60°C, but in the case of hand dishwashing a temperature of not less than 43°C is required.

Dishwashing requirements developed from the Food Hygiene Regulations 1974, R.35 and R.37

The dishes must then be rinsed and sanitised.

- Dishes must be sanitised by either placing in clean boiling water for 30 seconds, or in clean water that is at least 77°C for 2 minutes.
- The dishes must be separated from each other while they are being sanitised (by means of a wire basket or other appliance).

- The dishes must be removed and immediately left to air dry (tea towels or cloths should not be used to dry or polish the dishes once they have been sanitised).

Commercial dishwashers should be a requirement wherever food is produced on site. In ECE services where only snacks are consumed and cutlery or plates are not provided there is little potential for cross contamination and commercial dishwashers need not be a requirement. If the cost of a suitable dishwasher is prohibitive, early childhood centres should be advised to consider using disposable plates and cutlery. The public health unit may also advise other methods that may be used to ensure dishes are thoroughly clean and do not spread infection or illness.

In circumstances where an ECE wishes to purchase a domestic dishwasher it is important that such dishwashers have properly functioning temperature activated sanitising cycles that have to sense a temperature of 65° or higher before the machine advances to the next step.

Further information is provided to help ECE services understand the PF16 and HS20 criteria requirements and to illustrate different ways to comply. It can be found on the following Ministry of Education website <http://www.lead.ece.govt.nz/ServiceTypes/CentreBasedECEServices/PremisesAndFacilities/FoodPreparationAndEatingSpaces/PF16KitchenFacilities.aspx>.

#### **9.2.4 Refuse Storage and Disposal**

Poor refuse storage attracts vermin and increases the risk of disease transmission. Features to be considered include:

- refuse bins and soiled nappy bins must be well maintained, and emptied and cleaned at least daily
- all bins must have close fitting lids to exclude children and insects
- external refuse bins are to be emptied and cleaned at least weekly to minimise odours
- bins should be placed to prevent children, insects and scavenging animals gaining access.

#### **9.2.5 Pest and Vermin Control**

The centre should be free of pests and vermin at all times. Immediate action should be taken to control and eliminate any infestation of pests or vermin affecting the early childhood centre.

The centre should consider the following animals and insects as pests and consider how they would control an infestation (rodents, cockroaches, flies, birds, mosquitoes, ants, silverfish, fleas, mice, wasps and any other common pests of the locality).

### **9.3 TOILET/HANDWASHING AREA**

### 9.3.1 Toilet Hygiene

Designated officers should ensure that cleaning schedules are adequate for the purpose of maintaining good hygiene in the toilet area. The floor should have a surface that is easy to clean.

Toilet and associated handwashing/drying facilities intended for use by children are:

- designed and located to allow children capable of independent toileting to access them safely without adult help; and
- adequately separated from areas of the service used for play or food preparation to prevent the spread of infection (PF20).

There is means of drying hands for children and adults that prevents the spread of infection (PF21). Further information on hand drying is provided to help ECE understand this criteria requirement and to illustrate different ways to comply. It can be found on the Ministry of Education website

<http://www.lead.ece.govt.nz/ServiceTypes/CentreBasedECEServices/PremisesAndFacilities/ToiletAndHandwashingFacilities/PF20ToiletHandwashingFacilities.aspx>

## 9.4 NAPPY CHANGE/BODY WASH AREA

### 9.4.1 Nappy Changing

The nappy changing area is one of the most likely sources of disease transmission and therefore strict hygiene controls must be encouraged and appropriate advice provided.

Designated officers should ensure that:

- the nappy changing surface is constructed of solid and stable material and so designed as to reasonably prevent falls
- that it is located in a designated area near hand washing facilities and separate from play and food preparation areas
- the surface is smooth, easily cleaned, and impervious to water
- a new nappy change surface (e.g. paper towel or disposable sheet) is used for each child, in addition to sanitising the washable surface
- a suitable sanitiser, such as two percent hypochlorite, is readily accessible and used after each nappy changing. (The sanitiser should be washed off with a water spray after use, as the sanitiser itself may cause irritation of sensitive skin. The sanitiser should be stored so that it is inaccessible to the children.)
- a nappy changing procedure is clearly displayed near the nappy changing facility, and should list the steps which must be taken to ensure good hygiene is maintained during and after changing nappies (refer to HS3) or Ministry of Education website <http://www.lead.ece.govt.nz/ServiceTypes/CentreBasedECEServices/HealthAndSafety/Hygiene/HS3NappyChangingProcedure.aspx>
- a soiled nappy storage bin with a close fitting lid is placed conveniently near the changing table but is inaccessible to children
- disposable gloves must be available to staff, and are recommended for use by adults changing nappies. Gloves must be used when the person changing the child has any cuts, abrasions or lesions on their hands or lower arms to prevent

transmission of blood-borne communicable diseases.

- Because it is generally preferable to pre-soak reusable nappies it is recommended that they are not laundered at the centre but are taken home with the child. They should be rinsed off first before being placed in a labeled heavy sealed plastic bag and stored in a bin with a close fitting lid (see above) for parents to collect at the end of the day to take home and wash.
- the nappy change area has suitable hand washing facilities (e.g. liquid soap, disposable paper towels and water at temperature to encourage hand washing) readily available for staff.

Fold-out nylon napkin change tables are unacceptable as they are not smooth, impervious

### Examples of nappy changing facilities



Further information to help ECE services understand the PF25 criteria requirements can be found on the Ministry of Education's website <http://www.lead.ece.govt.nz/ServiceTypes/CentreBasedECEServices/PremisesAndFacilities/OtherSanitaryFacilities/PF25NappyChangeFacilities.aspx>

### 9.4.2 Body Wash Facilities

Plumbed-in wash facilities are a requirement for all new early childhood centres to comply with the Building Act 2004 including the building code. Services that are renovating may also be required by territorial authorities to have plumbed-in wash facilities to meet the requirements of the building code. For advice, service providers should check directly with their district or city council. Under G1.3.1 of the building code relating to personal hygiene there is a specific requirement for ECEs to have as a minimum a bath (see Table 2 page 27 of the Compliance Document for the NZ Building Code Clause G1 Personal Hygiene - Second Edition available on the following website - <http://www.dbh.govt.nz/UserFiles/File/Publications/Building/Compliance-documents/G1-personal-hygiene.pdf>.

All services need to ensure their hygiene and infection control procedures are practical, clear and comprehensive to manage risk of cross infection for their children and also their staff. Guidance as to how this can be achieved is available on the Ministry of Education's website [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz). Services can still (and should be encouraged) to install plumbed-in wash facilities to meet criteria PF26.

It is recommended that, in circumstances where there are no plumbed in facilities,

there should be a tub large enough and stable enough for children to be washed safely. However consideration should also be given to the need for the container to be emptied down an appropriate waste system, for example a toilet. Too much water would be heavy to pour down a wastewater system. Some form of hose type connection which provides a permanent supply of warm water would be preferable.

Procedures to ensure effective hygiene and infection control should include how the tub is to be emptied and cleaned after use. This procedure should be attached to a wall in appropriate and visible location. Alternatively an ECE may choose to install a shub in which case the following should be considered:

- The shub should be in easy reach of any nappy change table and approximately waist high to reduce the risk of back injury
- The shub should have a flexible hose and hot and cold water mixer. The hot water must be delivered no hotter than 40°C
- The surface of any shub should be smooth, easily cleaned, robust and waterproof
- The recommended interior size of any shub should as a minimum be at least 600mm wide x 600mm long x 300mm deep – or if only used by children under two years – 520mm wide x 520mm long x 300mm deep.

Procedures for effective hygiene and infection control include:

- use of disposable gloves
- use of a disposable cloth to clean the child
- safe disposal of wastewater down a toilet
- cleaning of bucket/tub with clean water and an appropriate cleaning agent.

## 9.5 CHILD HEALTH

### 9.5.1 Disease Prevention and Control

Premises and Facilities criterion 27 (PF27) stipulates that space is required (away from where food is stored, prepared or eaten) where a sick child can:

- be temporarily kept at a safe distance from other children (to prevent cross-infection); lie down comfortably; and
- be supervised.

Further information to assist ECE services understand the criteria (PF27) requirements and to illustrate different ways to comply can be found on the Ministry of Education's website:

<http://www.lead.ece.govt.nz/ServiceTypes/CentreBasedECEServices/PremisesAndFacilities/OtherSanitaryFacilities/PF27IsolationArea.aspx>

Health and Safety practices criterion 26 (HS26) requires that all practicable steps are taken to ensure that children do not come into contact with any person (adult or child) on the premises who is suffering from a disease or condition likely to be passed onto children and likely to have a detrimental effect on them.

Specifically:

Licensing Criteria for Early Childhood Education and Care Centres 2008, PF27

*Nga Kupu Oranga*, (MoH 1998)

Licensing Criteria for Early Childhood Education and Care Centres 2008, PF27

Licensing Criteria for Early Childhood Education and Care Centres 2008, HS26

- action specified in Appendix 2 of HS26 is taken for any person (adult or child) suffering from particular infectious diseases; and
- children who become unwell while attending the service are kept at a safe distance from other children (to minimise the spread of infection) and returned to the care of a parent or other person authorised to collect the child without delay.

## 9.5.2 Immunisation

### (a) Immunisation Register

Health (Immunisation)  
Regulations 1995

The officer should be satisfied that the centre has an immunisation register and that staff understand how it operates. It may also be necessary to review the register. The centre must ensure that a staff member views and records on the register the immunisation certificate of each child when the child enrolls at the centre, or when the child reaches 15 months of age if enrolled under the age of 15 months. If the child does not have a certificate, this should be noted on the register. However it needs to be emphasised that the purpose of the immunisation register is to exclude children who are not immunised after being exposed to a vaccine preventable disease. Failure by an ECE service to keep a fully up to date detailed immunisation register puts children's health seriously at risk. Many extra days of work for public health staff are required during outbreaks as they attempt to ameliorate this risk by following up individual families.

Health (Immunisation)  
Regulations 1995, R10

The Ministry of Health produces an immunisation register form for use by early childhood centres (*Immunisation Register for Early Childhood Services and Primary Schools* (2008) (Code 1111)) or alternatively a record can be maintained in other forms, such as on a computer. But the information must be available at all times for inspection by a designated officer and is able to have data extracted, if necessary to enable rapid identification of children immunised against any of the nine diseases included on the National Immunisation Schedule.

Further detailed information on the Health (Immunisation) Regulations 1995 as they relate to early childhood education centres are contained in the Ministry of Health's publication *Immunisation Guidelines for Early Childhood Services and Primary Schools* (2007) (Code 1106).

### (b) Staff Immunisation

*Nga Kupu Oranga*, (MoH 1998)  
Section H1, p85

Staff at early childhood centres face an increased risk of exposure to some diseases, and some diseases pose a more serious risk for adults. It is recommended that staff ensure that they have immunity to measles, mumps and rubella, hepatitis A, polio and chickenpox. The Mumps, Measles and Rubella (MMR) immunisation and polio vaccine is provided free of charge to susceptible adults but chickenpox vaccine is not free. Hepatitis B immunisation is free for individuals who are household or sexual contacts of carriers. All adults are recommended to have a booster dose of adult tetanus-diphtheria vaccine at age 45 and 65 or after some injuries and an annual influenza vaccination.

## 9.6 SLEEP AREA

### 9.6.1 Sleeping Facilities and Bedding

Furniture and items intended for children to sleep on (such as cots, beds, stretchers

Licensing Criteria for Early

or mattresses) need to be of a size that allows children using them to lie flat and are of a design to ensure their safety (PF29). For information on safety requirement for new and second-hand cots refer to the Ministry for Consumer Affairs website <http://www.consumeraffairs.govt.nz/productsafety/consumerinfo/cots.html>

Space, service and facilities for children that require sleep or rest are required for all-day services. A separate room is recommended (but not mandatory) for all-day services to support the provision of restful sleep for children under the age of two at any time they are attending. This room:

- is able to be closed off from activity areas so that fluctuations in temperature, noise and lighting levels can be kept to a minimum;
- has a viewing window to allow visibility from another area of the service; and
- is large enough for accommodate furniture intended for children to sleep on (such as cots, beds, stretchers, or mattresses) at a ratio of at least one to every 2 children under the age of two and as well as following:
  - adults have clear access to at least one side (meaning the length, not the width);
  - the area surrounding each child allows sufficient air movement to minimise the risk of spreading illness; and
  - children are able to sit or stand safely as they wake.

#### (a) Spacing

Spacing of beds and cots should be assessed to ensure that children have easy access, spaced so that they do not disturb each other, and that there is sufficient room for adults to move freely around beds/cots, in the event of an emergency. It is recommended that approximately 1.4m<sup>2</sup> be provided for large free standing cots. Beds and mattresses should be placed to avoid hazardous areas (walkways, opening doors or below heavy objects). Cots are the preferred option for infants as it is difficult to sustain sufficiently warm temperatures at floor level for sleeping infants.

#### (b) Cots

Cots must be in good condition, and older style cots should be evaluated to ensure they meet current safety conditions. A ratio of 1 cot:2 children under two years of age is reasonable and the ratio of beds/mattress to children over the age of two years is at the discretion of the licensee.

Padded cot-surrounds for the top-end of cots ('bumper pads') are not considered suitable in an early childhood setting and all other possible causes of suffocation need to be eliminated. Latches on cots should be checked and a lead based paint test may be required on some cots.

#### (c) Multi-cots

Multi-cots are only acceptable if the following can be assured:

- the area situated around each cot is well ventilated to allow sufficient fresh air, no build up of carbon dioxide, moisture and heat
- cots are built to New Zealand Standards [AS/NZS 2130: 1998 Cots for Day

Nursery, Hospital and Institutional Use – *Safety Requirements*]

- the cots must be secured to the wall so that the cots cannot fall in any event
- there is a specific evacuation plan for the sleep room where such cots exist
- New Zealand Fire Service has no concerns about the safety of the sleeping arrangements
- cots are easily accessible by staff and a sufficient distance apart to avoid cross infection. It is not possible to specify what is an appropriate distance, but as a minimum children should not share cots.
- children are able to sit up in the cots. Children who are able to stand up are not to be placed in upper cots.

#### (d) Bedding

Linen (sheets and blankets) are not to be communal and designated officers should ensure that each child needing to sleep has personal bed linen. If bed linen cannot be allocated to each child, it must be washed after each use.

#### (e) Mattresses

Mattresses must have a surface that is smooth, easily cleaned and impervious to moisture and does not present a suffocation hazard to children. In general, nylon fabrics are not acceptable as they are not water proof. The waterproof layer must cover at least the whole of the upper surface and all sides of the mattress.

It is essential that plastic mattress covers are securely attached to mattresses, and preferably constructed of material at least 125 micron thickness plastic. It is recommended that these water proof covers are held in place with elastic or other such device. Any ripped plastic mattress covers must be replaced immediately.

## **9.7 WHOLE OF PREMISES**

### **9.7.1 General Cleaning**

Floor surfaces must be durable, safe and suitable for the range of activities to be carried out at the service (including wet and messy play) and can easily be kept clean. Carpet or other absorbent floor coverings are unacceptable in the kitchen, toilets or nappy changing areas. The premises must have adequate equipment to clean all floor coverings on the premises.

Designated officers should ensure that adequate cleaning schedules have been developed by the centre, even if an outside agency is used to clean the premises. The areas that the schedules must specifically include are:

- kitchen
- laundry
- nappy changing area and surface
- toilet areas.

For general sanitation of bathroom and toilet surfaces (and nappy change surfaces), 1:100 strength bleach will normally be adequate. If there is visible contamination however, you should clean the surface with a paper towel and then use 1:10 strength bleach.

The micro-organisms least likely to be killed by bleach or any other disinfectant

Licensing Criteria for Early  
Childhood Education and Care  
Centres 2008, PF30

Licensing Criteria for Early  
Childhood Education and Care  
Centres 2008, PF6

Licensing Criteria for Early  
Childhood Education and Care  
Centres 2008, HS1

are giardia and cryptosporidium. These organisms produce microscopic cysts about 1/100th millimetre in size or smaller, which can stick onto surfaces. The best way to deal with these organisms is to use a good detergent. This means that frequent cleaning with detergent is best for toys, tables, and other non-toilet surfaces rather than bleach.

### 9.7.2 Laundry Facilities

Linen used by children or adults is hygienically laundered (HS2). This includes a requirement for the procedure for the hygienic laundering (off-site or on-site) of linen used by the children or adults. In developing a procedure service should consider the following reflective questions:

- How does the service wash and dry laundry?
- How is dirty linen stored? Is there a lidded nappy bin into which to put wet and soiled nappies?
- Are different types of laundry washed separately e.g. kitchen and bathroom linen separated from bedding linen for example?
- How are materials dried after washing?
- How often are different materials washed in the service? For example,
  - cleaning cloths;
  - clothing used in dress ups;
  - cloths used during nappy changes (e.g. after every use?);
  - cushion covers;
  - face cloths (e.g. after every use?);
  - kitchen tea towels (once a day?);
  - linen used during rest or sleep and;
  - soft toys.

A wide range of washing machines are likely to be found in centres. Centres should be advised that all washing must be done in hot water with an adequate amount of laundry detergent. Principal considerations are that:

- Every centre has adequate space and facilities for laundering.
- Centres catering for children **under** two years of age or choose to wash soiled nappies must have an adequate and suitable washing machine on the premises. A suitable washing machine set at 60°C will ensure nappies are clean. It is a good idea to have a door leading directly from the laundry to the outside area so staff can access the washing line without walking through the centre should they not have a drier available.
- Because re-usable nappies generally require pre-soaking it is recommended that they are not laundered at the centre but taken home with the child (refer to section 9.4.1).
- Centres catering for children **over** two years of age are recommended to have a suitable washing machine located on the premises. However, it is acceptable for these centres to make other arrangements for general laundry, such as sending them to an off-site laundering facility e.g. commercial laundromat.

A suitable nappy sanitiser, such as two percent hypochlorite, should be readily accessible for nappy changing [refer section 9.4 above] but not accessible to

Licensing Criteria for Early Childhood Education and Care Centres 2008, HS2

Building Code G2.2

*Nga Kupu Oranga*, (MoH 1998) Section B5, p28

children.

### 9.7.3 Water Temperature

There are a number of requirements for hot water temperature at early childhood centres in a number of regulations, but the objective is to ensure that all hot water accessible to children is at a temperature that does not cause scalding, namely no higher than 40°C.

Designated officers should ensure that:

- **Sanitary** — the hot water temperature of all sanitary appliances which can be accessed by children must be at a delivery temperature **no higher than 40°C** (HS13)
- **Hot water cylinders** — to prevent the growth of *Legionella* bacteria water stored in any hot water cylinder is kept at a temperature of at least 60°C (HS14).

A tempering valve is an acceptable mixing device to achieve this temperature.

“Dead legs” is a plumbing terms referring to any piping, however short, that leads nowhere or is rarely used but can be filled with warm water and contamination such as biofilm and dirt that may encourage the growth of *Legionella* bacteria. Check that upgrades or changes have not led to such a dead leg.

NOTE: A higher maximum temperature of 45°C for early childhood centres is contained in the Building Code [Water Supplies, G12.3.4; Acceptable Solution G12/AS1, S.4.13.1] however, this is only a guideline. By contrast, the lower temperature of 40°C in the Premises and Facilities criterion 24 (PF24) is an effective means of ensuring that water accessible by children is delivered at temperature that removes the risk of hot water scalding.

### 9.7.4 Sewage Disposal

Disposal through a reticulated system would not be considered a cause for comment unless there were obvious deficiencies.

Matters to be considered for centres having on-site wastewater system (septic tank or similar) that are essential for their long-term viability are:

- Disposal fields must be inaccessible to children
- Disposal fields must be functioning effectively with no surface ponding or break-out.

Management plans are recommended. These should include: provision for regular pump-out of sludge in the case of a septic tank; routine maintenance of package treatment plants in accordance with manufacturers’ recommendations; and in accordance with design engineers’ recommendations in the case of other installations. For further information refer to the *Australian/New Zealand Standard 1547: 2000 On-site domestic-wastewater management*.

## 9.8 GENERAL PUBLIC HEALTH INFORMATION

### 9.8.1 Lead

Designated officers may test or advise to have tested any cots, toys, paintwork

using the positive-negative test to determine the presence or absence of lead in the environment. If soil contamination is suspected (site history, recent renovation or anecdotal evidence) then samples (100 grams) should be submitted to an appropriate laboratory for example (ESR) for analysis.

Advice should be given by designated officers if a positive result is obtained with appropriate follow-up visits to ensure compliance. It may be necessary to research the history of the site when determining if lead in soil is likely to be an issue.

Detailed information is available in the *Environmental Case Management of Lead-exposed Persons: Guidelines for Public Health Units: Revised edition* (MoH 2007b).

### 9.8.2 Asbestos

Designated officers should in consultation with the centre, determine the possible presence of asbestos in suspect materials. This is likely to require sampling, but the necessary information may also be available through centre records or local knowledge. Asbestos bearing materials must be brought to the attention of the centre and agreement sought on the most appropriate action in consultation with local Occupational Safety and Health (OSH) officers at the Department of Labour.

*The Management of Asbestos in the Non-occupational Environment: Guidelines for Public Health Units: Revised edition (MoH 2007c)* has further detailed information.

### 9.8.3 Sun-Care

Excessive exposure to potentially hazardous ultra-violet radiation is an established health issue in New Zealand. Young children often have very sensitive skin and therefore have an increased risk of sunburn by ultra-violet rays.

Centres should have a sun-safe policy which must specify:

- the hours and length of outside play;
- the use of sun screens and shaded areas; and
- personal protection of the children from the sun, e.g. sunscreen, hats, sun-proof clothing etc.

Centres can obtain further information on the development of a sun-safe policy from the local Cancer Society, who in 2005 developed guidelines for schools seeking to design shade. These are available on the SunSmart website <http://www.sunsmart.org.nz/>.

### 9.8.4 Smokefree Policy

Early childhood services must ensure that all areas used by children (including outdoors) and where food is prepared are smokefree. Appropriate signage is key to a successfully functioning smokefree policy. Refer to the Ministry of Health's website for examples of appropriate signage as follows:

[http://www.moh.govt.nz/moh.nsf/wpg\\_index/About-smokefreelaw-resources#4](http://www.moh.govt.nz/moh.nsf/wpg_index/About-smokefreelaw-resources#4)

Under the Smoke-free Environments Act 1990, early childhood services are required to have a written workplace smokefree that applies to all staff as employees. A model policy is contained in *Nga Kupu Oranga*.

### 9.8.5 Health Education Resources

There are a wide range of health education resources that early childhood centres may find helpful. A copy of the current catalogue is provided to the public health units authorised provider. This catalogue may be copied to the centres, who can then order any resources directly, through the authorised provider. Designated officers may also find it useful to take with them spare copies of the catalogue and examples of resources for distribution during their visits.

*Nga Kupu Oranga*, Section G4,  
(MoH 1998)

## 9.9 COST RECOVERY

Where an assessment of a centre is requested by the Secretary for Education, a fee for service may apply. However, no fee applies in respect of assessments initiated by a public health unit as part of its routine local surveillance programme.

# APPENDIX 1 PRE-LICENCING INFORMATION ON HEALTH AND SAFETY IN EARLY CHILDHOOD CENTRES

In order to assure the Ministry of Health that Early Childhood Services meet the minimum standards required by the Education (Early Childhood Services) Regulations 2008, and are therefore safe, healthy environments, assessments of services are undertaken. These assessments are carried out by designated officers who provide advice on any improvements that can be made to the Centres environment to staff and boards of management.

The Ministry of Health also have their own set of expectations of ECE services to ensure the health and safety of staff and children attending the centre. These are separate from the Ministry of Education's Licensing criterion. The requirements are listed below and will be checked during the Ministry of Health's designated officer's assessment for the health report. These requirements will also be monitored as part of the Ministry of Health ongoing surveillance programme.

## Food Safety and Nutrition

Food preparation areas are assessed for compliance with hygiene and safety requirements and to ensure that adequate arrangements are in place to provide for the hygienic storage and preparation of foods and the effective cleaning of utensils.

## Water Supply

Each service must have access to an adequate and safe drinking water supply. Supplies and monitoring programmes, where applicable, are assessed in relation to the Drinking-water Standards for New Zealand 2005 (revised 2008).

## Sanitary Facilities

Services are assessed for the adequacy and maintenance of toilet, hand washing, bathing and laundry facilities. Hot water storage and use temperatures will also be examined to ensure minimum requirements are met.

## Communicable Disease Control

A facility must be available for the temporary isolation and care of at least one sick child.

## Sleeping Facilities

Where a sleeping facility is required this is assessed in terms of safety and communicable disease control.

## Hygiene Laundering

Linen used by children and adults is hygienically laundered. A procedure for the hygienic laundering of linen used by the children or adults is required.

## General safety and hygiene

Designated Officers will assess the centre's policy in respect of a range of general health and safety matters including:

- Food safety
- Animal hygiene
- Heating, lighting, ventilation and noise
- Sewage disposal (non-reticulated)
- General hygiene and cleanliness
- General safety and maintenance for premises, furniture, fittings, equipment and materials.

## Health and Hygiene policies and procedures

It is anticipated that centres will have a range of policies and procedures dealing with health and hygiene issues. Examples may include policies on routine cleaning, infection control, food hygiene training, and the handling of soiled clothing.

## Immunisation Records

The Health (Immunisation) Regulations 1995 require centres to maintain registers of each child's immunisation status. Health Protection Officers and Medical Officers of Health are authorised to examine these records.

*Should you have any queries regarding the forthcoming assessment of your centre, please do not hesitate to contact*  
.....at the Health Protection Unit, .....

.....

# APPENDIX 2 EARLY CHILDHOOD CENTRE HEALTH ASSESSMENT

## HEALTH ASSESSMENT REPORT FOR CENTRE-BASED ECE SERVICES

Name of centre:

Health assessment relates to:

Application for new centre

NB where appropriate the applicant is advised of Inspection Fee Yes

No

Complaint investigation

Other: \_\_\_\_\_

Address:

Licence Class (circle one):                      Sessional/All-day/Mixed

Phone:

Fax:

Service Provision (circle one):                      Parent-led/Teacher-led/Mixed

Email:

Service Provider Contact Person:

Number of Children enrolled:

Under 2: \_\_\_\_\_

Over 2: \_\_\_\_\_

Date of Visit:

Number of Staff:

Male: \_\_\_\_\_ Female: \_\_\_\_\_

## Section 1: Health Assessment Visit

The regulatory requirements to be assessed during the licensing visit have been grouped here by ‘topic/area’ in an order that is intended to make the most efficient use of everyone’s time. The order in which this section is filled out can be varied to suit the layout/operation of an individual service, or the availability of key people at the service to participate in discussions. In most cases, the requirements are reproduced in their entirety. However, there are a few instances where regulations or criteria have been paraphrased and/or split between different sections of this document in order to facilitate the licensing assessment process. Public health unit staff need to ensure that any written communication with the service provider arising from this health assessment accurately quotes the relevant regulation and/or criteria.

**NOTE:** A hash symbol (#) indicates a requirement upon which a service provider may be required under regulation 55 to obtain a report from the public health unit of the District Health Board

A sun symbol (☀) indicates a requirement that may be located outside the licensed premises if services can demonstrate they have adequate access to the required facilities. Adequate access in this context means that the facility:

- i) can perform its function to the same level as if it were located on the premises;
- ii) can be used by the service whenever they require it;
- iii) is located close enough to the premises to ensure that people who need to use it can do so without difficulty, taking into account distance and comfort (such as not getting wet in bad weather); and
- iv) if it is to be used by children, may be used by them in a manner that ensures their safety, supervision, and dignity can be assured.

### Assessment outcomes

There will be some criteria that will be assessed for the likelihood of the service complying (likely to comply) with the regulations; this is because in some instances full compliance cannot be checked until the service is operating with children attending eg nappy changing procedure (HS 3).

Other criteria do not need to have the children attending the service for full compliance to be checked eg laundry facilities (HS 2).

### How to complete this assessment template

For each criteria that is assessed as ‘likely to comply’ or ‘fully complies’ place a tick (√) in the **YES** column next to the relevant criteria. For each criteria that is not ‘likely to comply’ or ‘does not comply’ place a tick (√) in the **NO** column next to the relevant criteria. Record your recommended action, to be taken by the service, to achieve compliance and when you think this needs to be completed by.

## Play area

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	
<b>Reg 45/PF12 #</b> Parts of the building or buildings used by children have: <ul style="list-style-type: none"> <li>• lighting (natural or artificial) that is appropriate to the activities offered or purpose of each room;</li> <li>• ventilation (natural or mechanical) that allows</li> </ul>			

fresh air to circulate (particularly in sanitary and sleep areas);

- a safe and effective means of maintaining a room temperature of no lower than 16°C; and
- acoustic absorption materials if necessary to reduce noise levels that may negatively affect children's learning or wellbeing.

**Reg 46/HS15 #** All practicable steps are taken to ensure that noise levels do not unduly interfere with normal speech and/or communication, or cause any child attending distress or harm.

**Reg 46/HS24 #** Rooms used by children are kept at a comfortable temperature no lower than 16°C (at 500mm above the floor) while children are attending.

**Reg 45/PF10 ☼ #** There are facilities (other than those required for PF26) or alternative arrangements available for the preparation and cleaning up of paint and other art materials.

**Reg 46/HS16 #** Safe and hygienic handling practices are implemented with regard to any animals at the service. All animals are able to be restrained.

## Kitchen/dining area

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	

**Reg 46/HS21 #** An ample supply of water that is fit to drink is available to children at all times, and older children are able to access this water independently.

**Reg 45/PF16 ☼ #** There are facilities for the hygienic preparation, storage and/or serving of food and drink that contain:

- a means of keeping perishable food at a temperature at or below 4°C and protected from vermin and insects;
- a means of cooking and/or heating food;
- a means of hygienically washing dishes;
- a sink connected to a hot water supply;
- storage; and
- food preparation surfaces that are impervious to moisture and can be easily maintained in a hygienic condition.

**Reg 46/HS19 #** Food is served at appropriate times to meet the nutritional needs of each child while they are attending. Where food is provided by the service, it is of sufficient variety, quantity, and quality to meet these needs. Where food is provided by parents, the service encourages and promotes healthy eating guidelines.

**Reg 46/HS20 #** Food is prepared, served, and stored hygienically.

## Toilet/Handwashing area

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	

**Reg 45/PF20 #** Toilet and associated hand washing/drying facilities intended for use by children are:

- designed and located to allow children capable of independent toileting to access them safely without adult help; and
- adequately separated from areas of the service used for

play or food preparation to prevent the spread of infection.

**Reg 45/PF21 #** There is means of drying hands for children and adults that prevents the spread of infection.

**Reg 46/HS13 #** The temperature of warm water delivered from taps that are accessible to children is no higher than 40°C, and comfortable for children at the centre to use.

**Reg 45/PF24 #** A tempering valve or other accurate means of limiting hot water temperature is installed for the requirements of criterion HS13 to be met.

## Nappy change area/Body wash area

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	
<p><b>Reg 45/PF25 #</b> There are nappy changing facilities of rigid and stable construction that can be kept hygienically clean. These facilities are located in a designated area near to handwashing facilities, and are adequately separated from areas of the service used for play or food preparation to prevent the spread of infection. The design, construction, and location of the facilities ensure that:</p> <ul style="list-style-type: none"> <li>• they are safe and appropriate for the age/weight and number of children needing to use them;</li> <li>• children's independence can be fostered as appropriate;</li> <li>• children's dignity and right to privacy is respected;</li> <li>• some visibility from another area of the service is possible; and</li> <li>• occupational health and safety for staff is</li> </ul>			

maximised.

**Reg 45/PF26 # NEW CENTRES AND EXISTING ALL-DAY CENTRES ONLY:**

There is a plumbing fixture (a minimum of a bath) for washing sick or soiled children.

**REG 45 PF 26 ☼ #** There are suitable facilities provided for washing sick or soiled children and a procedure outlining how hygiene and infection control outcomes will be met when washing sick and soiled children.

***Documentation required***

A procedure outlining how the service will ensure hygiene and infection control outcomes are met when washing sick or soiled children.

**Reg 46/HS3 #** Nappy changing procedure is displayed near the nappy changing facilities and consistently implemented.

## Child Health

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	

**Reg 45/PF27 #** There is space (away from where food is stored, prepared, or eaten) where a sick child can:

- be temporarily kept at a safe distance from other children (to prevent cross-infection);
- lie down comfortably; and
- be supervised.

**Reg 45/HS26 #** All practicable steps are taken to ensure that children do not come into contact with any person (adult or child) on the premises who is suffering from a disease or condition likely to be passed on to children and likely to have a detrimental effect on them.

Specifically:

- the action specified in Appendix 2 (of the

licensing criteria) is taken for any person (adult or child) suffering from particular infectious diseases; and

- children who become unwell while attending the service are kept at a safe distance from other children (to minimise the spread of infection) and returned to the care of a parent or other person authorised to collect the child without delay.

## Sleep area

Regulations/Criterion	Met		Action Required to Solve Problem
	Yes	No	
<p><b>Reg 46/HS10 #</b> Furniture or items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) are arranged and spaced when in use so that:</p> <ul style="list-style-type: none"> <li>• adults have clear access to at least one side (meaning the length, not the width);</li> <li>• the area surrounding each child allows sufficient air movement to minimise the risk of spreading illness; and</li> <li>• children able to sit or stand can do so safely as they wake.</li> </ul>			
<p><b>Reg 46/HS11 #</b> If not permanently set up, furniture or items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) and bedding is hygienically stored when not in use.</p>			
<p><b>Reg 45/PF29 #</b> Furniture and items intended for children to sleep on (such as cots, beds, stretchers, or mattresses) are of a size that allows children using them to lie flat, and are of a design to ensure their safety.</p>			
<p><b>Reg 45/PF30 #</b> Furniture and items intended for children to sleep (such as cots, beds, stretchers, or mattresses) that</p>			

will be used by more than one child over time are securely covered with or made of a non-porous material (that is, a material that does not allow liquid to pass through it) that:

- protects them from becoming soiled;
- allows for easy cleaning (or its disposable); and
- does not present a suffocation hazard to children

## Whole of premises

Regulations/Criterion	Met		Recommendation to Achieve Compliance
	Yes	No	
<b>Reg 46/HS1 #</b> Premises, furniture, furnishings, fittings, equipment, and materials are kept safe, hygienic and maintained in good condition.			
<b>Reg 46/HS2 #</b> Linen used by children or adults is hygienically laundered (including procedure)			
<b>Reg 45/PF6 #</b> Floor surfaces are durable, safe, and suitable for the range of activities to be carried out at the service (including wet and messy play), and can easily be kept clean.			
<b>Reg 46/HS13 #</b> The temperature of warm water delivered from taps that are accessible to children is no higher than 40°C and comfortable for children at the centre to use.			
<b>Reg 46/HS14 #</b> Water stored in any hot water cylinder is kept at a temperature of at least 60°C.			

## APPENDIX 3 FOOD SAFETY RISK IDENTIFICATION AND MANAGEMENT

Please refer to the following publications

*An Introduction to HACCP* (2003) New Zealand Food Safety Authority revised edition May 2003.

*What does a Food Safety Programme Look Like?* New Zealand Food Safety Authority, May 2003.

## APPENDIX 4 HEALTH ASSESSMENT REPORT FOR CENTRE BASED ECE SERVICES

Name of centre:

Health assessment relates to:

Application for new centre

NB where appropriate the applicant is advised of Inspection Fee Yes  No

Complaint investigation

Other: \_\_\_\_\_

Address:

Licence Class (circle one):                      Sessional/All-day/Mixed

Service Provision (circle one): Parent-led/Teacher-led/Mixed

Phone:

Fax:

Email:

Service Provider Contact Person:

Number of Children enrolled:

Under 2: \_\_\_\_\_ Over 2: \_\_\_\_\_

Date of Visit:

Number of Staff:

Male: \_\_\_\_\_ Female: \_\_\_\_\_

The centre named above has met the requirements of the Ministry of Education and the Ministry of Health. Further information is contained in the body of this report.

YES

NO

Designated Health Officer Details

Name:

Role:

Office:

Signature:

Date:

Thank you for the opportunity to visit your centre. All applicable regulations and criteria have been reviewed with your contact person during the health assessment visit.

Any regulation/criterion that is unlikely to be complied with or was not complied with at the time of the visit are recorded below with comments outlining what needs to be done to achieve compliance. This information will help to inform the Ministry of Education's decision regarding your application for a licence to operate.

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**1. Outstanding Requirements to be met**

These are areas where your centre has yet to meet the requirements of the criteria.

<b>Criterion</b>	<b>Action required to comply</b>

**2. Recommendations for improving practice**

The following advice will assist your centre to continue to comply with the Ministry of Education regulations.

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### **3. Public Health Information**

*NOTE: This section is optional and can be completed at the discretion of the designated officer completing this report.*

Following is addition general public health information that may be beneficial for your centre to know.