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Licensing Criteria for Early Childhood Education and Care Centres Amendment Criteria 2025

These criteria are made under regulation 41 of the Education (Early Childhood Services) Regulations 2008 by the Associate Minister of Education after completing the consultation required by regulation 41(1).

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Schedule
New Schedules inserted

Amendment Criteria

1. Title

These are the *Licensing Criteria for Early Childhood Education and Care Centres Amendment Criteria 2025*.

2. Commencement

These criteria come into force on 20 April 2026.

3. Principal Criteria amended

These criteria amend the Licensing Criteria for Early Childhood Education and Care Centres 2008.

4. Clause 4 amended

- (1) In the definition of “medicine” in clause 4, replace “Appendix 3” with “Schedule 2”.
- (2) In clause 4, replace the definition of “policy” with:
“*policy* means a statement intended to influence and determine decisions, actions, and other matters. Policies are required to be implemented;”
- (3) In clause 4, replace the definition of “procedure” with:
“*procedure* means a particular and established way of doing something. Procedures are required to be implemented;”
- (4) In clause 4, replace the definition of “specified agency” with:

“Any government agency or statutory body that an early childhood education and care service is required under legislation to notify if there is a serious (or as defined) injury, illness, or incident involving a child. This may include but is not limited to:

- the New Zealand Police
- the Ministry of Health
- Oranga Tamariki
- WorkSafe New Zealand
- the Teaching Council of Aotearoa New Zealand”

5. Clause 6 replaced

Replace clause 6 with:

“6 Criteria to assess Curriculum standard

Curriculum

REGULATION 43 Curriculum standard: general

- (1) The curriculum standard: general is the standard that requires every licensed service provider to whom this regulation applies to—
 - (a) plan, implement, and evaluate a curriculum that is designed to enhance children’s learning and development through the provision of learning experiences and that is consistent with any curriculum framework prescribed by the Minister that applies to the service; and that—
 - (i) responds to the learning interests, strengths, and capabilities of enrolled children;

- and
- (ii) provides a positive learning environment for those children; and
- (iii) reflects an understanding of learning and development that is consistent with current research, theory, and practices in early childhood education; and
- (iv) encourages children to be confident in their own culture and develop an understanding, and respect for, other cultures; and
- (v) acknowledges and reflects the unique place of Māori as tangata whenua; and
- (vi) respects and acknowledges the aspirations of parents, family, and whānau; and
- (b) make all reasonable efforts to ensure that the service provider collaborates with the parents and, where appropriate, the family or whānau of the enrolled children in relation to the learning and development of, and decision making about, those children; and
- (c) obtain information and guidance from agencies with expertise in early childhood learning and development, to the extent necessary, to—
 - (i) support the learning and development of enrolled children; and
 - (ii) work effectively with parents and, where appropriate, family or whānau.
- (2) Each licensed service provider to whom this regulation applies must comply with the curriculum standard: general.

Criteria to assess Curriculum standard

Professional practice

C101

The service curriculum is consistent with any prescribed curriculum framework that applies to the service.

C102

The service curriculum is informed by assessment, planning and evaluation (documented and undocumented) that demonstrates an understanding of children's learning, their interests, whānau and life contexts.

C103

Adults providing education and care engage in meaningful, positive interactions to enhance children's learning and nurture reciprocal relationships.

C104

The practices of adults providing education and care demonstrate an understanding of children's learning and development, and knowledge of relevant theories and practice in early childhood education.

Culture and identity

C105

The service curriculum acknowledges and reflects the unique place of Māori as tangata whenua. Children are given the opportunity to develop knowledge and an understanding of the cultural heritages of both parties to Te Tiriti o Waitangi.

C106

The service curriculum respects and supports the right of each child to be confident in their own culture and encourages children to understand and respect other cultures.

Children as learners

C107

The service curriculum is inclusive, and responsive to children as confident and competent learners. Children's preferences are respected, and they are involved in decisions about their learning experiences.

C108

The service curriculum provides a language-rich environment that supports children's learning.

C109

The service curriculum provides children with a range of experiences and opportunities to enhance and extend their learning and development – both indoors and outdoors, individually and in groups.

C110

The service curriculum supports children's developing social competence and understanding of appropriate behaviour.

Working with others

C111

Positive steps are taken to respect and acknowledge the aspirations held by parents and whānau for their children.

C112

Regular opportunities (formal and informal) are provided for parents to:

- communicate with adults providing education and care about their child, and share specific evidence of the child's learning; and
- be involved in decision-making concerning their child's learning.

C113

Information and guidance are sought when necessary, from agencies/services to enable adults providing education and care to work effectively with children and their parents.

Documentation required

Documentation that provides evidence of the service's compliance with criteria C101 – C113. Documentation may take a variety of forms to suit the service's operation (such as portfolios, wall displays, policies and procedures) but must include:

1. A process for providing positive guidance to encourage social competence in children (C110);
2. A process for providing formal and informal opportunities for parents to:
 - communicate with adults providing education and care about their child, and share specific evidence of the child's learning; and
 - be involved in decision-making concerning their child's learning (C112); and
3. A record of information and guidance sought from agencies and/or services (C113)."

6. Clause 7 replaced

Replace clause 7 with:

"7 Criteria to assess Premises and facilities standard

Premises and facilities

REGULATION 45 Premises and facilities standard: general

- (1) The premises and facilities standard: general is the standard that requires every licensed service provider to whom this regulation applies—

(a) to use premises and facilities that, having regard to the number and age range of the children attending the premises, provide sufficient and suitable space for a range of activities, facilities for food preparation, eating, sleeping, storage, toileting, and washing, and sufficient and suitable heating, lighting, noise control, ventilation, and equipment to support—

(i) appropriate curriculum implementation by the service provider; and

(ii) safe and healthy practices by the service provider; and

(b) to comply with the requirements of Schedule 4 (which relates to activity spaces).

(2) Each licensed service provider to whom this regulation applies must comply with the premises and facilities standard: general.

Criteria to assess Premises and facilities standard

General

PF101

The design and layout of the premises:

- support varied indoor and outdoor experiences;
- support effective adult supervision without unduly limiting children's access; and
- include quiet spaces, areas for active play, and space for varied individual and group learning experiences appropriate to the number, ages, and abilities of children.

PF102

The premises conform to any relevant bylaws of the local authority and the Building Act 2004.

Documentation required

1. Code Compliance Certificate issued under section 95 of the Building Act 2004 for any building work undertaken, or alternatively, any other documentation that shows evidence of compliance.
2. If the premises fall under section 100 of the Building Act 2004, or section 108 of the Building Act 2004 applies:
 - a copy of the current Annual Building Warrant of Fitness; or
 - a copy of the compliance schedule if 12 months have not elapsed since the compliance schedule was first issued.

PF103

A sufficient quantity and range of indoor and outdoor furniture, equipment, and materials is provided to ensure children have timely access to appropriate learning challenges, experiences, and opportunities that support their developmental stages, abilities, and current and emerging interests.

PF104

All indoor and outdoor items and surfaces, furniture, equipment and materials are safe and suitable for their intended use.

PF105

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.

PF106

Any windows or other areas of glass accessible to children are either:

- made of safety glass; or
- covered by an adhesive film designed to hold the glass in place in the event of it being broken; or
- effectively guarded by barriers which prevent a child striking or falling against the glass.

PF107

There are sufficient spaces for equipment and material to be stored safely. Stored equipment and materials can be easily and safely accessed by adults, and where practicable, by children.

PF108

☼ There is space (where children are not present) for adults working at the service to:

- use for planned breaks;
- meet privately with parents and colleagues;
- store curriculum support materials; and
- assess, plan and evaluate.

PF109

☼ There are hygienic facilities (other than those required for PF121) or alternative arrangements available for the preparation and cleaning up of paint and other art materials.

PF110

☼ There is a telephone on which calls can be made to and from the service.

PF111

Parts of the building or buildings used by children have:

- lighting (natural or artificial) that is appropriate to the activities offered or purpose of each room;
- ventilation (natural or mechanical) that allows sufficient fresh air to circulate (particularly in sanitary and sleep areas);
- safe and effective means of maintaining a comfortable room temperature; and
- acoustic absorption materials, if necessary, to reduce noise levels that may negatively affect children's learning or wellbeing.

PF112

Outdoor activity space is:

- connected to the indoor activity space so that children can access it safely and easily (limiting outdoor access may be appropriate at times);
- safe, well-drained, and suitably surfaced for a variety of activities;
- enclosed by structures and/or fences and gates designed to ensure that children are not able to leave the premises without the knowledge of adults providing education and care;
- not unduly restricted by Resource Consent conditions with regards to its use by the service to provide for outdoor experiences; and
- available for the exclusive use of the service during hours of operation.

PF113

Applies only to services licensed for under 2-year-olds

There are safe and comfortable (indoor and outdoor) spaces for infants, toddlers or children not walking to lie, roll, creep, crawl, pull themselves up, learn to walk and to be protected from more mobile children. This does not prohibit infants and toddlers from moving throughout the premises or learning alongside older children.

Food preparation and eating spaces

PF114

There is a safe and hygienic place for children attending to sit when eating.

PF115

Food and drink is hygienically prepared, served and stored.

⊗ Services not subject to National Programme 2 (NP2) under the Food Act 2014 have facilities that include:

- a means of:
 - keeping perishable food at or below 5°C;
 - keeping all foods protected from pests;
 - cooking and/or heating food to safe temperatures;
 - hygienically washing dishes;
- a sink connected to a hot water supply;
- adequate and suitable storage for food, utensils, and equipment; and
- food preparation surfaces that are easily maintained in a hygienic condition.

PF116

Kitchen and cooking facilities or appliances are designed, located or fitted with safety devices to ensure that children cannot access them without adult assistance or supervision.

Toilet and handwashing facilities

PF117

There is at least 1 toilet for every 15 persons. Persons are children aged 2 and older and adults counting towards minimum adult:child ratio requirements.

- # Toilets are adequately separated from play and food preparation areas to minimise the spread of infection.
- # Toilets for children capable of independent toileting are safe for them to use without adult help. At least one toilet is designed to provide a sense of privacy.

PF118

There is at least 1 tap delivering warm water (over an individual or shared handbasin) for every 15 persons. Persons are children attending and adults counting towards minimum adult:child ratio requirements.

- # There are appropriate handwashing/drying facilities to minimise the spread of infection. Handwashing/drying facilities accessed after using the toilet are:
 - adequately separated from play and food preparation areas; and
 - are safe for children capable of independent toileting to use without adult help.

PF119

☉ There is a toilet and handwashing/drying facilities suitable for adults to use that minimises the spread of infection.

Other sanitary facilities

PF120

There are safe and stable nappy changing facilities 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:

- they are safe and appropriate for the age/weight and number of children needing to use them;
- children's independence can be fostered as appropriate;
- children's dignity and right to privacy is respected; and
- some visibility from another area of the service is possible.

PF121

☉ 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.

PF122

☉ 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.

PF123

1. There is a first aid kit that is:
 - sufficient for the number of children at the service;
 - easily recognisable and readily accessible to adults; and
 - inaccessible to children.
2. There is a system for reviewing the first aid kit so that it stays well-stocked, with any used or expired items promptly replenished or replaced.

Sleep

PF124

Sleep furniture and items (such as cots, beds, stretchers or mattresses):

- allow children using them to lie flat;
- are of a safe design and arranged so that:
 - adults have clear access to at least one side length-wise;
 - there is sufficient air movement to minimise the risk of spreading illness in the area surrounding each child; and
 - children can sit or stand safely as they wake.

PF125

Clean individual bedding (such as blankets, sheets, sleeping bags, and pillowcases) is provided so that children have adequate warmth while sleeping or resting.

Sleep furniture and items (such as cots, beds, stretchers or mattresses) shared between children are securely covered with or made of a non-porous material (a material that does not allow liquid to pass through it) that:

- protects the item from becoming soiled;
- allows for easy cleaning (or is disposable); and
- does not present a suffocation hazard to children.

PF126

Sessional services only

Children aged 2 and older have a safe and comfortable place to sleep or rest, if necessary, like a bed, stretcher, or mattress.

PF127

All-day services only

There are suitable furniture or items (such as beds, stretchers, or mattresses) and space for children aged 2 and older to sleep or rest.

If the sleep or rest area is part of the activity space, alternative activity spaces are available for children who are not sleeping or resting.

PF128

Sessional services only

1. A designated space is available for children under the age of 2 to have restful sleep. This space is designed and located to:
 - minimise fluctuations in temperature, noise and lighting levels; and
 - allow adequate supervision.
2. There is at least 1 sleep furniture or item (such as cots, beds, stretchers or mattresses) for every 5 children under the age of 2.

PF129

All-day services only

1. A designated space is available for children under the age of 2 to have restful sleep. This space is designed and located to:
 - minimise fluctuations in temperature, noise and lighting levels; and
 - allow adequate supervision.
2. There is at least 1 sleep furniture or item (such as cots, beds, stretchers, or mattresses) for every 2 children under the age of 2.

7. Clause 8 replaced

Replace clause 8 with:

“8 Criteria to assess Health and safety practices standard

Health and safety

REGULATION 46 Health and safety practices standard: general

- (1) The health and safety practices standard: general is the standard that requires every licensed service provider to whom this regulation applies to—
 - (a) take all reasonable steps to promote the good health and safety of children enrolled in the service; and
 - (b) take all reasonable precautions to prevent accidents and the spread of infection among children enrolled in the service; and

- (c) take all reasonable steps to ensure that the premises, facilities, and other equipment on those premises are—
 - (i) kept in good repair; and
 - (ii) maintained regularly; and
 - (iii) used safely and kept free from hazards; and
 - (d) take all reasonable steps to ensure that appropriate procedures are in place to deal with fires, earthquakes, and other emergencies.
- (2) Each licensed service provider to whom this regulation applies must comply with the health and safety practices standard: general.

Criteria to assess Health and safety practices standard

Hygiene

HS101

Premises, furniture, furnishings, fittings, equipment, materials, and sleeping items (such as mattresses, and bedding) are kept safe, clean, well-maintained, and hygienically stored when not in use.

HS102

Linen used by children or adults is hygienically laundered off-site or on-site.

HS103

A procedure for the changing (and disposal, if appropriate) of nappies is displayed near the nappy changing facilities and consistently implemented.

Documentation required

A procedure for the changing (and disposal, if appropriate) of nappies that aims to ensure:

1. safe and hygienic practices; and
2. that children are treated with dignity and respect.

Emergencies

HS104

The premises are located in a building that has a current fire evacuation scheme approved by Fire and Emergency New Zealand.

Documentation required (written or digital)

A current fire evacuation scheme approved by Fire and Emergency New Zealand.

HS105

There is an emergency plan and supplies to ensure the care and safety of children and adults at the service.

Documentation required (written or digital)

An emergency plan that includes at least:

- evacuation procedures specific to the premises and relevant to its location, which apply in different emergency situations and are consistent with the building's fire evacuation scheme;
- designated assembly areas outside the building that keep children safe from further risk;
- a list of safety and emergency supplies and resources sufficient for the age and number of children and adults at the service and details of how these will be maintained and accessed in an emergency;
- details of the roles and responsibilities that will apply during an emergency;
- a communication plan for families and support services; and
- evidence of reviewing the plan annually and implementation of improved practices as required.

HS106

Adults providing education and care are familiar with relevant emergency drills and carry out each type of drill with children (as appropriate) on an, at least, 4-monthly basis.

Documentation required (written or digital)

A record of the emergency drills carried out and evidence of how evaluation of the drills has informed the annual review of the service's emergency plan.

Sleep

HS107

A procedure for monitoring children's sleep is displayed and implemented and a record of children's sleep times is kept.

Documentation required (written or digital)

1. A procedure for monitoring children's sleep. The procedure includes steps to ensure that children:
 - do not have access to food or liquids while in bed; and
 - are checked for warmth, breathing, and general well-being at least every 5-10 minutes, or more frequently according to individual needs.
2. A record of the time each child attending the service sleeps, and checks made by adults during that time.

Hazards and excursions

HS108

1. Equipment, premises and facilities are checked every day for hazards. Checks include at least:
 - cleaning agents, medicines, poisons and other hazardous materials;
 - electrical sockets and appliances;
 - hazards present in kitchen or laundry facilities;
 - vandalism, dangerous objects, and foreign materials;
 - the condition and placement of learning, play and other equipment;
 - windows and other areas of glass;
 - poisonous plants;
 - bodies of water; and
 - heavy furniture, fixtures and equipment that could fall or topple and cause serious injury or damage.
2. Hazards are eliminated, isolated or minimised.
3. Injury/incident records are analysed to identify recurring and emerging hazards and appropriate action is taken.

Documentation required (written or digital)

A documented risk assessment and management system.

HS109

The temperature of warm water delivered from any taps that children can access independently is no higher than 40°C, and comfortable for children at the centre to use.

HS110

Water stored in any hot water cylinder is kept at a temperature of at least 60°C. Any malfunctioning hot water cylinder is inspected and repaired as necessary.

HS111

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.

HS112

Safe and hygienic practices are implemented with regard to any animals at the service (such as thorough handwashing after handling animals and ensuring animals can be kept separate from food preparation/eating spaces). All animals can be restrained if they pose a risk to children.

HS113

Whenever children leave the premises on an excursion:

- a risk assessment and management process is undertaken, and adult:child ratios are determined accordingly. Ratios are not less than the required adult:child ratio;
- first aid requirements in criterion HS119 are met in relation to those children and any children remaining at the premises;

- parents have given prior written approval to their child's participation and of the proposed ratio, location and method of travel for:
 - regular excursions at the time of enrolment; and
 - special excursions prior to the excursion taking place;
- communication systems are in place so that people know where the children are, and adults can communicate with others as necessary; and
- the Person Responsible approves all excursions (regular and special) before they take place.

Documentation required (written or digital)

A record of excursions that includes:

- the names of all adults and children involved;
- the time and date of the excursion;
- adult:child ratios;
- the location and method of travel;
- completed risk assessment and management process;
- evidence of parental permission and approval of adult:child ratios, location and method of travel for regular and special excursions; and
- the signature of the Person Responsible giving approval for the excursion to take place.

HS114

If children travel in a motor vehicle while in the care of the service:

- each child is restrained as required by Land Transport legislation;
- required adult:child ratios are maintained; and
- the written permission of a parent of the child is obtained before the travel begins (unless the child is travelling with their parent).

Documentation required

Evidence of parental permission for any travel by motor vehicle. In most cases, this requirement will be met by the excursion records required for criterion HS113. However, services that provide transport for children to and/or from the service must also gain written permission from a parent upon enrolment.

Food and drink

HS115

There is sufficient water that is safe to drink available to children at all times. Older children can access this water independently.

Food is available at appropriate times while children are attending. Where food is provided by the service, it is safe, of sufficient variety, quantity and quality to meet the nutritional and developmental needs of each child.

Where food is provided by parents, the service encourages and promotes healthy eating guidelines.

Documentation required (written or digital)

A record of all food provided by the service (not including food provided by parents for their own children). Records show the type of food provided and are kept for at least 3 months.

HS116

Children must be seated and supervised by an adult while eating. The adult does not need to be seated but must:

- have clear visibility of children eating;
- not be engaged in any other tasks that can take away their focus;
- be close enough to the children to intervene, if necessary; and
- know how to respond if a child is choking or has an adverse reaction.

Where food is provided by the service, foods that pose a high choking risk are not to be served unless prepared in accordance with best practice as set out in Ministry of Health's guide: Reducing food-related choking for babies and young children at early learning services.

Where food is provided by parents, the service promotes best practices as set out in the Ministry of Health's guide and must inform all parents at the time of enrolment how to access a copy of the guide: Reducing food-related choking for babies and young children at early learning services.

HS117

Applies only to services licensed for under 2-year-olds

Infants under the age of 6 months and other children unable to drink independently are held semi-upright when being fed. Any infant milk food given to a child under the age of 12 months is of a type approved by the child's parent.

Child health and wellbeing

HS118

Maintain a comfortable temperature in rooms used by children (no lower than 18°C at 500mm above the floor), allowing for fluctuating temperatures for brief periods. If applicable, any thermometers fixed on walls are positioned out of children's reach and no higher than 1500mm above the floor.

HS119

There is an adult present at all times for every 25 children attending (or part thereof) that:

- holds a current first aid qualification gained from a New Zealand Qualification Authority accredited first aid training provider; or
- is a registered medical practitioner, nurse or midwife with a current practising certificate; or
- is a qualified ambulance officer or paramedic.

In the case of an emergency, such as those described in HS121, the required ratio of first aid qualified adults may be temporarily reduced to 1 adult for every 50 children for the duration of that situation.

If a child is injured, any required first aid is administered or supervised by an adult meeting these requirements.

Documentation required

Copies of current first aid (or medical practising) certificates for adults counting towards this requirement.

HS120

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:

- the action specified in Schedule 1 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.

HS121

All practicable steps are taken to get immediate medical assistance for a child who is seriously injured or becomes seriously ill, and to notify a parent of what has happened.

Documentation required

1. A record of all injuries, illnesses and incidents that occur at the service.
Records include:
 - the child's name;
 - the date, time and description of the injury, illness or incident;
 - actions taken and by whom; and
 - evidence that parents have been informed.
2. A procedure outlining the service's response to injury, illness and incident, including the review and implementation of practices as required.

HS122

Medicine (prescription and non-prescription) is not given to a child unless it is given:

- by a doctor or ambulance personnel in an emergency; or
- by the parent of the child; or
- with the written authority (appropriate to the category of medicine) of a parent.

Before an adult at the service administers medicine, the person must check the medicine, dosage and time reflects the parent's authorisation.

Medicines are stored safely and appropriately, and are disposed of, or sent home with a parent (if supplied in relation to a specific child) after the specified time.

Documentation required (written or digital)

1. A record of authorisation from parents for the administration of medicine, and acknowledgement medicine has been administered based on the category of medicine outlined in Schedule 2.
2. A record of all medicine (prescription and non-prescription) given to the children attending the service. Records include:
 - child's full name;
 - name and amount of medicine given; and
 - date and time medicine was administered and by whom.

HS123

Adults responsible for administering medicine to children (other than their own) are provided with the necessary information, training, or instruction to do so safely and effectively. This may be from the child's parent or whānau, or a health professional, as appropriate.

HS124

Children are washed when they are soiled or pose a health risk to themselves or others.

Child protection

HS125

A written child protection policy and procedure is implemented that meets the requirements of the Children's Act 2014.

The policy and procedure contain provisions for:

- the identification and reporting of child abuse and neglect;
- information about how the service will keep children safe from abuse and neglect; and
- how the service will respond to suspected child abuse and neglect.

The policy and procedure must be reviewed every 3 years to assess how well it has supported or would support the service's response to child abuse and neglect.

Documentation required (written or digital)

1. A written child protection policy that contains:
 - provisions for the service's identification and reporting of child abuse and neglect;
 - information about the practices the service employs to keep children safe from abuse and neglect; and
 - information about how the service will respond to suspected child abuse and neglect.
2. A procedure that sets out how the service will identify and respond to suspected child abuse and/or neglect.

3. Evidence the service has reviewed the policy and procedure every 3 years. As part of the review, the service must evaluate how well the policy and procedure works using at least one example of either:
 - how well the policy and procedure has supported the service to respond; or
 - how well the policy and procedure would support the service to respond using a hypothetical scenario.

HS126

All practicable steps are taken to protect children from exposure to inappropriate material (for example, of an explicitly sexual or violent nature).

HS127

No person on the premises uses, or is under the influence of, alcohol or any other substance that has a detrimental effect on their functioning or behaviour during the service's hours of operation.

Notification

HS128

1. The Ministry of Education must be notified at the same time as any specified agencies when there is a serious injury, illness, or incident involving a child while at the service.
2. The Ministry of Education must also be notified as soon as possible if the service's child protection policy requires a notification to any agency (such as Oranga Tamariki or New Zealand Police) relating to a child while attending the service.
3. The Ministry of Education must also be notified as soon as possible of the following incidents:
 - a child leaves the premises without the knowledge of an adult, regardless of the duration;
 - a child is locked inside the premises after operating hours;
 - a child is taken from the service by someone not authorised in writing to do so;
 - a child is left behind or goes missing during an excursion.

Documentation required (written or digital)

A copy of the notification sent to any specified agency, and summary of any notification or report of concern sent to Oranga Tamariki or New Zealand Police.

Where applicable, a copy of the service's investigation into the incident, including recorded outcomes and any supporting documentation."

8. Clause 9 replaced

Replace clause 9 with:

"9 Criteria to assess Governance, management and administration standard

Governance, management and administration

REGULATION 47 Governance, management, and administration standard: general

- (1) The governance, management, and administration standard: general is the standard that requires every licensed service provider to whom this regulation applies to ensure that—
 - (aa) the service has regard to any statement of National Education and Learning Priorities; and
 - (a) the service is effectively governed and is managed in accordance with good management practices; and
 - (b) the service provider regularly collaborates with—
 - (i) parents and family or whānau of children enrolled in the service; and
 - (ii) the adults responsible for providing education and care as part of the service; and
 - (c) appropriate documentation and records are—
 - (i) developed, maintained, and regularly reviewed; and
 - (ii) made available where appropriate—
 - (A) at any reasonable time on request by a parent of a child enrolled in the service; and
 - (B) at any time on request by any person exercising powers or carrying out functions under Part 2 of the Act; and
 - (d) adequate information is made available to parents of enrolled children and, where appropriate, to the families or whānau of those children about the operation of the service; and
 - (e) all reasonable steps are taken to provide staff employed or engaged in the service with adequate professional support, professional development opportunities, and resources.
- (2) Each licensed service provider to whom this regulation applies must comply with the governance, management, and administration standard: general.

Criteria to assess Governance, management and administration standard

Parent involvement and information

GMA101

The following are prominently displayed at the service:

- the service's current licence certificate; and
- the name and contact details of a person who parents, whānau and visitors can contact for questions about the service and/or to make a complaint about the service's operation.

GMA102

Parents and whānau are provided with information on how to access the following, in either written or digital format:

- the Education (Early Childhood Services) Regulations 2008;
- the Licensing Criteria for Early Childhood Education and Care Centres 2008;
- information about any changes to the service's licence status;
- the most recent Education Review Office report regarding the service;
- the full names and qualifications of each person counting towards regulated qualification requirements;
- information concerning their child;
- any fees charged by the service;
- how they can be involved in the service;
- the service's operational documents;
- any planned reviews and consultation;
- the amount and details of the expenditure of any Ministry of Education funding received by the service; and
- the service's procedure for parents and whānau to follow if they wish to make a complaint about the service. The procedure should include details on who to contact and the contact information for the local Ministry of Education office.

GMA103

There is evidence in either written or digital format that parents and whānau of children attending the service and adults providing education and care have been provided with opportunities to contribute to the development and review of the service's operational documents.

Professional practices

GMA104

There is an ongoing review process that supports the service to maintain and implement operational policies and practices. The process supports improvements where changes are needed.

Documentation required (written or digital)

- A process for reviewing the service's delivery of operational policies and practices;
- the process is consistent with criterion GMA103; and
- recorded outcomes from the review process.

GMA105

Suitable human resource management processes are implemented. Processes include:

- induction procedures into the service;
- provision for professional development;
- a definition of serious misconduct; and

- discipline/dismissal procedures.

GMA106

Before a person is employed or engaged as a children's worker, as defined in the Children's Act 2014, a safety check as required by that Act must be completed.

A detailed record of each component of the safety check must be kept, and the date on which each step was taken must be recorded, including the date of the risk assessment required to be completed after all relevant information is obtained. These records must be kept by, or available to, the service provider as long as the person is employed or engaged.

Every children's worker must be safety checked every 3 years. Safety checks may be carried out by the employer or another person or organisation acting on their behalf.

Documentation required

1. A written procedure for safety checking all children's workers before employment or engagement of the worker commences that meets the safety checking requirements of the Children's Act 2014.
2. A record of all safety checks and the results.

Planning and documentation

GMA107

An annual plan guides the service's operation.

Note: this criterion only applies in respect of the Secretary's assessment of probationary applications where the applicant does not hold a current licence and applications to amend a licence where the different legal entity does not hold a current licence.

Documentation required

An annual plan identifying 'who', 'what', and 'when' in relation to key tasks the service intends to undertake each year.

GMA108

An annual budget guides financial expenditure.

Note: this criterion only applies in respect of the Secretary's assessment of probationary applications where the applicant does not hold a current licence and applications to amend a licence where the different legal entity does not hold a current licence.

Documentation required

An annual budget setting out the service's estimated revenue and expenses for the year. The budget includes at least:

- staffing costs, including leave entitlements;
- professional development costs;

- equipment and material costs for the ongoing purchase of new equipment and consumable materials; and
- provision for operational costs (such as electricity, telephone, food purchases and other day-to-day items) and maintenance of the premises as appropriate.

GMA109

Enrolment and attendance records are maintained for each child attending. Records are kept for at least 7 years.

Documentation required

Enrolment and attendance records for each child currently attending and for those who have attended in the previous 7 years. Records meet all the requirements of the ECE Funding Handbook.

GMA110

Required documentation is made available as appropriate to parents and government officials having right of entry to the service under section 626 of the Education and Training Act 2020.”

9. Appendices revoked

Revoke Appendices 1 to 3.

10. New Schedules inserted

After clause 9, insert the Schedules 1 and 2 set out in the Schedule of these criteria.

Schedule

New Schedules 1 and 2 inserted

Schedule 1

Infectious diseases

Infectious illnesses: Symptoms, spread and exclusion guidance (HS120)

This chart provides information for Early Learning Services (ELS) to support decision-making about whether a person (child or adult) should be excluded from the facility. This guidance may also be applied in schools and workplaces.

Illness	Symptoms	How it spreads	Time between exposure and showing symptoms	Exclude sick person from early learning service, school, or work until*
Rashes and skin infections				
<u>Chicken pox</u> (P, V)	Fever, runny nose, cough and spots with a blister on top of each spot.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed. Contact with fluid from blisters.	10–21 days (usually 14-16 days)	1 week from appearance of rash, or until all blisters have dried up and crusted.
<u>Hand, foot and mouth</u>	Fever, headache, sore throat, painful red blisters in/around the mouth. 1–2 days later red blisters can appear on palms of hands, soles of feet or elsewhere on the body.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed. Contact with fluid from blisters.	3–5 days	All blisters have dried up (usually within a few days). If blisters can be covered, and child is feeling well, they will not need to be excluded.

<u>Head lice</u> (Nits)	Itchy scalp or scratch marks, especially behind ears. Lice (small flat insects) seen on the scalp, or their eggs (nits) on strands of hair.	Direct contact with an infested person's hair, and less commonly by contact with contaminated surfaces and objects.	Not applicable.	No exclusion required. ELS/school should be informed. Treatment is recommended to kill eggs and lice**.
<u>Impetigo</u> (School sores)	Red sores or blisters, which burst to leave crusty, golden-brown patches. Can be itchy.	Direct contact with an infected person's sores or their clothing, bedding or towels.	Approx. 10 days	Sores have dried up or at least 24 hours after appropriate treatment** has started and sores on exposed skin are covered.
<u>Measles</u> (N, P, V)	Fever, cough, runny nose and sore/red eyes. 3–5 days later a rash appears, starting on the face and neck, before spreading down the rest of the body. The rash is not usually itchy.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed. The virus can remain in the air for up to two hours.	7–21 days (usually 10–14 days)	4 full days after appearance of a rash (Note: a person is also infectious from 4 days before the appearance of a rash).
<u>Molluscum contagiosum</u>	Groups of small, hard, skin-coloured, raised spots on the skin. Can appear anywhere but often in the armpit, behind the knee, or in the groin.	Direct contact with an infected person's sores or their clothing, bedding or towels. Through infected water, such as a bath.	Usually 2 weeks but can be up to 6 months.	No exclusion required.
<u>Ringworm</u> (Tinea infections)	Flat, itchy, scaly spots or rash on the skin with a raised	Direct contact with an infected person's rash or	4–14 days	No exclusion required. Swimming and skin contact

	red border that spreads outwards in a circle.	their clothing, bedding or towels.		should be avoided until treated with antifungal product**.
Rubella (German measles) (N, P, V)	Fever, swollen neck glands or sore throat. Runny nose, sneezing, cough, sore, red eyes, sore joints. Red or spotty rash on the face, neck and body.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed.	14–23 days (usually 16–18 days)	7 days after the appearance of a rash and feeling well.
Scabies	Itchy rash mostly affecting the arms, legs and trunk (from the neck down to the pelvis).	Direct contact with an infected person's rash or their clothing, bedding or towels.	3–6 weeks (can be 1–4 days if had scabies before)	24 hours after the first treatment**.
Slapped cheek (Human parvovirus infection, Fifth disease) (P)	Fever, headache, runny nose, sore throat followed a few days later by a bright red rash on cheeks and a pink lace-like rash on the body.	Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed.	4–20 days (usually 16 days)	Feeling well. If they have a rash but are otherwise feeling well, they do not need to be excluded.
Gastroenteritis illnesses / diarrhoea and vomiting illnesses				
Campylobacter Cryptosporidium Giardia Salmonella (N, S)	Stomach pain, fever, nausea, diarrhoea and/or vomiting. Giardia may also cause bloating, flatulence and weight loss.	Consuming contaminated drinking water, raw milk, food, or undercooked food. Exposure to contaminated environmental surfaces and	Campylobacter 1–10 days Cryptosporidium 1–12 days Giardia 3–25 days Salmonella 6 hours –3 days	48 hours after a person last had diarrhoea or vomiting.

		water sources (e.g. rivers). Contact with an infected person's or animal's faeces (poo).		
<u>Hepatitis A</u> (N, V, S)	Fever, fatigue, nausea, stomach pain, general sickness with jaundice (yellow skin) appearing a few days later. Children may have no symptoms or other symptoms such as diarrhoea, cough, runny nose, joint pain.	Consuming contaminated food, or drink. Contact with an infected person's faeces (poo).	15–50 days (usually 28–30 days)	7 days after the start of jaundice (yellow eyes/skin) and/or other symptoms.
<u>Norovirus</u> <u>Rotavirus</u> (V, S)	Stomach pain, fever, nausea, diarrhoea and/or vomiting.	Consuming contaminated food or drink. Exposure to contaminated environmental surfaces and water sources (e.g. rivers). Contact with an infected person's faeces (poo).	Norovirus 10-72 hours Rotavirus 24-74 hours	48 hours after a person last had diarrhoea or vomiting.
<u>Shiga toxin-producing Escherichia coli (STEC)</u>	Bloody diarrhoea, stomach pain. Can lead to serious complications	Consuming contaminated drinking water, raw milk, food, or	2–10 days	48 hours after a person last had diarrhoea or vomiting.

<p>(VTEC, Verocytotoxin-producing <i>E. coli</i>) (N, S)</p>	<p>requiring immediate medical attention.</p>	<p>undercooked food. Exposure to contaminated environmental surfaces and water sources (e.g. rivers). Contact with an infected person's or animal's faeces (poo).</p>		
<p>Shigella (N, S)</p>	<p>Diarrhoea (may be bloody), fever, nausea, stomach cramps, vomiting.</p>	<p>Consuming contaminated food or drinking water. Exposure to contaminated environmental surfaces. Contact with an infected person's faeces (poo).</p>	<p>12 hours–7 days (usually 1–3 days)</p>	<p>48 hours after a person last had diarrhoea or vomiting.</p>
<p>Respiratory illnesses</p>				
<p>Flu (Influenza) (V) Other illnesses similar to influenza: RSV (respiratory syncytial virus) (V) Colds</p>	<p>Cough, sore throat, headache, tiredness. Cold symptoms are gradual and commonly include runny nose and sneezing. Flu is usually more severe, and the symptoms may last longer. Flu symptoms are</p>	<p>Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed.</p>	<p>Flu 1–4 days RSV 2–8 days Cold 1–3 days COVID-19 1–14 days (usually 2-5 days)</p>	<p>No fever for 24 hours, no need for medicine to reduce fever for 24 hours and none or only mild symptoms (i.e. mild cough, headache, runny/blocked nose).</p>

<p>(upper respiratory tract infection)</p> <p>COVID-19 (^, P, V)</p>	<p>sudden and commonly include fever and muscle aches.</p>			
<p>Whooping Cough (Pertussis) (N, P, V)</p>	<p>Runny nose, persistent mild cough followed by coughing fits; may result in vomiting, breathlessness, or a 'whoop' sound when gasping for breath between coughs.</p>	<p>Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed.</p>	<p>5–21 days (usually 7–10 days)</p>	<p>3 weeks after cough started (if no antibiotics taken)</p> <p>2-5 days after starting antibiotics (timeframe depends on type of antibiotics taken)</p>
<p>Streptococcal sore throat (Strep throat)</p>	<p>Sore throat (especially when swallowing), headache, vomiting. An untreated strep sore throat can lead to <u>rheumatic fever</u>.</p>	<p>Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed. Direct contact and sharing drinking bottles, cutlery etc with an infected person.</p>	<p>1–3 days</p>	<p>Feeling well and/or 24 hours after antibiotic treatment** has started.</p>
<p>Other infections and illnesses</p>				
<p>Conjunctivitis (Pink eye)</p>	<p>Irritation (itchy, gritty, burning or mild soreness) and redness of eye. Sticky and swollen eyelids.</p>	<p>Direct contact with discharge from the eyes or with items contaminated by the discharge.</p>	<p>2–10 days (usually 3–4 days)</p>	<p>Eyes are not sticky or weeping.</p>

<p><u>Meningococcal disease</u> (N, V)</p>	<p>Fever, headache, generally unwell, vomiting, sometimes a rash. Symptoms can get rapidly worse. Urgent treatment in hospital is required as this is a life-threatening condition.</p>	<p>Close or prolonged contact with an infected person’s mucus (snot) or saliva.</p>	<p>2–10 days (usually 3–4 days)</p>	<p>Feeling well following discharge from hospital. Person is no longer infectious 24 hours after antibiotic treatment has started.</p>
<p><u>Mumps</u> (N, V)</p>	<p>Swelling of the glands around the face and neck, pain in jaw, fever, headache.</p>	<p>Breathing in infectious air particles from an infected person who has breathed out, sneezed or coughed. Direct contact with tissues, toys or surfaces contaminated with an infected person’s mucus (snot) or saliva.</p>	<p>12–25 days (usually 16–18 days)</p>	<p>5 days after facial swelling develops.</p>
<p><u>Threadworm</u> (Pinworm)</p>	<p>Itchy bottom, often worse at night. Not sleeping well, irritable and not wanting to eat as much.</p>	<p>Swallowing the eggs that stick to fingers and get under fingernails when scratching.</p>	<p>1–2 months</p>	<p>No exclusion required.</p>

*Seek further advice from your healthcare provider or local public health service. You can also ask a pharmacist for treatment advice

** Caregivers are encouraged to seek treatment advice.

^ Notifiable disease. Public Health Service may provide support

NOTES

N – Notifiable disease. Public health service will be notified and will manage and support people with this disease

V - Vaccine-preventable and/or on National Immunisation Schedule. Talk to your healthcare provider to find out more about immunisations.

P - During pregnancy, seek advice from your healthcare provider or GP regarding any risks to your unborn pēpi (baby) if you get the illness and whether there are any vaccinations you can get to protect your unborn pēpi.

S - Do not go swimming in a pool if you have diarrhoea (runny poos). You need to wait until it has been at least 2 weeks since the last time you had diarrhoea.

Schedule 2

Categories of medicine and written authority required from parents for criterion HS122

Category (i) medicines

Definition

A prescription (such as antibiotics, eye/ear drops and so on) or non-prescription (such as paracetamol liquid, cough syrup and so on) medicine that is:

- used for a specific period of time to treat a specific condition or symptom; and
- provided by a parent for the use of that child only or, in relation to rongoā Māori (Māori plant medicines), that is prepared by other adults at the service.

Authority and acknowledgment required (written or digital)

Authorisation is provided from a parent at the beginning of the period medicine is intended to be administered, detailing:

- what (name of medicine);
- how (method and dose); and
- when (time or specific symptoms/circumstances).

The authorisation must be renewed if the period is extended or circumstances change. Each day the medicine is given, parents acknowledge this was administered to their child. Parental acknowledgement is recorded.

Category (ii) medicines

Definition

A prescription (such as asthma inhalers, epilepsy medication and so on) or non-prescription (such as antihistamine syrup, lanolin cream and so on) medicine that is:

- used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema and so on); and
- provided by a parent for the use of that child only.

Authority and acknowledgment required (written or digital)

Authorisation is provided from a parent at enrolment as part of an individual health plan detailing:

- what (name of medicine);
- how (method and dose); and
- when (time or specific symptoms/circumstances).

The authorisation to administer medicine is updated whenever there is a change. How often parents are asked to acknowledge their child received the medicine can be agreed between the service and the parents.

[IN-CONFIDENCE]

Made at Wellington on 10th day of November 2025

A handwritten signature in blue ink, appearing to read 'D Seymour', is written over a horizontal line.

Hon David Seymour
Associate Minister of Education

This is secondary legislation issued under the authority of the Legislation Act 2019.

[IN-CONFIDENCE]