EDUCATION REVIEW OFFICE
Te Tari Arotake Mātauranga

Phase One: Lead Indicators compliance

Phase 1: Lead Indicators compliance check

For all ERO scheduled reviews in Centre-based (standalone) services, an initial assessment against Lead Indicators is undertaken.

These Lead Indicators sit across all five Domains, are aligned with Regulatory Standards, and are the Licensing Criteria considered to indicate most risk for children if they are not met.

These Lead Indicators are judged as Meeting or Not Meeting in Phase One of the review. When Lead Indicators are not met, a judgment of Improvement required: Major Non-Compliance or Improvement required: Minor Non-Compliance will be made and reported.

ERO will consider a compliance pathway for Phase Two when a service has:

- Half or more (10+) of the lead indicators are non-compliant

OR

- Immediate risk

OR

- A quarter or more (5+) of the lead indicators non-compliant AND factors such as considerable turnover, history of non-compliance, complaints or incidents, or poor capability/willingness to address breaches.

The following Licensing Criteria will be used as Lead Indicators as part of the initial assessment undertaken in Phase One.

DOMAIN: Curriculum, Teaching and Learning

Meeting Regulatory Standard

C103 Interactions

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

Evidence required
Observations of teaching practice.

C110 Developing social competence

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

Documentation required
A process for providing positive guidance to encourage social competence in children.

DOMAIN: Leadership, Governance and Management

Meeting regulatory standard

GMA101 Display of information
The following are prominently displayed at the service:

1. The service's current licence certificate; and
2. 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.

GMA106 Safety checking
Criterion 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; and
2. A record of all safety checks and the results.

DOMAIN: Qualifications, ratios and service size standard

Schedule 2: Adult to child ratios

Possible sources of evidence include

- daily child attendance records
- staffing records and rosters
- evidence of tracking ratios across the day
- evidence of how adults are counted
- mixed-age calculations (if applicable).

Meeting regulatory standard

Education (Early Childhood Services Regulations 2008 - Regulation 44 (1b, Schedule 2)
Schedule 2: All-Day service
Under 2 years old

No. of Children	Minimum Staffing
1-5	1
6-10	2
11-15	3
16-20	4
21-25	5

Schedule 2: All-Day service
2 years old and over

No. of Children	Minimum Staffing
1-6	1
7-20	2
21-30	3
31-40	4
41-50	5
51-60	6
61-70	7
71-80	8
81-90	9
91-100	10
101-110	11
111-120	12
121-130	13
131-140	14
141-150	15

Schedule 2: Sessional service
Under 2 years old

No. of Children	Minimum Staffing
1-5	1
6-10	2
11-15	3
16-20	4
21-25	5

Schedule 2: Sessional service 2 years old and over	
No. of Children 1-8 9-30 31-45 46-60 61-75 76-90 91-105 106-120 121-135 136-150	**Minimum Staffing** 1 2 3 4 5 6 7 8 9 10
Schedule 2: All-day or sessional Both age groups	
No. of Children	**Minimum Staffing**
Up to 3 children of mixed ages	1
More than 3 children of mixed ages	Sum of minimum staffing requirement for relevant number of children under 2 years old (*as set out above*) and minimum staffing requirement for relevant number of children of or over 2 years old (*as set out above*).

DOMAIN: Health and safety

Meeting Regulatory Standard

HS104 Fire evacuation scheme

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

Documentation required

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

HS105 Emergency plan and supplies

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:

- an evacuation procedure 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 Emergency drills

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.

HS107 Sleep monitoring

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 wellbeing at least every 5 to 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.

HS108 Hazard and risk management

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.

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.

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*.

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 medication, the person must check the medication, 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 children attending the service. Records include:
    - child's full name
    - name and amount of medicine given
    - date and time medicine was administered and by whom.

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 three 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 have supported the service to respond, or
   - how well the policy and procedure would support the service to respond using a hypothetical scenario.

DOMAIN: Premise and facilities

Meeting Regulatory Standard

PF101 Design, layout and supervision of premises

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.

PF111 Lighting, ventilation, temperature control and acoustic materials

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

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.

Note: We also check as part of sampling high-risk areas. These include:

- **Education (Early Childhood Services Regulations 2008 – Regulation 15:** Written notification for incidents warranting investigation
- **Education and Training Act 2020, Section 24:** Prohibition of corporal punishment or seclusion in early childhood services.

Note: In addition to these areas of focus, any compliance matters identified as being of concern during the onsite visit are reviewed and followed up as required, including Regulation 56 Ill-Treatment of Children.