

23 July 2025

Consultation on the early learning licensing criteria.

We are pleased to provide comment to the Ministry of Education on the early learning licensing criteria.

Te Rito Maioha is an Incorporated Society of members committed to high quality early education for every child. Established in 1963, we are an influential leader in shaping today's early childhood sector through advocacy, policy, and delivering tertiary education qualifications and professional development programmes for current and future early childhood and primary education teachers.

Our bicultural kaupapa, te reo Māori me ōna tikanga, is embedded throughout everything we do and teach. We are committed to ensuring the success of our Pacific nation students across the motu by growing authentic relationships that embrace students' whānau and communities across our programmes.

Through our membership we advocate for early childhood education services and the kaiako who provide education to thousands of infants, toddlers, tamariki and young people. Our members are drawn from a diverse range of community-based, privately-owned, kindergarten and homebased early childhood education services and teachers.

Te Rito Maioha is a registered Private Training Establishment (PTE) with the highest rating for a tertiary provider in Aotearoa New Zealand. We are accredited and approved by the New Zealand Qualifications Authority (NZQA) to deliver a range of early childhood and primary school undergraduate, graduate, and postgraduate qualifications (levels 5-9), including specialist kaiako education, both nationally and internationally.

The organisation has delivered teacher education since 1980 and is governed by a Council made up of elected and appointed members, led by a National President and supported by a National Kaumātua. Our national office is in Wellington and our teaching staff are employed at 11 regional education centres | takiwā ako throughout Aotearoa New Zealand.

We are committed to achieving high-quality teaching and learning by:

- increasing teachers' | kaiako knowledge of Te Tiriti o Waitangi and Aotearoa New Zealand's dual cultural heritage;
- providing access to blended delivery through online and face-to-face, with practical real-life exposure and experiences through undergraduate, graduate, and postgraduate tertiary education programmes leading to recognised and approved qualifications;
- promoting quality teaching and leadership through ongoing professional learning and development programmes;
- providing advocacy and a range of unique resources and services to our early childhood education members;
- collaborating with New Zealand and international partnerships to strengthen research and teacher education.

General comments

We note that this consultation focuses only on early learning licensing criteria related to Premises and Facilities, Health and Safety and Governance, Management and Administration. We ask what the Ministry intends to do with the recommendations made about the Curriculum licensing criteria as we were advised by the Minister of Education that there were to be no changes to curriculum?

We also note that the licensing criteria for Kōhanga Reo is subject to further discussions with the TKRNT and hope that any changes proposed for Kōhanga Reo are consistent with the rest of the sector.

We support the intent to modernise, simplify, and refocus regulation to better support high-quality, teacher-led learning.

Central to our submission is the reaffirmation of Te Whāriki as the foundation of ECE regulation and the elevation of learning outcomes and wellbeing as primary indicators of quality education. We endorse a systems-level, outcomes-based approach to regulation, supported by independent auditing, digital compliance tools, and modernised guidance.

Clarity around the roles and responsibilities of government agencies is also vital in the context of regulatory reform. As the system moves toward greater flexibility and professional autonomy, it becomes even more important that agencies such as the Ministry of Education, ERO, and WorkSafe have clearly defined mandates and understand how to work alongside providers and each other, rather than imposing top-down compliance models. A collaborative, solutions-focused approach fosters trust, supports continuous improvement, and ensures that regulation enhances rather than obstructs the delivery of high-quality early learning.

For providers to operate with confidence and consistency, they must be able to rely on government agencies for timely, consistent, transparent, uncomplicated and constructive guidance. Role clarity ensures that regulation is applied consistently across the sector, avoids duplication of oversight, and enables more effective, proportionate responses to emerging risks. Ultimately, effective regulation requires a shared commitment to partnership, where agencies and providers work together in the interests of children's safety, wellbeing, and learning.

We note that several of the recommended changes incorporate a straight merge of two current criteria. Feedback from our members is that while this may reduce the number of criteria to comply with, it is useful for them to have concise criteria, so a requirement is not missed.

It is essential that the guidance is contemporary, context-sensitive, and sufficiently flexible to accommodate a range of local needs, community contexts, and pedagogical approaches whilst not eroding quality delivery. To be useful, guidance must also be "road tested" with a representative cross-section of services prior to release.

This process ensures that tools and templates are not only fit-for-purpose but also practical and easy to implement. Without such validation, there is a risk that services, particularly smaller or isolated ones, may struggle to interpret or meet the new expectations, thereby undermining the intended reduction in compliance burden.

In summary, clear, co-designed, and trialled guidance is not an optional extra, it is essential for the successful implementation of this regulatory reform. It is this partnership approach that will enable the sector to realise the intended benefits of flexibility, efficiency, and improved quality that does not compromise teaching and learning.

Below, on behalf of our membership and organisation, we have provided detailed commentary on the proposed changes to licensing criteria, highlighting the benefits of consolidation while identifying specific risks. We recommend mitigations to ensure that safety, equity, and professional trust are not compromised in the shift toward greater flexibility.

Section 2.3 – Centre-Based early learning health and safety licensing criteria

Documentation requirements

We are pleased to see that many of the documentation requirements have been updated so that the documentation can be written or digital. This change will make it easier for information to be stored/saved and shared with parents / whānau. However, what has been removed is where procedures need to be displayed. With many centres using contract/relief teachers | kaiako, displaying procedures makes it clear for those staff to know what is required in the centre.

2.3.1 Premises and Storage

We agree with the merging of HS1 and HS11 into a single criterion and that it removes duplication. To ensure good practice it is important that guidance includes examples of how sleep items should be cleaned and stored.

2.3.2 Laundering - Hygiene

The proposed amendment to HS2 simplifies the wording and clarifies that laundering may occur either on-site or off-site.

We note that the documentation requirement has been removed – this may introduce the risk of inconsistent hygiene standards, reduced accountability, and difficulty verifying compliance. Without clear procedures, services may unintentionally adopt practices that increase the risk of cross-contamination or illness.

To mitigate these risks while still reducing regulatory burden, it would be prudent to retain a simplified requirement for a written procedure or refer to clear hygiene expectations in accompanying guidance. This ensures consistency across services, supports compliance monitoring, and maintains robust health and safety protections for children and adults.

2.3.3 Assembly areas and emergencies

We agree with the merging of HS5 and HS7 into a single criterion and that it removes duplication. We are pleased to see that the designated assembly area wording has been broadened to include adults as well as children.

We are also pleased to see the addition of the requirement that the evacuation procedures need to be relevant to the services location and context. This will ensure services are not assessed against scenarios that are irrelevant to them.

2.3.4 Securing furniture and hazards

Merging HS6 into HS12 offers a more integrated and holistic approach to risk management by placing all safety-related checks, daily hazard identification, accident analysis, and environmental risks under a single criterion.

We are pleased to see that poisonous plants and bodies of water have been added to the required hazards to be checked for.

We note that the term “Risk Assessment Management System (RAMS)” has been introduced. There will need to be clear guidance and exemplars provided so centres know what to include and how to operate this system.

2.3.5 Emergency drills

Extending the required frequency of emergency drills from every three months to every four months may reduce compliance burden and offer greater flexibility to service providers. However, this change also carries potential risks particularly the risk of reduced preparedness among staff and children. Longer intervals between drills could lead to decreased familiarity with procedures, slower response times, and increased anxiety during actual emergencies, especially for younger children or new staff who may not have participated in a recent drill.

To mitigate these risks, it is essential that services are encouraged to continue conducting drills more frequently if needed, particularly when there are significant changes in enrolment or staffing. Services should also ensure that all staff receive induction training on emergency procedures and that drills are well-documented, evaluated, and used to inform improvements in emergency planning. With these safeguards, the change can provide flexibility without undermining safety.

2.3.6 Sleep monitoring

We strongly disagree with reducing the required frequency of sleep checks from every 5–10 minutes to every 10–15 minutes. While it may reduce compliance and administrative burden, this change introduces potential risks, particularly in relation to the early detection of medical distress such as choking, febrile seizures, or sudden changes in breathing. Younger children (those aged 2 and under) and those with additional health needs may be especially vulnerable if monitoring intervals are extended without careful consideration of individual risk factors.

Services should be supported with guidance to develop risk-based sleep monitoring procedures that consider factors such as age, health history, and parental guidance. Clear guidance and training should accompany the regulatory change, emphasising that 10–15 minutes is a maximum interval, not a standard for all children.

2.3.7 Hot water cylinder temperature

While it is a positive change to add that any malfunctioning hot water cylinder be inspected and repaired as necessary, we believe that this new wording should be more proactive than reactive as it does not require regular monitoring to ensure consistent water temperatures and early detection of issues.

To mitigate this risk, services should be encouraged through supporting guidance or best practice resources to implement a routine monitoring schedule for hot water cylinder temperatures. This would ensure water remains at or above 60°C to prevent the growth of harmful bacteria such as *Legionella*.

2.3.8 Animals

We are pleased to see the addition of examples of “*expected safe and hygienic practices*” in the criterion. However, there are potential risks with the amended wording, especially the qualification that animals “*are able to be restrained if they pose a risk to children.*” This could create ambiguity and lead some providers to underestimate or delay action on potential animal-related hazards, particularly where the risk is not immediately visible or where staff are unsure how to assess it.

2.3.9 Excursions

We are pleased to see that the proposed amendment to HS17 provides greater clarity around documentation requirements for excursions, particularly by specifying that parental permission must cover the proposed location and method of travel, and by formalising the requirement for approval by the Person Responsible.

Accompanying guidance should clarify expectations for what constitutes a regular versus special excursion and how parental communication should be tailored for each. Templates or tools for documenting RAMS processes, parent permissions, and excursion logs can also help ensure consistency without increasing administrative burden.

2.3.10 Food, nutrition and drinking water

We agree with merging HS19 and HS21 as it creates a more streamlined criterion covering both food and water provision, which may reduce administrative burden for providers.

2.3.11 Supervision while eating

The proposed changes to HS22 aim to provide greater clarity and flexibility by defining what supervision entails, specifically allowing adults to be in close proximity rather than seated, and by adjusting how services share Ministry of Health guidance with parents. While the change from requiring centres to provide all parents a copy of the pamphlet to informing them how to access the pamphlet is intended to reduce administrative burden, there is a higher risk that parents may not take the time to access the information.

Guidance should define what constitutes effective supervision emphasising unobstructed line of sight, immediate access, and active engagement during eating times. Ongoing staff training on choking response protocols and routine internal reviews of eating supervision practices will also help ensure safety is not compromised under the more flexible framework.

2.3.12 Room temperature

The proposed amendment to HS24 introduces practical flexibility by acknowledging that brief fluctuations in room temperature such as when doors or windows are opened are acceptable, as long as the overall environment remains comfortable and does not drop below 18°C for sustained periods.

While this approach reduces unnecessary compliance burden and reflects real-world conditions, it carries the risk that some providers may interpret “brief” or “fluctuating” too loosely. This could result in environments that, while technically compliant, expose children to repeated or prolonged periods of discomfort or cold, particularly in colder regions or poorly insulated buildings.

To mitigate these risks, guidance should define what constitutes a “brief” fluctuation (e.g. a few minutes), and reinforce the expectation that services monitor room temperature regularly throughout the day, not just when they open each day. Services should also be encouraged to maintain reliable heating systems and use temperature monitoring devices to ensure consistency.

2.3.13 First aid qualifications

The proposed amendments to recognise midwives as qualified first aiders and to allow greater flexibility by allowing a temporary reduction in the required ratio of first aid-qualified adults from 1:25 to 1:50 during emergencies, are both sensible. However, reducing the availability of first aid-

qualified adults, even temporarily, could compromise timely response to simultaneous or secondary incidents, especially in larger services with children in multiple rooms.

To mitigate these risks, the term “emergency” must be clearly defined in guidance, with examples (e.g. evacuations, medical crises, lockdowns) and a strong emphasis that the relaxed ratio is only acceptable for the immediate duration of such events. Services should be required to return to the 1:25 ratio as soon as the emergency is resolved.

2.3.14 Medicine administration

We agree with amending HS28 and revising Appendix 3 to simplify compliance and clarify expectations around medicine administration by clearly distinguishing between short-term (Category i) and ongoing (Category ii) medication use. This change offers practical benefits such as reducing daily paperwork for long-term conditions and allowing flexibility in parental acknowledgement.

However, there is the risk that daily parental acknowledgement for Category ii medicines is no longer mandatory, which may lead to outdated authorisations being used or medicine being administered incorrectly if a child's condition, dosage, or schedule changes.

There's also the risk of confusion about how frequently parents must renew authorisations, especially for intermittent or as-needed medications (e.g., antihistamines). Furthermore, the allowance for Rongoā Māori preparation by adults at the service, while culturally responsive, could introduce complexity if there is a lack of clarity around preparation, storage, or administration responsibilities.

To mitigate these risks, robust service-level policies and regular staff training on medicine administration should be required, with clear internal checks to ensure consistency between parental authorisation, dosage, and administration records. Services should be encouraged to proactively confirm with parents any ongoing or symptom-based medicines on a regular basis, especially if circumstances change.

For Rongoā Māori, additional guidance and cultural safety protocols should be developed in collaboration with whānau and relevant practitioners to ensure both respect and safety.

2.3.15 Medicine training

The proposed amendment to HS29 aims to provide greater clarity by explicitly stating that information, training, or instruction for administering medicine can come from a child's parent, whānau, or a health professional. This more inclusive and flexible wording recognises the role of parents and caregivers as experts in their child's needs, while also supporting culturally responsive practices, such as the administration of Rongoā Māori.

Removing the documentation requirement may introduce the risk that services may not keep adequate records of the training or instructions received, reducing accountability and making it difficult to verify compliance in the event of an incident.

To mitigate these risks, services should be supported through clear guidance that defines what constitutes sufficient training or instruction, especially for complex or high-risk medications. It should also be recommended that services document the source and content of any instruction provided whether from parents, whānau, or health professionals, and retain this as part of the child's health record. Where the medicine is associated with a known condition (e.g., asthma,

epilepsy, severe allergies), developing an Individual Health Plan in collaboration with a health professional should be considered best practice.

2.3.16 Child protection

The proposed amendments to HS31 enhance clarity and reinforce child protection obligations. The addition of a requirement to evaluate how well the child protection policy and procedure works using a real or hypothetical case encourages services to move beyond compliance and critically assess the effectiveness of their approach.

To support services in their evaluation, the Ministry should provide clear guidance, templates, and examples of what constitutes an effective evaluation, both using real cases (with de-identification and appropriate safeguards) and realistic hypothetical scenarios.

2.3.17 Incident notification

We are pleased that the amended criterion goes beyond injury or illness to include serious child protection concerns and high-risk situations such as children leaving the premises unsupervised or being taken by an unauthorised person.

However, there is still the risk for confusion or overreporting if services are unclear about the threshold for “as soon as possible” or are unsure when internal child protection procedures warrant Ministry notification. This could result in inconsistent reporting practices across services and overwhelm both providers and Ministry personnel with low-risk or poorly documented notifications. Conversely, services may delay or fail to report critical incidents due to uncertainty about reporting requirements or fear of punitive responses. Additionally, small or under-resourced services may struggle to compile and submit the required documentation such as investigations and outcome records within expected timeframes, especially during a crisis.

Section 2.4 – Centre-Based early learning premises and facilities licensing criteria

2.4.1 Design, layout and supervision

We agree with the proposed merger of PF1 and PF2 into a single, streamlined criterion simplifies regulatory expectations and reflects the natural interdependence between a service’s physical environment and its capacity to provide safe, engaging, and developmentally appropriate learning experiences.

The revised wording gives services more flexibility to configure their premises to suit their curriculum and community context, which is particularly valuable for diverse early learning settings.

2.4.2 Variety of equipment

We agree with the proposed changes to PF4 improve clarity by explicitly linking the provision of equipment and materials to children’s developmental stages, abilities, and interests. This shift from a focus on quantity and appropriateness to one that includes timely access and emerging interests better aligns with the principles of responsive, child-led learning.

2.4.3 Adult workspaces

We are pleased to see that this requirement has been strengthened to add that the space needs to be *where children are not present*. This clarification supports good practice by recognising the

importance of dedicated, distraction-free environments for teachers' wellbeing and professional responsibilities.

This requirement may be difficult to implement for services operating in older buildings, shared facilities, or compact urban settings, where creating a completely child-free area may not be feasible without costly modifications. If not accompanied by flexibility or transitional support, the change could unintentionally place undue compliance pressure on these services. Transitional allowances or case-by-case discretion during licensing assessments may be necessary to support equity in implementation.

2.4.4 Lighting, Ventilation, Heating, and Acoustic Materials

The proposed amendments to PF12 aim to simplify compliance by integrating general environmental conditions: lighting, ventilation, temperature, and noise control into one criterion, while removing the specific 18°C temperature threshold to avoid duplication with HS24. The introduction of *comfortable room temperature* is positive as it also ensures centres do not get too hot in the summer.

2.4.5 Outdoor activity space

The proposed amendments to PF13 introduce greater flexibility by clarifying that while outdoor space should be easily and safely accessed from indoor areas, limiting access at times may be appropriate.

This update acknowledges practical realities, such as severe weather, meal time supervision, or staffing constraints, and may reduce unnecessary compliance anxiety.

2.4.6 Infant and toddler safe space

The proposed amendment to PF14 introduces important clarification: while services must provide safe and comfortable spaces for non-walking children, this does not require complete separation from older, more mobile children. This clarification may ease compliance concerns and better align with inclusive, mixed-age philosophies commonly seen in early childhood education. It supports opportunities for tuakana-teina relationships and whanaungatanga, while still affirming the need to protect infants and toddlers from unintentional harm.

However, there is the risk that some service may struggle to ensure infants remain safe with “big children running through non mobile infants spaces”. Supervision will be key.

To mitigate this, the Ministry should provide clear guidance and examples of how services can create flexible, shared environments that still meet safety requirements, such as using soft barriers, separate zones within shared spaces, or having adult-to-child ratios adjusted to support close supervision.

2.4.7 Food hygiene

This consolidation supports alignment with Ministry for Primary Industries (MPI) guidance and may reduce confusion for providers by clearly distinguishing between those subject to NP2 and those who must meet the outlined requirements directly. It also modernises food safety expectations by shifting the required cold storage temperature from 4°C to 5°C, consistent with current MPI standards.

2.4.8 Toilets

The proposed consolidation of PF18, PF20, and PF22 into a single criterion offers a more streamlined approach to toilet and hygiene-related requirements. By grouping the number, location, accessibility, and privacy of toilet facilities under one heading, the change reduces duplication and clarifies that all toilet-related expectations must be met collectively. This should help services understand and plan for toilet provision more holistically, particularly in the design and renovation of early childhood environments.

2.4.9 Handwashing facilities

The proposed merger of PF19, PF20, and PF21 into a single criterion creates a more streamlined and user-friendly standard for handwashing and drying facilities. By combining water access, hygiene, separation, and independence into one requirement, the change helps providers see the full picture of what hygienic handwashing facilities should include. This integration may reduce confusion by consolidating overlapping requirements into a single, practical standard.

2.4.10 Adult toilet and handwashing

We are pleased to see this requirement has been retained as it supports the dignity, wellbeing, and professionalism of teaching staff and visiting whānau.

The proposed amendment to PF23 strengthens the original criterion by explicitly including handwashing and drying facilities, aligning adult sanitary provision with broader infection prevention measures.

This amendment reinforces the importance of maintaining appropriate and hygienic toilet facilities for adults, particularly in early childhood services operating in older buildings or converted spaces, which may not fall under the current provisions of the Building Act.

2.4.11 Tempering valve

The proposed removal of PF24 reflects a shift toward outcome-based regulation by eliminating specific installation requirements (e.g. tempering valves) and relying instead on the performance standard already set out in HS13, that hot water accessible to children must be no higher than 40°C and comfortable to use.

This approach offers greater flexibility for services to choose how they meet the temperature safety requirement and may reduce compliance burden, particularly in cases where newer or alternative technologies are in place to regulate water temperature.

However, there is a risk that without explicit reference to a tempering valve or a similarly accurate control mechanism, some services may rely on inconsistent or informal methods to regulate hot water temperature, such as manual adjustment of the hot water cylinder or ad hoc mixing taps.

To mitigate these risks, HS13 should be accompanied by clear guidance stating that while a tempering valve is not explicitly required, services must be able to demonstrate reliable, verifiable methods for limiting water temperature at taps children can access. This guidance should also include best practice recommendations (such as regular temperature monitoring and maintenance schedules).

2.4.12 First aid kit

The proposed amendment to PF28 strengthens the existing requirement by expanding the focus from simply having a compliant first aid kit to ensuring it remains well-stocked, regularly reviewed,

and functional. By requiring services to implement a system for monitoring and replenishing the kit, the criterion recognises the practical realities of first aid use in early childhood settings and helps ensure readiness during emergencies.

Without clear expectations around the frequency and process for checks, there is a risk that first aid kits may still become outdated or incomplete, despite the new wording.

To mitigate this risk, the Ministry should provide simple, standardised templates or checklists to guide services in setting up their first aid kit review system. Clear guidance should recommend a minimum review frequency (e.g. monthly) and identify key items that should always be included, along with best-before tracking for time-sensitive materials like saline, antiseptics, or medications.

2.4.13 Design and spacing of sleep furniture

The proposed merger of PF29 and HS10 into a single criterion brings together design and arrangement requirements for sleep furniture, offering greater clarity and reducing duplication. The revised wording sets out clear expectations for both the physical safety of sleep items (e.g. size and design for safe sleep) and their spatial arrangement to allow airflow, adult access, and safe movement as children wake. This integrated approach is logical and may ease compliance by presenting all sleep-related expectations in one place, which is particularly helpful for new or expanding services.

However, the absence of reference to specific measurements (e.g. minimum spacing distances) may make it harder for services to objectively assess compliance, or for licensing staff to consistently evaluate whether arrangements meet the intent of the criterion.

To mitigate this risk, the Ministry should issue accompanying guidance that provides measurable examples of good practice (e.g. suggested spacing distances, diagrams of safe layout options) without being overly prescriptive. This guidance should also clarify expectations for different sleep furniture types, including cots, floor mats, or stretchers, and include considerations for mixed-age environments.

2.4.14 Mattress coverings and bedding

The proposed merger of PF30 and PF31 into a single, consolidated criterion provides a clearer and more streamlined standard for sleep hygiene and safety. By combining requirements for individual bedding and mattress coverings, the amendment reduces regulatory fragmentation and aligns well with the practical realities of managing shared sleep environments. It maintains a strong focus on infection control, warmth, and safety particularly the need for non-porous, easy-to-clean mattress surfaces and bedding that minimises the risk of suffocation.

2.4.15 Sessional services only: over 2 sleep space

The proposed amendment to PF32 provides clearer, more concise expectations for sessional services in relation to sleep or rest provision for children aged 2 and over. The removal of the word “couch” and the focus on dedicated sleep furniture such as beds, stretchers, or mattresses helps reinforce appropriate sleep safety practices, especially in environments where children may still require rest despite the shorter session length. This clearer, simplified wording supports easier compliance and consistency in implementation.

2.4.16 All-day service only: over 2 sleep space

The proposed merger of PF33 and PF34 into a single, consolidated criterion for all-day services clarifies and simplifies expectations regarding sleep and rest for children aged 2 and over. By

combining space and furniture requirements into one criterion, the change reduces regulatory fragmentation and makes it easier for services to understand their responsibilities.

The removal of “cots” from the list of sleep furniture aligns with developmental best practice, reflecting that most children over 2 are increasingly independent and more likely to use stretchers, mattresses, or low beds.

2.4.17 Sessional services only: under 2 sleep space

The proposed merger of PF35 and PF36 into a single, unified criterion provides greater clarity and simplifies compliance by combining sleep space and sleep furniture requirements for sessional services catering to children under 2 years of age.

This approach aligns well with the developmental needs of infants, ensuring that both the *environmental conditions* for restful sleep and the *availability of appropriate furniture* are considered together. It also supports services by reducing the number of separate rules to follow, which is particularly helpful for smaller, part-day providers.

However, without specific guidance or benchmarks, some services may fail to provide an adequately restful environment, particularly in busy or shared spaces.

2.4.18 All-day service only: under 2 sleep space

The proposed merger of PF37 and PF38 into a single, consolidated criterion provides a clearer and more efficient framework for all-day services to manage sleep provisions for children under 2 years of age. By bringing together environmental design requirements and the furniture-to-child ratio, this change simplifies compliance and aligns with practical operational considerations.

The retention of the 1:2 ratio of sleep items maintains a high standard of care and ensures that infants and toddlers in all-day settings have predictable access to individual sleep spaces when needed.

Section 2.5 – Centre-Based Early Learning governance, management and administration licensing criteria

Removing requirements

We note that many of the GMA areas being 'simplified' or removed are the same ones ERO flag as non-compliant routinely across the sector. Shouldn't we be helping services meet the standard, not lowering it?

2.5.1 Display of information

The proposed amendment to GMA1 significantly simplifies the display requirements for early learning services by focusing only on the current licence certificate and contact details for a designated person responsible for handling parent, whānau, or visitor inquiries and complaints.

Shifting the procedure for complaints to the new merged GMA2/GMA3 carries the risk that that parents and whānau may no longer know how the procedure is available or feel confident asking to view it.

2.5.2 Parent access to information

The proposed merger of GMA2 and GMA3 into a single, consolidated criterion is a practical step toward reducing duplication and simplifying the regulatory framework. By combining access to

operational, financial, and engagement information into one list, the revised criterion provides a clearer picture of what early learning services must make available to parents and whānau. Allowing for both digital and written formats offers flexibility and supports services in using communication methods that suit their communities.

NOTE: Section numbering in the consultation document differs from that in the summary section (2.2) with 2.5.3 being skipped.

2.5.4 Parent involvement

The proposed amendment to GMA4 retains the intent of encouraging parent and educator involvement in the development and review of service operational documents, while offering greater flexibility by explicitly allowing evidence to be provided in either written or digital format.

This supports more inclusive and accessible engagement processes, particularly for services that use digital platforms for communication and documentation. The change also maintains a clear focus on whānau partnership, aligning with Te Whāriki's emphasis on collaborative relationships between families and early learning services.

2.5.5 Philosophy statement

We are concerned that the requirement for services to have a philosophy statement is to be removed and instead relates to quality practice. A services philosophy is foundational in guiding the values, pedagogy, and operations of early learning services.

A missing or outdated philosophy reduces transparency for parents and whānau, who often look to a service's philosophy to understand its approach to learning, care, culture, and community engagement.

This this requirement is removed, guidance should strongly recommend that all services develop and regularly review a written philosophy as a best-practice expectation, especially during licensing, review, and professional development processes. In addition, licensing assessors and ERO reviewers should continue to consider the presence and use of a philosophy as part of broader curriculum and quality evaluation, even if it is not a stand-alone regulatory requirement.

2.5.6 Self review and internal evaluation

The proposed amendment to GMA6 simplifies the requirement for self-review and internal evaluation by reframing it as an "ongoing review process" focused on operational policies and practices. While this may reduce confusion and streamline compliance, it introduces several risks that require careful mitigation.

One significant risk is the potential loss of intentionality and depth in evaluative practice. The current reference to "self-review and internal evaluation" reflects established terminology within the early childhood sector, aligning with the evaluative culture promoted by Te Whāriki and ERO. Removing this language may lead some services to adopt a more superficial or compliance-focused approach, reducing opportunities for critical reflection and quality improvement in teaching, learning, and service delivery.

Another concern is that the change could weaken accountability to continuous improvement and diminish responsiveness to the needs of tamariki, whānau, and communities.

To mitigate these risks, it will be important to provide detailed guidance that clarifies the intent of the amended criterion. This should include examples, templates, and links to resources such as the

former NELP, and ERO indicators. Retaining an expectation for documented outcomes, whether written or digital, will also help ensure that services engage meaningfully in reflective practice.

2.5.7 Human resource management

We strongly disagree with removing this criterion. Whilst many of the areas are also covered under employment law, the removal poses several potential risks, particularly around clarity, consistency, and accountability in human resource (HR) management within ECE services.

Of most concern is the removal of the requirement for service to have provision for professional development. Professional development is crucial for kaiako ongoing learning and development.

GMA7 currently provides a structured and transparent benchmark for HR systems, including recruitment, induction, appraisal, professional development, and disciplinary processes. These are foundational to ensuring a safe, effective, and professionally supported workforce. Removing this criterion could lead to variable standards across services, particularly among newer or less experienced providers who may lack robust systems or awareness of best practice.

2.5.8 Annual plan

The proposed change to GMA8 limiting the requirement for an annual plan to new or probationary applicants reduces compliance obligations for established services. However, this amendment introduces several potential risks, particularly in terms of continuity, accountability, and proactive service management.

Annual planning plays a vital role in ensuring that operational goals, service improvement initiatives, and responses to the national priorities for education are structured, reviewed, and implemented effectively. Removing this requirement for established providers may lead to reduced visibility of how services intend to develop, address challenges, or maintain quality over time, particularly in smaller or less experienced services that may lack robust governance or evaluation frameworks.

To mitigate these risks, the Ministry could include strong guidance and sector support materials encouraging all services, not just new applicants, to maintain an annual plan as a best practice. ERO and the Ministry could also continue to monitor whether services, particularly those at risk of underperformance, are using appropriate planning tools to support delivery.

2.5.9 Annual budget

The proposed amendment to GMA9, which limits the requirement for an annual budget to probationary or new licence applicants, aims to reduce unnecessary compliance for established services. However, this change carries notable risks, particularly around financial sustainability, governance accountability, and sector resilience.

One key risk is that removing a mandated budget requirement for all services may lead to weakened financial planning and oversight, particularly for smaller services or those lacking robust governance.

An annual budget is a fundamental tool for monitoring income and expenditure, anticipating financial challenges, and making informed decisions about staffing, professional development, maintenance, and resourcing. Without this requirement, some services may fail to systematically plan for known costs or contingencies, which can jeopardise their operational viability.

Another concern is the potential loss of financial transparency. An annual budget not only helps guide internal decisions but also provides a clear accountability tool for boards, managers, and auditors. In the absence of a regulatory requirement, the risk of inconsistent or informal budgeting

practices increases particularly in services with limited financial expertise or oversight structures. Over time, this could reduce the sector's resilience to funding fluctuations or unexpected cost increases.

To mitigate these risks, the Ministry could retain strong sector guidance recommending the use of annual budgets as a best practice, even for services that are not newly licensed.

Licensing assessors, ERO reviewers, or monitoring staff could also be encouraged to consider whether financial planning is evident when assessing service quality or risk. Additionally, boards and management committees could be provided with templates or training to ensure financial literacy and sound planning practices are maintained sector-wide.

This approach would preserve regulatory flexibility while still promoting financial responsibility and sustainability across all early childhood services.

2.5.10 Enrolment records

Merging GMA10 and GMA11 into a single criterion that governs both enrolment and attendance records aims to streamline compliance and reduce duplication. However, there are several risks associated with this change that warrant attention, particularly around data clarity, accountability, and compliance oversight.

A key risk lies in the potential loss of clarity regarding the specific requirements for enrolment versus attendance records. The current separation helps distinguish between the two types of documentation; one focused on initial and medical information required at enrolment, the other on daily operational attendance tracking. Merging these into a single criterion may inadvertently blur the lines between these distinct administrative functions, increasing the risk of non-compliance through misunderstanding or omission.

Make submission to the Ministry of Education by 24 July 2025 to
licensingcriteria.consultation@education.govt.nz

Key contact for Te Rito Maioha Early Childhood New Zealand:

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