Health and safety self-check

Walk your service using the three methods an assessor uses: observe, discuss, sight. Check children's health and safety at Meeting, see what Exceeding adds, then check workers' health and safety.

From Yaga Smart, led by Olga, Early Childhood Teacher, WHS-Qualified, Trainer and Assessor. Last updated 31 October 2026.

How to use it

1. Print one copy for each room, or one for the whole service.
2. Walk the floor at a busy time, not a quiet one. Ask a different educator each time.
3. Only tick what you saw, heard or held in your hand today.
4. Finish by choosing your top three fixes, each with one owner and one date.

Meeting and Exceeding: what's the difference?

Meeting is a solid, compliant foundation. Exceeding is the same practice, and all three of these as well.

	Meeting NQS	Exceeding NQS adds
Your practice	The practice is in place, and every element is met.	**Embedded.** Everyone does it, every day, whoever is on shift. It holds when key people are away.
Your thinking	You review practice, and policies are up to date.	**Critically reflective.** You've questioned it, you can explain why, and it changed, or was deliberately kept, because of that thinking.
Families and community	Families are informed and welcomed, and feedback is collected.	**Shaped by others.** You can show what changed because families or community told you, and it fits your community.

How a rating is decided

ELEMENT
Met or not met
If one element isn't met, the whole Standard is Working Towards.

STANDARD
Meeting or Exceeding
Meeting means every element is met. Exceeding means every element is met, plus all three themes.

QUALITY AREA
Every Standard counts
A Quality Area is Exceeding only when every Standard in it is Exceeding.

OVERALL
Four of seven
Four or more Quality Areas at Exceeding, including at least two of QA1, 5, 6 or 7, and none below Meeting.

Three quick tests

The 5pm test
It's 5pm. The room leader has gone home, rooms have combined and a casual is on. Would your practice still happen the same way? If the answer is "they'd ask Sam", it isn't embedded yet.

The what-changed test
Pick a recent reflection. Does it only describe the day, or can every educator say what changed, or why you kept it, and why?

Telling, asking or shaping?
List what you do with families. Telling sends information out. Asking collects feedback. Shaping means they changed what you do, and you told them. Exceeding sits in the last one.

Part 1: Children's Health and Safety

Quality Area 2 of the National Quality Standard. The Observe, Discuss and Sight lists check Meeting. The yellow panels show what Exceeding adds.

Standard 2.1: Health

2.1.1 Wellbeing and comfort

Observe

- [ ] Children can show what they need and seek comfort from educators
- [ ] Children who don't sleep or rest have quiet options
- [ ] Privacy is respected at toileting and dressing

Discuss

- [ ] How do you agree sleep and rest routines with each family?
- [ ] How do families tell you when a child's routine changes?
- [ ] How have you assessed the risks around sleep and rest?

Sight

- [ ] Sleep and rest policy and risk assessment
- [ ] Evidence babies are monitored while asleep
- [ ] How families get daily information about their child

2.1.2 Health practices and procedures

Observe

- [ ] Hygiene routines follow current health advice
- [ ] Educators notice and respond quickly to signs of illness or injury
- [ ] Medication and hazardous items are out of children's reach

Discuss

- [ ] Where do you get current health advice, and how does it reach your policies?
- [ ] How does a casual find out about a child's health needs?
- [ ] How do you respond to a serious accident or health emergency?

Sight

- [ ] Health, hygiene and medical conditions policies
- [ ] Medical management plans, and medication and illness records
- [ ] Staff first aid qualifications

2.1.3 Healthy lifestyle

Observe

- [ ] Mealtimes are relaxed, and food is never a reward or punishment
- [ ] Water is available and offered through the day
- [ ] Active and quiet play are balanced

Discuss

- [ ] How do you meet dietary, cultural and family food requirements?
- [ ] How do you balance planned and spontaneous physical activity?

Sight

- [ ] Food and nutrition policy, and menus if you provide food
- [ ] Physical activity in your planned program
- [ ] What you share with families about healthy eating and activity

Standard 2.1: what Exceeding adds

Embedded in everyday practice

- [ ] Every educator can explain how your health and wellbeing practice links to your philosophy
- [ ] It stays consistent through meals, rest and transitions, including with casuals

Informed by critical reflection

- [ ] The team regularly reviews each child's changing needs and changes practice as a result
- [ ] You can show a recent change that came from reflecting on an incident or new evidence

Shaped by families and community

- [ ] What families and children tell you shapes the program
- [ ] You work with health professionals or local supports where it helps
- [ ] Practice reflects the cultures and context of your community

Standard 2.2: Safety

2.2.1 Supervision

Observe

- [ ] All children are supervised in every area, including at sleep, bathrooms and transitions
- [ ] Supervision increases at higher-risk times, such as water play and excursions
- [ ] Children can't reach unsafe areas, physical or online

Discuss

- [ ] How are educators involved in identifying supervision risks?
- [ ] How do new and relief educators learn your supervision arrangements?
- [ ] How does the choice of sleeping space support supervision?

Sight

- [ ] Written supervision arrangements, including nappy change, meals and sleep
- [ ] How you control who comes and goes, and who collects children
- [ ] Excursion risk assessments and authorisations

2.2.2 Incident and emergency management

Observe

- [ ] Emergency procedures and phone numbers are displayed
- [ ] Staff can reach a phone and emergency equipment quickly
- [ ] Daily safety checks happen, and hazards are removed or secured

Discuss

- [ ] How do staff learn your emergency plans and their roles?
- [ ] How do you practise drills with children?
- [ ] What changed after your last drill or incident?

Sight

- [ ] Emergency and evacuation procedures
- [ ] Drill records, with your evaluation of each one
- [ ] Plans for individual emergencies, such as anaphylaxis or asthma
- [ ] Evidence emergency equipment is tested

2.2.3 Child safety

Observe

- [ ] Educators listen when children and families share concerns
- [ ] Children learn who can help them, and about body safety, in age-appropriate ways

Discuss

- [ ] What are your responsibilities if you're worried about a child?
- [ ] Who do you report to, and when?
- [ ] How do staff keep their knowledge current?

Sight

- [ ] Current reporting information for your state or territory
- [ ] Child safety and reporting policies, and code of conduct
- [ ] Records showing staff have kept their knowledge up to date

Standard 2.2: what Exceeding adds

Embedded in everyday practice

- [ ] Everyone can explain why your safety practice is the way it is
- [ ] Safety holds in every routine and with every educator, including casuals
- [ ] The team responds confidently when the day changes

Informed by critical reflection

- [ ] Incidents, near misses and drills are reviewed, and practice changes as a result
- [ ] The team questions its assumptions, including whose needs might be missed
- [ ] Practice is checked against current evidence and guidance

Shaped by families and community

- [ ] Families help shape your safety and emergency plans
- [ ] Children have a say in how they stay safe
- [ ] Plans fit your location, and you work with local authorities and services

Part 2: Workers' Health and Safety

Workers' health and safety sits under WHS laws, not Quality Area 2, so there's no Meeting or Exceeding rating here. It asks whether your workplace keeps the people who work in it safe.

Duties and consultation

Observe

- [ ] WHS information is easy for staff to find
- [ ] Staff raise safety issues openly

Discuss

- [ ] Who is responsible for what under WHS laws here?
- [ ] How are workers consulted before changes that affect their safety?
- [ ] What happens after someone raises an issue?

Sight

- [ ] WHS policy and responsibilities
- [ ] Consultation records, and the feedback given to staff
- [ ] Hazard and action records with owners and dates

Hazards and risks

Observe

- [ ] Rooms and storage reduce lifting, bending and floor-level strain
- [ ] Chemicals are labelled and stored correctly, with safety data sheets at hand
- [ ] PPE and spill supplies are easy to reach

Discuss

- [ ] Which tasks cause the most strain by the end of a shift?
- [ ] Are breaks actually taken? What gets in the way?
- [ ] How is aggression from families or others handled and followed up?

Sight

- [ ] Risk register, including psychosocial hazards
- [ ] Manual task and biological hazard risk assessments
- [ ] Chemical register

Incidents, emergencies and support

Observe

- [ ] First aid kits are stocked and easy to reach
- [ ] Staff know what to do after an exposure, such as a bite or body fluids

Discuss

- [ ] How are worker injuries and near misses reported?
- [ ] Do you know which incidents must be notified to your WHS regulator?
- [ ] How are staff supported after a hard incident?

Sight

- [ ] Worker incident and near miss records, with follow-up
- [ ] Your emergency plan
- [ ] First aid records

Induction and training

Observe

- [ ] New and casual staff are shown real hazards and routines on their first day

Discuss

- [ ] How do leaders check that training changed practice?
- [ ] How are refresher topics chosen?

Sight

- [ ] Induction checklists and sign-offs
- [ ] Training records, including what was covered

Your top three fixes

What needs fixing	Who owns it	By when

Part 1 is adapted from ACECQA's Guide to the National Quality Framework (January 2026). Part 2 follows the model WHS laws and guidance from Safe Work Australia. Read the Guide. Checked 31 October 2026.

Important: please read

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