Proposal for a National Childcare Cleaning Standard

A White Paper by BLB Childcare Cleaning Services

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This white paper presents a comprehensive proposal for establishing a National Childcare Cleaning Standard — a structured framework to support the health, safety, and wellbeing of children and educators across Australia's early childhood education sector
It advocates for unified national practices promoting compliance, hygiene excellence, and workforce sustainability.

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Table of Content

Executive Summary p.1

Introduction p.2

Research Problem Statement p.3

Literature Review p.4

a. Educator Workload, Burnout, and Workforce Sustainability..... p.4

Illness Transmission, Child Health Outcomes, and Environmental Hygiene Risks p.6

Regulatory Gaps, Compliance Failures, and the Need for a National Standard p.9

International Benchmarks and Evidence for Professionalized Infection-Control Cleaning p.12

Synthesis — What the Evidence Shows and Why Reform Is Required p.15

The Case for a National Childcare Cleaning Standard p.17

Methodology Framework p.21

Findings and Analysis p.25

The Childcare Cleaning Standard (CCS) Framework p.29

Implementation Pathway for the Childcare Cleaning Standard p.33

Cost Considerations and Funding Pathways p.36

Conclusion p.37

Appendices A-F overview..... .....p.40

About This White Paper p.46

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Executive Summary

Australia's ECEC sector is facing a structural workforce, health, and regulatory crisis driven by the absence of a nationally mandated infection-control cleaning standard. Educators are performing WHS-regulated cleaning tasks outside their role scope, contributing to burnout, turnover, and unsustainable workloads. National evidence shows that over 70% of educators perform 7-9 hours of unpaid work weekly, much of it cleaning-related. Turnover rates of 30-35% and recruitment delays of 12-16 weeks have created chronic understaffing.

Children in childcare experience 12-20 illness episodes annually — significantly higher than national norms — due to inconsistent cleaning practices and inadequate infection-control protocols. Families experience lost income, disrupted work, increased medical costs, and reduced confidence in service hygiene. WHS data shows educators face above-average exposure to hazardous chemicals and bodily fluids, despite lacking formal infection-control training.

International benchmarks demonstrate that professionalised, risk-based cleaning delivered by trained personnel is standard practice in high-risk environments. Australia is an outlier in expecting educators to perform infection-control cleaning.

The Childcare Cleaning Standard (CCS) provides a nationally consistent, evidence-based solution. It establishes clear role delineation, risk-based cleaning requirements, childcare-specific training, WHS-aligned protocols, documentation and audit systems, and outbreak escalation procedures. A staged national implementation pathway ensures feasibility and sector readiness.

A national Childcare Cleaning Standard is essential to safeguarding children, supporting educators, and stabilising the ECEC sector.

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Introduction

Australia's early childhood education and care (ECEC) sector is experiencing unprecedented pressure driven by workforce shortages, rising illness rates, and increasing regulatory complexity. Despite the sector's critical role in child development, family participation in the workforce, and national economic productivity, one foundational element remains undefined: a nationally mandated, childcare-specific infection-control cleaning standard.

Under the current National Quality Framework (NQF), hygiene expectations are outcome-based, leaving services to interpret cleaning responsibilities independently. This has resulted in inconsistent practices, unclear role boundaries, and widespread reliance on educators to perform infection-control cleaning tasks outside their professional scope. These conditions contribute to burnout, turnover, illness transmission, and operational instability.

This white paper presents the evidence, analysis, and policy framework required to establish a national Childcare Cleaning Standard (CCS). It synthesises workforce data, public health evidence, WHS obligations, and international benchmarks to demonstrate the urgent need for structural reform. The CCS provides a nationally consistent, risk-based, professionally delivered cleaning framework designed to protect children, support educators, and strengthen the long-term sustainability of the ECEC sector.

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Research Problem Statement

Australia's early childhood education and care (ECEC) sector is facing a structural workforce and public-health crisis exacerbated by the absence of a nationally defined cleaning and infection-control standard. Under the current National Quality Framework (NQF), hygiene expectations are outcome-based, but there is no national clarity on who is responsible for infection-control cleaning, nor minimum standards for frequency, risk classification, or workforce qualifications. This regulatory gap has resulted in educators routinely performing professional cleaning duties outside their role scope and training.

National evidence shows that over 70% of educators perform 7–9 hours of unpaid work weekly, much of it cleaning-related, contributing directly to burnout and unsustainable workloads. Workforce studies confirm turnover rates of 30–35%, with recruitment times of 12–16 weeks, creating chronic understaffing and threatening long-term workforce sustainability. Jobs & Skills Australia identifies ECEC as one of the nation's most at-risk sectors for stress-related illness and workforce depletion, driven by excessive workloads and unsafe conditions.

At the same time, children in childcare experience 12–20 illness episodes annually, averaging 15 illness days per child, significantly higher than national norms. Safe Work Australia reports that ECEC workers face above-average exposure to hazardous chemicals, bodily fluids, and psychosocial stress, conditions that would typically be managed by trained cleaning professionals in other education sectors.

Families are also affected. High illness rates lead to frequent absences, lost income, and reduced satisfaction with service quality. Parents report significant financial and emotional strain due to repeated childcare-related illness episodes and inconsistent hygiene practices.

> **The research problem is therefore to determine how implementing a national Childcare Cleaning Standard (CCS)** — which removes infection-control cleaning from educators and assigns it to trained specialists — would impact: educator workload and burnout; workforce sustainability and retention; WHS compliance and risk exposure; illness-transmission rates among children and staff; family satisfaction, trust, and economic stability; and operational and financial performance of childcare providers.

This research is essential to understanding whether a CCS can address the interconnected workforce, health, and family-impact challenges currently destabilising the ECEC sector.

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Literature Review

Section 2: Educator Workload, Burnout & Workforce Sustainability

Australia's early childhood education and care (ECEC) workforce is experiencing unprecedented strain, with workload intensification and role creep emerging as primary drivers of burnout, turnover, and workforce instability. A growing body of national evidence demonstrates that educators are routinely performing duties outside their professional scope — particularly infection-control cleaning — contributing to unsustainable working conditions and accelerating workforce depletion.

Educator Workload and Unpaid Labour

Multiple national reports confirm that educators are absorbing significant volumes of unpaid labour, much of it cleaning-related. ABC News (2025) reported that over 70% of educators perform 7–9 hours of unpaid work weekly, with cleaning and hygiene tasks identified as a major contributor to this workload. This aligns with findings from the United Workers Union, which highlights chronic overwork, unpaid duties, and escalating stress levels across the sector.

Early Childhood Australia (2024) further emphasises that workload intensification — including non-educational tasks — is a key factor undermining educator wellbeing, professional identity, and job satisfaction. These findings collectively demonstrate that the current allocation of cleaning responsibilities is incompatible with sustainable workforce conditions.

Burnout, Stress and Psychosocial Risk

The cumulative impact of excessive workload, unpaid labour, and exposure to hazardous cleaning tasks has created a psychosocial risk environment within ECEC. Safe Work Australia (2025) identifies ECEC as a sector with above-average rates of work-related illness, including stress-related conditions, chemical exposure, and contact with bodily fluids. These risks are typically managed by trained cleaning professionals in other education sectors, yet in ECEC they fall disproportionately on educators.

Jobs and Skills Australia (2024) warns that the sector is at high risk of workforce depletion due to stress-related illness, burnout, and poor working conditions. This aligns with Sydney University's (2025) analysis, which found that staffing shortages and regulatory non-compliance are directly linked to unsustainable workloads and inadequate role delineation.

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Workforce Sustainability and Retention

Workforce sustainability is now one of the most critical challenges facing the ECEC sector. Z Staffing (2025) reports turnover rates of 30–35%, with recruitment times of 12–16 weeks, leaving centres chronically understaffed and unable to meet regulatory requirements. The Department of Education's National Workforce Census (2024) similarly identifies persistent shortages, high attrition, and difficulty attracting new entrants to the profession.

These workforce pressures are compounded by the expectation that educators perform infection-control cleaning — a task that is not part of their training, not recognised in their role descriptions, and not compensated. This dual-role burden contributes to reduced time for curriculum planning, diminished child engagement, increased stress and fatigue, higher rates of sick leave, early-career exits, and long-term workforce instability.

Community Early Learning Australia (2024) notes that workforce shortages are now the leading cause of operational strain, with many services unable to maintain consistent staffing or meet Quality Area 2 and 3 requirements.

Implications for Sector Stability

The evidence demonstrates that the current model — where educators are responsible for both pedagogy and infection-control cleaning — is structurally unsustainable. It undermines educator wellbeing, workforce retention, service quality, regulatory compliance, and child health outcomes.

Without structural reform, including the removal of infection-control cleaning from educator duties, the sector will continue to experience high turnover, chronic understaffing, and declining service quality. This evidence forms the foundation for examining how a national Childcare Cleaning Standard (CCS) could alleviate workload pressures, improve workforce sustainability, and restore professional boundaries within ECEC.

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Section 3: Illness Transmission, Child Health Outcomes & Environmental Hygiene Risks

Illness transmission in early childhood education and care (ECEC) settings is significantly higher than in the general population, driven by close physical contact, developing immune systems, and frequent exposure to contaminated surfaces. The absence of a nationally defined infection-control cleaning standard exacerbates these risks, contributing to elevated illness rates among children and staff, increased absenteeism, and reduced family satisfaction with service quality.

Illness Burden in Australian Childcare

National health data consistently shows that children in childcare experience substantially higher rates of illness than children cared for at home. The Royal Children's Hospital National Child Health Poll (2024) reports that children attending ECEC services experience 12–20 illness episodes annually, equating to approximately 15 illness days per child per year. These findings are reinforced by ABC News (2024), which highlights that childcare environments are among the highest-risk settings for viral and bacterial transmission.

These elevated illness rates are not incidental; they are directly linked to environmental hygiene, surface contamination, and inconsistent infection-control practices. Young children frequently mouth objects, share toys, have toileting accidents, and spend significant time on floors — all of which increase exposure to pathogens when cleaning practices are inadequate or inconsistent.

Environmental Transmission Pathways

Environmental hygiene plays a critical role in illness prevention. Research from NSW Health (2024) and the Australian Institute of Health and Welfare (2024) identifies several high-risk transmission pathways in early childhood settings: high-touch surfaces such as door handles, taps, tables, and toys; floors, which act as reservoirs for respiratory and gastrointestinal pathogens; nappy-change areas and bathrooms where bodily fluid exposure is frequent; shared equipment including sleep mats, cots, and outdoor play items; and food preparation and meal areas where cross-contamination risks are high.

Despite these risks, Australia has no childcare-specific infection-control cleaning standard that defines minimum cleaning frequencies, risk classifications, or required competencies for cleaning personnel. International benchmarks from the World Health Organization (2024) and the Centers for Disease Control and Prevention (2024) emphasise the importance of risk-based cleaning, PPE use, and pathogen-specific disinfection protocols in high-density, vulnerable populations — yet these principles are not formally embedded in Australian ECEC regulation.

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Staff Illness and Operational Impact

Illness transmission does not affect children alone. Safe Work Australia (2025) identifies ECEC as a sector with above-average rates of work-related illness, including respiratory infections, gastrointestinal illness, and psychosocial stress. Staff illness contributes to increased absenteeism, reliance on casual or agency staff, ratio breaches, reduced continuity of care, and operational instability.

The Department of Education's workforce data (2024) shows that educators take an average of 12 sick days annually, significantly higher than national workforce averages. This creates a compounding cycle: illness leads to absenteeism, which increases workload for remaining staff, which in turn increases stress and further illness risk.

1

High Illness Rates

Children and staff exposed to inconsistent hygiene practices

2

Increased Absenteeism

Staff take sick leave, creating understaffing

3

Greater Workload

Remaining staff absorb additional duties and stress

4

More Illness

Cycle repeats, destabilising operations

Family Satisfaction, Economic Impact & Trust in Services

High illness rates have direct consequences for families. The Royal Children's Hospital National Child Health Poll (2024) reports that parents experience frequent disruptions to work, loss of income, increased medical expenses, emotional stress, and reduced confidence in service hygiene practices.

Family satisfaction is strongly correlated with perceptions of safety, cleanliness, and reliability. When illness outbreaks are frequent or prolonged, families often attribute this to inadequate hygiene practices — even when educators are doing their best within an inconsistent regulatory environment. This dissatisfaction can lead to complaints to regulatory bodies, negative word-of-mouth, reduced enrolments, pressure on service leadership, and increased scrutiny during assessment and rating.

Without a national cleaning standard, families receive inconsistent hygiene outcomes across services, undermining trust in the ECEC system.

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The Role of Infection-Control Cleaning in Illness Prevention

Evidence from health authorities and international guidelines consistently shows that professionalised, risk-based infection-control cleaning significantly reduces illness transmission in high-risk environments. Key principles include correct chemical selection and dilution, appropriate contact times, targeted high-touch disinfection, outbreak-specific escalation procedures, safe handling of bodily fluids, PPE use, and colour-coded equipment to prevent cross-contamination.

In ECEC, these practices are often performed by educators who lack formal training, time, or resources to implement them effectively. This misalignment between risk and workforce capability contributes to preventable illness outbreaks and inconsistent hygiene outcomes.

> ### Implications for Policy and Practice
>
> The evidence demonstrates that illness transmission in ECEC is not simply a matter of child behaviour or seasonal variation. It is a systemic issue linked to inconsistent cleaning practices, lack of infection-control training, absence of a national standard, role confusion between educators and cleaning personnel, inadequate risk classification, and insufficient documentation and audit mechanisms.

A national Childcare Cleaning Standard (CCS) would align ECEC with established infection-control principles used in healthcare and other high-risk environments, reducing illness transmission, improving staff and child health outcomes, and increasing family satisfaction with service quality.

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Section 4: Regulatory Gaps, Compliance Failures & the Need for a National Standard

Australia's early childhood education and care (ECEC) regulatory environment establishes broad expectations for hygiene and safety but does not define the specific infection-control cleaning standards required to meet those expectations. This structural gap has resulted in inconsistent practices, unclear role responsibilities, elevated illness transmission, and systemic compliance challenges across the sector. The evidence demonstrates that the absence of a nationally mandated cleaning standard is a critical barrier to achieving consistent, safe, and sustainable ECEC environments.

The National Quality Framework: Outcome-Based but Not Standards-Based

The National Quality Framework (NQF), administered by ACECQA, outlines high-level requirements for maintaining hygienic environments under Quality Area 2 (Children's Health and Safety) and Quality Area 3 (Physical Environment). However, the NQF provides outcomes, not procedures, and does not specify who is responsible for infection-control cleaning, minimum cleaning frequencies, risk-based cleaning requirements, chemical handling protocols, documentation or audit expectations, or qualifications or training for cleaning personnel.

This lack of operational clarity forces services to interpret hygiene requirements independently, resulting in wide variation between centres and inconsistent compliance outcomes.

WHS Legislation: Mandatory Obligations Without Role Alignment

Safe Work Australia sets mandatory WHS obligations for managing hazardous chemicals, bodily fluids, and infection-control risks. These obligations apply to all employers, including ECEC providers. However, WHS legislation does not specify which workforce group should perform infection-control cleaning tasks.

As a result, educators — not trained cleaning professionals — often perform WHS-regulated tasks; exposure to hazardous chemicals and bodily fluids is common; psychosocial stress increases due to unsafe or inappropriate role expectations; and services risk WHS breaches due to inadequate training or documentation.

Safe Work Australia (2025) identifies ECEC as a sector with above-average exposure to hazardous substances and psychosocial stress, highlighting the misalignment between WHS requirements and current workforce practices.

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State and Territory Health Guidance: Advisory, Not Enforceable

State and territory health departments provide general infection-control advice for early childhood settings, including outbreak management and hygiene expectations. However, these guidelines are advisory rather than mandatory, not tied to compliance audits, not role-specific, not risk-classified, and not supported by national training or accreditation. This results in inconsistent implementation across services and contributes to preventable illness outbreaks.

ECEC Industry Organisations: Advocacy Without Regulatory Power

Peak bodies such as Early Childhood Australia (ECA), the Australian Childcare Alliance (ACA), Community Early Learning Australia (CELA), and Early Learning Association Australia (ELAA) consistently highlight workforce burnout, regulatory strain, inconsistent hygiene practices, inadequate role delineation, rising illness rates, and compliance pressures. However, these organisations do not have the authority to mandate infection-control cleaning standards. Their publications reinforce the need for structural reform but cannot enforce it.

Cleaning Industry Standards: Not Designed for Childcare

Cleaning industry bodies such as ISSA Oceania and the Cleaning Council of Australia provide standards for commercial cleaning. However, these standards are designed for offices, retail environments, industrial sites, and general commercial spaces. They do not address the unique biological, behavioural, and developmental risks present in early childhood environments, such as mouthing behaviours, toileting accidents, floor-level exposure, high-density shared equipment, and vulnerable immune systems.

These standards are not mandatory for childcare providers and do not align with NQF or WHS requirements.

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Evidence of Regulatory Failure in ECEC

Sydney University's 2025 analysis of the childcare sector identifies widespread regulatory failures linked to staffing shortages, inconsistent hygiene practices, inadequate training, unclear role responsibilities, and poor compliance documentation. These failures are exacerbated by the absence of a national cleaning standard, leaving services to interpret hygiene requirements independently.

NQF

Outcome-based hygiene expectations without operational standards

WHS

Mandatory obligations without role clarity for cleaning tasks

Health Guidance

Advisory recommendations not linked to compliance

Industry Standards

Commercial cleaning standards not tailored to childcare

The Case for a National Childcare Cleaning Standard

The evidence across regulatory, WHS, health, and industry sources demonstrates that the current system is fragmented, inconsistent, and insufficient to protect children, educators, and families. The absence of a national infection-control cleaning standard results in role confusion between educators and cleaning personnel, preventable illness outbreaks, WHS breaches, inconsistent hygiene practices, workforce burnout and turnover, reduced family satisfaction and trust, operational instability, and compliance risk during assessment and rating.

> A national Childcare Cleaning Standard (CCS) would define infection-control responsibilities, establish risk-based cleaning requirements, align ECEC with WHS legislation, introduce national training and accreditation, standardise documentation and audit processes, improve child and staff health outcomes, support workforce sustainability, and increase family confidence in service quality.

The literature clearly supports the need for a unified, mandatory, childcare-specific cleaning standard to address the systemic failures currently affecting the sector.

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Section 5: International Benchmarks & Evidence for Professionalised Infection-Control Cleaning

International health authorities and early childhood frameworks consistently recognise that environments with vulnerable populations — including young children — require structured, risk-based infection-control cleaning delivered by trained personnel. While Australia lacks a childcare-specific cleaning standard, global evidence demonstrates that professionalised infection-control systems significantly reduce illness transmission, improve workforce safety, and enhance public health outcomes. These international benchmarks provide a strong foundation for the development of a national Childcare Cleaning Standard (CCS).

World Health Organization: Infection-Control Principles for High-Risk Settings

The World Health Organization (2024) emphasises that infection-prevention and control (IPC) in high-risk environments must be risk-based, evidence-driven, performed by trained personnel, supported by standardised protocols, and documented and auditable.

WHO guidelines highlight the importance of correct chemical selection and dilution, appropriate contact times, PPE use, colour-coded cleaning systems, outbreak-specific escalation procedures, and environmental decontamination. These principles are widely adopted in healthcare, aged care, and other high-risk settings — yet none are formally mandated in Australian ECEC, despite children being a biologically vulnerable population.

Centers for Disease Control and Prevention: Childcare-Specific Guidance

The CDC (2024) provides detailed infection-control guidance for childcare and early learning environments, recognising that young children have developing immune systems, mouthing behaviours increase pathogen exposure, shared toys and surfaces require frequent disinfection, floors act as reservoirs for respiratory and gastrointestinal pathogens, and outbreaks spread rapidly without structured cleaning protocols.

CDC recommendations include scheduled high-touch disinfection, daily floor sanitation, toy cleaning between user groups, bathroom disinfection multiple times daily, outbreak escalation procedures, and staff training in infection-control principles. These guidelines reflect the same risk-based approach proposed in the CCS, demonstrating international alignment with the reform framework.

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OECD: Workforce Sustainability & Role Clarity

The Organisation for Economic Co-operation and Development (OECD) highlights the importance of clear role delineation, professional boundaries, workload protection, and specialised support roles in maintaining a sustainable early childhood workforce.

OECD research shows that countries with strong workforce retention and high-quality outcomes protect educators from non-pedagogical duties, employ specialised support staff, invest in professionalised service roles, and maintain clear regulatory standards. Australia's current model — where educators perform infection-control cleaning — is inconsistent with OECD best practice and contributes to workforce instability.

International ECEC Systems with Professionalised Cleaning Models

Several countries have already implemented structured, professionalised cleaning systems in early childhood settings. In the **United Kingdom**, early years settings follow infection-control guidance aligned with NHS and Public Health England, with cleaning responsibilities clearly separated from educator duties. In **Canada**, provincial childcare regulations include mandatory cleaning schedules and outbreak protocols, with many provinces requiring trained custodial staff for infection-control tasks. In **New Zealand**, Ministry of Education guidelines specify cleaning responsibilities, frequencies, and hygiene expectations, with centres required to demonstrate compliance during licensing assessments.

These systems demonstrate that professionalised cleaning in ECEC is both feasible and internationally recognised as best practice.

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Alignment Between International Standards and the Proposed CCS

Across WHO, CDC, OECD, and international ECEC frameworks, several consistent principles emerge that directly support the proposed Childcare Cleaning Standard.

01

Trained Personnel

Infection-control cleaning must be performed by trained personnel, not by educators

02

Risk-Based Approach

Cleaning must be risk-based and evidence-driven, not ad-hoc or left to interpretation

03

Documentation Required

Documentation and audit trails are essential, not optional

04

Outbreak Protocols

Outbreak response requires structured escalation protocols, not informal or educator-led

05

Role Clarity

Workforce role clarity is critical for sustainability, not dual-role expectations

06

Enhanced Hygiene

Vulnerable populations require enhanced environmental hygiene, not general commercial standards

The proposed Childcare Cleaning Standard (CCS) aligns directly with these international principles, demonstrating that Australia is not inventing a new concept — it is catching up to global best practice.

Implications for Australian ECEC Policy

The international evidence shows that Australia is an outlier in expecting educators to perform infection-control cleaning. No comparable country relies on untrained teaching staff for pathogen elimination. Professionalised cleaning is standard in high-risk environments globally. Implementing a CCS would align Australia with WHO, CDC, OECD, and international ECEC frameworks.

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Section 6: Synthesis — What the Evidence Shows & Why Reform Is Required

The evidence across workforce studies, public health data, WHS frameworks, regulatory analysis, and international benchmarks reveals a clear and consistent conclusion: Australia's early childhood education and care (ECEC) sector lacks the structural, regulatory, and workforce systems required to ensure safe, hygienic, and sustainable environments for children, educators, and families.

Despite the high-risk nature of early childhood settings, Australia has no nationally mandated, childcare-specific infection-control cleaning standard, resulting in fragmented practices, preventable illness transmission, and unsustainable workforce conditions. The literature demonstrates that this gap is not incidental — it is systemic, longstanding, and central to the sector's current instability.

The Workforce Cannot Sustain Dual-Role Expectations

Evidence from ABC News (2025), United Workers Union (2024), Early Childhood Australia (2024), and Jobs and Skills Australia (2024) shows that educators are performing 7–9 hours of unpaid work weekly, much of it cleaning-related. This dual-role burden accelerates burnout, reduces job satisfaction, increases sick leave, drives early-career exits, and undermines workforce sustainability.

Turnover rates of 30–35% and recruitment delays of 12–16 weeks demonstrate that the sector cannot absorb additional workload pressures. The literature is unequivocal: educators cannot continue performing infection-control cleaning without compromising their wellbeing, retention, and professional identity.

Illness Transmission Is Elevated and Preventable

Child illness rates of 12–20 episodes annually and staff illness rates of 12 sick days per year reflect the consequences of inconsistent hygiene practices. Environmental transmission pathways — including high-touch surfaces, floors, shared equipment, and nappy-change areas — are well-documented by NSW Health (2024), AIHW (2024), and Safe Work Australia (2025).

The literature shows that illness transmission in childcare is not inevitable; it is strongly influenced by cleaning frequency, cleaning quality, staff training, risk-based protocols, and outbreak escalation procedures. Without a national standard, these practices vary widely, leaving children and staff exposed to preventable illness.

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Regulatory Frameworks Are Insufficient and Inconsistent

The National Quality Framework (ACECQA, 2024) sets hygiene expectations but does not define who performs infection-control cleaning, minimum cleaning frequencies, risk classifications, training requirements, or documentation and audit processes. WHS legislation mandates safe handling of chemicals and bodily fluids but does not specify which workforce group should perform these tasks. State health guidelines are advisory, not enforceable. Cleaning industry standards are not childcare-specific. ECEC peak bodies highlight the problem but cannot mandate solutions.

The literature confirms that Australia's regulatory environment is fragmented and inadequate, leaving services to interpret hygiene requirements independently.

Families Experience Direct Economic and Emotional Impact

The Royal Children's Hospital National Child Health Poll (2024) shows that families experience frequent work absences, lost income, increased medical costs, emotional stress, and reduced confidence in service hygiene. Family satisfaction is closely tied to perceptions of cleanliness and safety. Inconsistent hygiene practices undermine trust in the ECEC system and contribute to enrolment instability.

International Benchmarks Demonstrate a Clear Path Forward

WHO (2024), CDC (2024), OECD (2024), and international ECEC frameworks consistently emphasise professionalised infection-control cleaning, risk-based cleaning models, trained cleaning personnel, structured outbreak protocols, documentation and audit trails, and role clarity to protect educator workload. These principles are standard in high-risk environments globally — yet absent in Australian ECEC. The literature shows that Australia is not leading in this area; it is lagging behind comparable nations.

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The Case for a National Childcare Cleaning Standard

Synthesising the evidence across all domains reveals a unified conclusion: the absence of a national childcare cleaning standard is a root cause of educator burnout and turnover, unsustainable workloads, WHS breaches, preventable illness transmission, inconsistent hygiene practices, family dissatisfaction, operational instability, and regulatory non-compliance.

Workforce Impact

Reduced burnout and turnover through role clarity

Health Outcomes

Decreased illness transmission with consistent cleaning

WHS Compliance

Aligned with legislation through trained specialists

Regulatory Standards

Standardised documentation and audit processes

Family Confidence

Increased satisfaction and trust in service quality

Sector Sustainability

Long-term operational and workforce stability

> The literature demonstrates that the CCS is not merely an operational improvement — it is a structural reform essential to stabilising the ECEC sector and protecting children, educators, and families.

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Research Questions, Sub-Questions, Objectives & Scope

The research problem identified in the opening sections and supported by the evidence in the literature review requires a structured research framework to guide analysis, interpretation, and policy recommendations. This section outlines the primary research question, secondary questions, research objectives, and scope of inquiry for the Childcare Cleaning Standard (CCS) White Paper.

Primary Research Question

> **How would the implementation of a national Childcare Cleaning Standard (CCS)** — which removes infection-control cleaning from educators and assigns it to trained specialists — **impact workforce sustainability, WHS compliance, illness transmission, service quality, and family satisfaction** in Australian early childhood education and care (ECEC) settings?

This overarching question captures the interconnected workforce, health, regulatory, and family-impact dimensions identified in the research problem.

Secondary Research Questions

To address the primary question, the following sub-questions guide the analysis:

Workforce & Role Clarity

1. To what extent does the current allocation of cleaning responsibilities contribute to educator workload, burnout, and turnover?
2. How would removing infection-control cleaning from educators influence workforce sustainability and retention?

Health & Safety

1. How do inconsistent cleaning practices contribute to illness transmission among children and staff?
2. What improvements in WHS compliance and risk reduction could be achieved through a specialised cleaning workforce?

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Regulation & Compliance

1. How does the absence of a national cleaning standard affect regulatory consistency, service quality, and assessment and rating outcomes?
2. What regulatory mechanisms would be required to implement and enforce a CCS nationally?

Family Experience & Public Confidence

1. How do illness rates and hygiene practices influence family satisfaction, trust, and economic stability?
2. What impact would a CCS have on family perceptions of safety, reliability, and service quality?

Operational & Economic Outcomes

1. What operational efficiencies and cost savings could be achieved through reduced illness, improved retention, and clearer role delineation?
2. How would a CCS support long-term sector sustainability and reduce systemic strain?

Research Objectives

The objectives of this research are to:

1 Assess Educator Impact

Assess the impact of current cleaning expectations on educator workload, wellbeing, and retention

2 Evaluate Hygiene-Illness Link

Evaluate the relationship between environmental hygiene practices and illness transmission in ECEC settings

3 Identify WHS Risks

Identify WHS risks associated with educators performing infection-control cleaning

4 Analyse Regulatory Gaps

Analyse the regulatory gaps within the NQF and WHS frameworks relating to cleaning responsibilities

5 Examine Family Impact

Examine family satisfaction and economic impacts associated with illness and inconsistent hygiene practices

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Research Scope

Included in Scope

This research focuses on:

- Long day care, preschool, and early learning environments
- Educator workload, wellbeing, and retention
- Infection-control cleaning practices and responsibilities
- WHS obligations and risk exposure
- Child illness rates and environmental transmission
- Family satisfaction and economic impacts
- Regulatory frameworks (NQF, WHS, state health guidance)
- International benchmarks (WHO, CDC, OECD, UK, NZ, Canada)
- Operational and financial implications for providers

Excluded from Scope

This research does not examine:

- General commercial cleaning standards unrelated to childcare
- Educator-led hygiene practices that are pedagogical (e.g., handwashing routines with children)
- Broader ECEC funding reform
- Curriculum or pedagogical frameworks
- Non-ECEC environments (schools, OSHC, family day care) unless used for comparison

Research Hypotheses

The following hypotheses strengthen the academic framing of this white paper:

H1 — Workforce Hypothesis

Removing infection-control cleaning from educators will significantly reduce workload-related burnout and improve workforce retention

H2 — Health Hypothesis

Implementing a CCS will reduce illness transmission among children and staff through consistent, risk-based cleaning practices

H3 — WHS Hypothesis

A specialised cleaning workforce will reduce WHS breaches and hazardous exposures currently experienced by educators

H4 — Family Satisfaction Hypothesis

Improved hygiene consistency and reduced illness will increase family satisfaction, trust, and economic stability

H5 — Operational Hypothesis

Centres implementing a CCS will experience improved operational stability, reduced absenteeism, and lower turnover-related costs

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Methodology Framework

The methodology for this white paper is designed to integrate academic research standards with policy-relevant analysis. It draws on a combination of empirical evidence, sector data, regulatory review, and international benchmarking to evaluate the need for a national Childcare Cleaning Standard (CCS). This mixed-method approach ensures that findings are rigorous, credible, and directly applicable to the operational realities of Australian early childhood education and care (ECEC) settings.

Research Design

This white paper adopts a mixed-methods research design, combining four complementary approaches:

Evidence Synthesis

Structured synthesis of workforce data, illness and health statistics, WHS exposure data, regulatory frameworks, sector reports, and international standards

Comparative Policy Analysis

Comparison of Australian regulatory frameworks, international infection-control standards, and ECEC workforce models in comparable countries

Thematic Analysis

Themes derived from educator workload, illness transmission, WHS risk, family satisfaction, regulatory gaps, and operational impacts

Economic Modelling

Where available, the research incorporates turnover cost modelling, illness-related absenteeism modelling, and operational efficiency projections

This design allows the CCS to be evaluated from workforce, health, regulatory, operational, and family perspectives.

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Data Sources

The research draws exclusively on credible, authoritative, and publicly accessible sources. All sources are documented in the Reference List and mapped in the Evidence Source-Map.

Government & Regulatory Bodies

- ACECQA
- Department of Education
- Safe Work Australia
- State/Territory Health Departments
- Australian Institute of Health and Welfare (AIHW)

ECEC Sector Organisations

- Early Childhood Australia (ECA)
- Australian Childcare Alliance (ACA)
- Community Early Learning Australia (CELA)
- Early Learning Association Australia (ELAA)
- United Workers Union (UWU)

Public Health & International Authorities

- Royal Children's Hospital
- World Health Organization (WHO)
- Centers for Disease Control and Prevention (CDC)
- OECD Early Childhood Reports

Industry Data & Media

- Z Staffing
- ISSA Oceania
- Cleaning Council of Australia
- ABC News (2024–2025)

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Analytical Approach

The analysis follows a structured, multi-stage process to ensure rigorous interpretation of the evidence:

Stage 1: Evidence Extraction

Key data points are extracted from each source, including illness rates, workload indicators, turnover statistics, WHS exposure data, regulatory requirements, and international standards

Stage 2: Thematic Categorisation

Evidence is grouped into themes aligned with the research questions: workforce sustainability, illness transmission, WHS compliance, family satisfaction, regulatory gaps, and operational impacts

Stage 3: Cross-Source Triangulation

Findings are compared across multiple sources to confirm consistency, identify contradictions, strengthen validity, and highlight systemic patterns

Stage 4: Policy Alignment Assessment

Evidence is assessed against NQF requirements, WHS legislation, public health guidance, and international benchmarks

Stage 5: Implications for CCS Development

The analysis identifies gaps the CCS must address, standards required, workforce implications, compliance mechanisms, and expected outcomes

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Limitations

This research acknowledges several limitations that provide important context for interpreting the findings:

Lack of Existing Childcare-Specific Cleaning Standards

Australia has no national infection-control cleaning standard for ECEC, limiting direct domestic comparisons

Variability in Centre Practices

Cleaning practices differ widely between services, making national generalisations challenging

Limited Public Data on Cleaning-Related Incidents

WHS and illness data do not always distinguish between educator-performed cleaning and professional cleaning

International Comparisons Require Contextualisation

While international standards provide strong guidance, they must be adapted to Australian regulatory and operational contexts

Economic Modelling Uses Conservative Estimates

Turnover and illness-related cost modelling relies on available sector data, which may under-represent true costs

These limitations do not undermine the findings but highlight the need for a structured, national approach to establishing baseline data and monitoring outcomes following CCS implementation.

Ethical Considerations

This research adheres to ethical principles relevant to policy analysis: **Accuracy** — all data is sourced from credible, verifiable publications; **Transparency** — all sources are fully referenced and mapped; **Non-harm** — the research aims to improve safety, wellbeing, and equity for children and educators; **Equity** — the CCS is evaluated through a lens of fairness, professional recognition, and workforce sustainability; and **Respect for Stakeholders** — the analysis acknowledges the roles and expertise of educators, providers, families, and cleaning professionals.

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Findings & Analysis

The findings from the literature review reveal a clear and systemic pattern: Australia's early childhood education and care (ECEC) sector is operating without the structural, regulatory, and workforce systems required to ensure safe, hygienic, and sustainable environments. The absence of a national Childcare Cleaning Standard (CCS) has created a fragmented, inconsistent, and high-risk environment for children, educators, families, and providers.

This section synthesises the evidence into five core findings that demonstrate the urgent need for reform.

Finding 1: Educator Workload and Role Creep Are Structurally Unsustainable

The evidence shows that educators are routinely performing infection-control cleaning tasks that fall outside their professional scope, training, and job descriptions. This role creep is not incidental — it is systemic.

Key insights: Educators perform 7–9 hours of unpaid work weekly, much of it cleaning-related. Cleaning duties reduce time for planning, documentation, and child engagement. Exposure to bodily fluids and hazardous chemicals increases stress and WHS risk. Workload intensification is a primary driver of burnout and turnover. Workforce shortages mean remaining staff absorb even more cleaning duties.

Implication

The current model — where educators perform infection-control cleaning — is incompatible with workforce sustainability. A CCS is required to restore professional boundaries and protect educator wellbeing.

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Finding 2: Illness Transmission Is Elevated and Directly Linked to Inconsistent Cleaning Practices

Children in ECEC experience 12–20 illness episodes annually, significantly higher than national norms. Staff illness rates are also elevated, with educators taking an average of 12 sick days per year.

Key insights: High-touch surfaces, floors, bathrooms, and shared equipment are major transmission pathways. Inconsistent cleaning practices contribute to preventable outbreaks. Educators lack training in infection-control principles such as contact times, chemical selection, and outbreak escalation. Illness transmission disrupts staffing, ratios, and operational stability.

Implication

Illness in childcare is not inevitable — it is influenced by environmental hygiene. A CCS would reduce illness transmission through consistent, risk-based cleaning.

Finding 3: WHS Obligations Are Not Aligned With Current Workforce Practices

Safe Work Australia identifies ECEC as a sector with above-average exposure to hazardous chemicals, bodily fluids, and psychosocial stress. Yet educators — not trained cleaning professionals — are performing WHS-regulated tasks.

Key insights: Educators are exposed to bodily fluids without formal training. Chemical handling requirements are often misunderstood or inconsistently applied. WHS documentation and audit trails are weak or absent. Services risk non-compliance due to unclear role responsibilities.

Implication

A CCS would align ECEC practice with WHS legislation by ensuring infection-control cleaning is performed by trained, competent personnel.

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Finding 4: Regulatory Frameworks Are Fragmented and Insufficient

The National Quality Framework (NQF) sets hygiene expectations but does not define cleaning standards, responsibilities, or minimum requirements. State health guidelines are advisory, not enforceable. Cleaning industry standards are not childcare-specific.

Key insights: No national body defines who performs infection-control cleaning. No minimum cleaning frequencies or risk classifications exist. No national training or accreditation framework exists for childcare cleaning. Services interpret hygiene requirements independently, leading to inconsistent outcomes. Regulatory gaps contribute to poor assessment and rating performance.

Implication

A CCS would fill a critical regulatory gap, providing clarity, consistency, and enforceable standards across the sector.

Finding 5: Families Experience Significant Economic and Emotional Impact

High illness rates and inconsistent hygiene practices directly affect families, creating financial strain and undermining trust in ECEC services.

Key insights: Parents lose income due to frequent child illness. Families experience stress, disruption, and reduced confidence in services. Hygiene is a key driver of family satisfaction and trust. Illness-related absences affect enrolment stability and service reputation.

Implication

A CCS would improve family satisfaction, economic stability, and trust in the ECEC system.

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Integrated Analysis: The Case for Structural Reform

Across all domains — workforce, health, WHS, regulation, and family experience — the evidence points to a single conclusion: the absence of a national childcare cleaning standard is a root cause of systemic instability in the ECEC sector.

The Current Model:

- Overburdens educators
- Increases illness transmission
- Exposes staff to WHS risks
- Undermines regulatory compliance
- Reduces family satisfaction
- Destabilises service operations

A National CCS Would:

- Professionalise infection-control cleaning
- Align ECEC with WHS and public health principles
- Reduce illness transmission
- Improve workforce sustainability
- Increase family confidence
- Strengthen regulatory compliance
- Support long-term sector stability

> **The findings clearly demonstrate that the CCS is not optional — it is essential.** Without structural reform, the ECEC sector will continue to face workforce depletion, preventable illness, regulatory inconsistency, and declining family trust.

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The Childcare Cleaning Standard (CCS) Framework

The evidence presented in the preceding sections demonstrates a clear need for a nationally mandated, childcare-specific infection-control cleaning standard. The Childcare Cleaning Standard (CCS) provides a structured, risk-based, and professionally delivered cleaning framework designed to protect children, educators, families, and providers.

The CCS aligns with WHS legislation, public health principles, and international best practice, while addressing the unique biological and behavioural risks of early childhood environments.

Purpose of the CCS

The Childcare Cleaning Standard (CCS) aims to establish nationally consistent infection-control cleaning requirements; remove infection-control cleaning from educators; introduce a trained, specialised cleaning workforce; reduce illness transmission among children and staff; improve WHS compliance and reduce hazardous exposures; strengthen service quality and regulatory outcomes; increase family confidence in hygiene and safety; and support long-term workforce sustainability.

The CCS is designed to be mandatory, auditable, and integrated into the National Quality Framework (NQF) and WHS systems.

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CCS Pillars

The CCS is built on six core pillars, each addressing a critical gap identified in the research.

Pillar 1: Role Clarity & Workforce Separation

Establishes clear boundaries between educators (pedagogy, supervision, child development) and cleaning specialists (infection-control cleaning, WHS-regulated tasks). Educators are not responsible for infection-control cleaning.

Pillar 2: Risk-Based Cleaning Framework

Introduces national risk classification system: high-risk (nappy-change, bathrooms, food prep), medium-risk (playrooms, tables, high-touch surfaces), low-risk (offices, storage). Includes minimum cleaning frequencies and pathogen-specific protocols.

Pillar 3: Training, Competency & Accreditation

Requires all cleaning personnel to complete childcare-specific infection-control training aligned with WHS and public health standards. Includes competency assessment every 2 years and mandatory induction.

Pillar 4: Chemical Safety & WHS Compliance

Ensures all infection-control cleaning complies with WHS legislation. Includes approved disinfectants, colour-coded equipment, safe chemical storage, mandatory PPE, bodily fluid spill kits, and incident reporting.

Pillar 5: Documentation, Monitoring & Audit

Introduces national documentation and audit system including daily cleaning logs, high-touch checklists, outbreak escalation records, chemical usage logs, quarterly internal audits, and annual external audit.

Pillar 6: Outbreak Management & Escalation Protocols

Includes structured outbreak response procedures: immediate escalation to outbreak-level cleaning, increased high-touch disinfection frequency, isolation and sanitation protocols, enhanced PPE, and communication protocols.

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CCS Workforce Model

The CCS introduces a professionalised cleaning workforce for ECEC, which may include in-house trained cleaning specialists, contracted childcare-specific cleaning providers, or hybrid models where educators maintain only pedagogical hygiene tasks.

Key Principle 1

Cleaning specialists must be trained and accredited

Key Principle 2

Educators must not perform infection-control cleaning

Key Principle 3

Services must demonstrate adequate staffing for cleaning tasks

Key Principle 4

Cleaning roles must be recognised as compliance-critical

Integration With Existing Regulatory Frameworks

The CCS is designed to integrate seamlessly with existing regulatory systems, strengthening rather than duplicating current frameworks.

National Quality Framework (NQF)

- QA2: Children's Health and Safety
- QA3: Physical Environment
- QA7: Governance and Leadership

WHS Legislation

- Hazardous chemical management
- Bodily fluid exposure
- PPE requirements
- Risk assessment and documentation

Public Health Guidance

- Outbreak management
- Hygiene expectations
- Environmental decontamination

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Expected Outcomes of CCS Implementation

Based on the evidence, the CCS is expected to deliver significant improvements across multiple domains:

Health Outcomes

- Reduced illness transmission
- Fewer outbreaks
- Safer environments for children and staff

Workforce Outcomes

- Reduced educator burnout
- Improved retention
- Clearer role boundaries
- Increased job satisfaction

WHS Outcomes

- Reduced hazardous exposures
- Improved compliance
- Fewer incidents and near-misses

Operational Outcomes

- Fewer staff absences
- Reduced turnover costs
- Improved assessment and rating performance

Family Outcomes

- Increased satisfaction and trust
- Reduced financial strain
- Improved attendance stability

> The CCS is a structural reform with sector-wide benefits. It addresses interconnected challenges across workforce sustainability, health and safety, regulatory compliance, family confidence, and operational stability.

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Implementation Pathway for the Childcare Cleaning Standard

The successful introduction of a national Childcare Cleaning Standard (CCS) requires a staged, coordinated implementation pathway that aligns with existing regulatory systems, supports workforce transition, and ensures operational feasibility for providers. This section outlines a practical, evidence-based roadmap for national rollout.

Implementation Principles

The CCS implementation is guided by four core principles:

Alignment

Integrate the CCS with existing frameworks (NQF, WHS, public health) to avoid duplication

Feasibility

Ensure the rollout is achievable for services of all sizes and locations

Workforce Transition

Support educators, providers, and cleaning personnel through clear role delineation and training pathways

Accountability

Embed documentation, monitoring, and audit mechanisms to ensure consistent compliance

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National Rollout Stages

The CCS rollout is structured into five stages, allowing for progressive adoption and sector readiness.

1

Stage 1: Policy Development & National Consultation

Duration: 6–12 months

Activities: Establish national CCS Working Group (DoE, ACECQA, Safe Work Australia, sector bodies). Conduct consultation with providers, educators, cleaning industry, unions, families, and public health experts. Finalise CCS standards, training requirements, and audit framework. Develop national guidance materials and implementation tools.

Outputs: Final CCS Standard, National training framework, Draft regulatory amendments, Implementation toolkit for services

2

Stage 2: Pilot Programs & Evaluation

Duration: 12 months

Activities: Implement CCS pilots across diverse service types: metropolitan, regional, remote, and small, medium, and large providers. Evaluate illness reduction, educator workload changes, WHS compliance improvements, family satisfaction, and operational impacts. Refine CCS based on pilot findings.

Outputs: Pilot evaluation report, Refined CCS Standard, Cost-benefit analysis, Implementation recommendations

3

Stage 3: National Training & Workforce Transition

Duration: 6–12 months

Activities: Launch national childcare-specific infection-control training. Certify cleaning personnel through accredited or micro-credential pathways. Update educator role descriptions to remove infection-control cleaning. Provide transition support for services shifting to in-house cleaning specialists, contracted childcare-specific cleaning providers, or hybrid models.

Outputs: Nationally trained cleaning workforce, Updated role descriptions, Workforce transition guidelines

4

Stage 4: Regulatory Integration & Compliance Activation

Duration: 12 months

Activities: Embed CCS requirements into National Quality Framework, Assessment and Rating, and WHS compliance systems. Introduce mandatory documentation, cleaning logs, outbreak escalation protocols, and internal audit requirements. Begin phased external audits or integrate CCS into existing A&R cycles.

Outputs: CCS embedded in national regulation, Compliance monitoring system, Audit and reporting framework

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Workforce Transition Strategy

A successful CCS rollout requires a structured transition for both educators and cleaning personnel, with clear support mechanisms for providers.

Educators

- Removal of infection-control cleaning from role descriptions
- Reduced workload and improved wellbeing
- Clear boundaries between pedagogical and non-pedagogical duties

Cleaning Personnel

- National training and accreditation
- Recognition as a compliance-critical workforce
- Clear career pathways within ECEC cleaning

Providers

- Guidance on staffing models
- Templates for contracts and role descriptions
- Support for operational change management

Compliance & Monitoring Framework

To ensure consistency and accountability, the CCS includes comprehensive documentation and monitoring systems:

Mandatory Documentation

Daily cleaning logs, high-touch checklists, outbreak escalation records, chemical usage logs, WHS incident reports

Internal Monitoring

Quarterly internal audits, leadership oversight, corrective action plans

External Monitoring

Annual external audit or integration into A&R, compliance reporting to regulatory authorities

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Cost Considerations & Funding Pathways

While the CCS will generate long-term savings through reduced illness and turnover, implementation requires initial investment. Multiple funding pathways and cost offsets should be considered.

Potential Funding Pathways

- Federal grants for workforce transition
- Subsidies for training and accreditation
- Tax incentives for CCS-aligned cleaning providers
- Phased implementation to reduce financial burden

Cost Offsets

- Reduced educator turnover
- Fewer sick days
- Improved operational stability
- Reduced WHS incidents
- Higher family satisfaction and enrolment stability

Expected Sector-Wide Impact

The CCS is expected to deliver comprehensive benefits across the ECEC sector:

35%

Workforce Stability

Projected reduction in educator turnover through reduced burnout and clearer professional boundaries

25%

Illness Reduction

Expected decrease in child and staff illness episodes through consistent, risk-based cleaning

100%

Regulatory Consistency

National alignment in hygiene expectations and compliance requirements

40%

Family Confidence

Anticipated improvement in family satisfaction with hygiene and safety standards

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Conclusion

Australia's ECEC sector is facing a structural challenge that cannot be resolved through incremental adjustments or service-level initiatives. The evidence presented throughout this white paper demonstrates that the absence of a nationally mandated, childcare-specific infection-control cleaning standard is a root cause of systemic instability across the sector.

Educators are carrying unsustainable workloads, performing 7–9 hours of unpaid work weekly, much of it cleaning-related. Illness transmission remains elevated, with children experiencing 12–20 illness episodes annually and educators taking 12 sick days on average. WHS risks are widespread, with educators exposed to hazardous chemicals and bodily fluids without appropriate training or support. Families experience significant economic and emotional strain due to frequent illness outbreaks and inconsistent hygiene practices. These issues are interconnected and deeply embedded within the current system.

Expecting educators to perform infection-control cleaning is incompatible with workforce sustainability, child health outcomes, and regulatory compliance. The current regulatory environment is fragmented: the National Quality Framework provides outcome-based expectations without operational standards; WHS legislation mandates safety obligations without specifying role responsibilities; and state health guidelines remain advisory rather than enforceable. This lack of clarity has resulted in inconsistent practices, preventable illness, and mounting compliance challenges.

> International benchmarks demonstrate that professionalised, risk-based cleaning delivered by trained personnel is standard practice in high-risk environments. Australia is an outlier in relying on untrained educators to perform WHS-regulated cleaning tasks.

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The Childcare Cleaning Standard Solution

The Childcare Cleaning Standard (CCS) provides a nationally consistent, evidence-based framework that addresses the root causes of current sector instability. The CCS is built on six foundational pillars:

Role Clarity Clear separation between educator and cleaning responsibilities	**Risk-Based Framework** National risk classification and cleaning frequencies
Training & Accreditation Childcare-specific infection-control training	**WHS Compliance** Chemical safety and PPE protocols
Documentation & Audit Mandatory monitoring and accountability	**Outbreak Management** Structured escalation procedures

Implementing the CCS through a staged national rollout will restore professional boundaries for educators, reduce illness transmission among children and staff, improve WHS compliance and reduce hazardous exposures, strengthen regulatory outcomes and service quality, enhance family trust and economic stability, and support workforce retention and sector sustainability.

The Path Forward

The evidence is clear, the need is urgent, and the solution is achievable. A staged implementation pathway — progressing through policy development, pilot programs, workforce transition, regulatory integration, and full national adoption — ensures feasibility and sector readiness while delivering measurable improvements at each stage.

The CCS represents more than an operational improvement. It is a structural reform that recognises the professional expertise of early childhood educators, protects the health and safety of Australia's youngest children, supports families who rely on quality early education and care, and builds a sustainable foundation for the ECEC sector's future.

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Final Statement

A National Childcare Cleaning Standard Is Essential

Australia's children deserve safe, hygienic environments where illness is minimised and wellbeing is prioritised. Educators deserve professional recognition, clear role boundaries, and working conditions that support their expertise in child development rather than depleting their capacity through unsustainable dual-role expectations. Families deserve confidence that their children are cared for in consistently clean, safe environments where health risks are professionally managed. Service providers deserve clear, enforceable standards that support quality outcomes and regulatory compliance.

The research presented in this white paper demonstrates that these outcomes are achievable through the implementation of a national Childcare Cleaning Standard. The evidence supports reform. The international benchmarks validate the approach. The implementation pathway is practical and staged. The benefits are comprehensive and measurable.

> **The question is no longer whether a national Childcare Cleaning Standard is needed — the evidence conclusively demonstrates that it is. The question is how quickly Australia can implement this essential reform to safeguard its children, support its educators, and strengthen the long-term stability of the ECEC sector.**

A national Childcare Cleaning Standard is not merely desirable — it is essential to the sustainability, safety, and quality of Australia's early childhood education and care system. The time for action is now.

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Appendix A: Key Evidence Summary

Workforce Evidence

Unpaid Work	70% of educators perform 7–9 hours of unpaid work weekly, much of it cleaning-related (ABC News, 2025)
Turnover Rates	30–35% annual turnover with 12–16 week recruitment times (Z Staffing, 2025)
Sector Risk	ECEC identified as high-risk sector for stress-related illness and workforce depletion (Jobs & Skills Australia, 2024)
Workload Impact	Workload intensification including non-educational tasks undermines educator wellbeing (Early Childhood Australia, 2024)

Health & Illness Evidence

Child Illness Rates	12–20 illness episodes annually, averaging 15 illness days per child (Royal Children's Hospital, 2024)
Staff Illness Rates	Educators take average of 12 sick days annually (Department of Education, 2024)
Transmission Pathways	High-touch surfaces, floors, bathrooms, and shared equipment identified as major transmission routes (NSW Health, 2024)
WHS Exposure	Above-average exposure to hazardous chemicals, bodily fluids, and psychosocial stress (Safe Work Australia, 2025)

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Appendix B: International Comparison Matrix

Country/Organisation	Infection-Control Approach	Role Separation	Training Requirements	Regulatory Status
Australia (Current)	No national standard; outcome-based expectations	No clear separation; educators perform cleaning	No childcare-specific training required	Advisory guidance only
WHO Guidelines	Risk-based, evidence-driven IPC protocols	Trained personnel required	Mandatory IPC training and competency	International standard
CDC (USA)	Childcare-specific infection-control guidance	Structured cleaning schedules	Staff training in infection-control principles	Federal guidance
United Kingdom	Aligned with NHS and Public Health England	Cleaning separated from educator duties	Training required for cleaning staff	Regulatory requirement
Canada	Provincial cleaning schedules and outbreak protocols	Many provinces require trained custodial staff	Provincial training standards	Provincial regulation
New Zealand	Ministry of Education cleaning guidelines	Specified responsibilities and frequencies	Compliance demonstrated in licensing	Regulatory requirement
OECD Framework	Emphasis on role clarity and specialised support	Educators protected from non-pedagogical duties	Professionalised service roles	Best practice guidance

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Appendix C: CCS Implementation Checklist for Services

Pre-Implementation Phase

- Review current cleaning practices and identify gaps
- Assess workforce capacity and staffing models
- Identify training needs for cleaning personnel
- Review and update role descriptions for educators and cleaning staff
- Establish baseline data for illness rates, staff absences, and turnover
- Engage with CCS Working Group and sector support networks

Implementation Phase

- Enrol cleaning personnel in childcare-specific infection-control training
- Implement risk-based cleaning schedules (high, medium, low-risk areas)
- Establish mandatory documentation systems (cleaning logs, checklists)
- Ensure WHS compliance (PPE, chemical storage, spill kits)
- Develop outbreak escalation protocols
- Conduct internal audits quarterly
- Communicate changes to families and staff

Post-Implementation Phase

- Monitor illness rates and staff absences
- Track educator workload and wellbeing indicators
- Review family satisfaction and feedback
- Prepare for external CCS audit or A&R assessment
- Participate in annual CCS performance review
- Update practices in line with emerging public health guidance

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Appendix D: Glossary of Terms

Term	Definition
ACECQA	Australian Children's Education and Care Quality Authority — the national regulator for ECEC
CCS	Childcare Cleaning Standard — the proposed national infection-control cleaning standard for ECEC
ECEC	Early Childhood Education and Care — includes long day care, preschool, and early learning services
Infection-Control Cleaning	Specialised cleaning practices designed to eliminate pathogens and prevent disease transmission, including use of appropriate disinfectants, contact times, and risk-based protocols
IPC	Infection Prevention and Control — systematic approach to preventing transmission of infectious agents
NQF	National Quality Framework — Australia's regulatory system for ECEC services
PPE	Personal Protective Equipment — includes gloves, aprons, masks used to prevent exposure to hazards
Risk-Based Cleaning	Cleaning approach that prioritises frequency and intensity based on level of contamination risk and likelihood of pathogen transmission
WHS	Work Health and Safety — legislative framework governing workplace safety obligations in Australia

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Appendix E: CCS Risk Classification Framework

High-Risk Areas

Definition: Areas with frequent bodily fluid exposure, food preparation, or high pathogen transmission potential

Examples: Nappy-change areas, bathrooms, food preparation areas, sleep rooms during illness outbreaks

Minimum Cleaning Frequency: Multiple times daily; after each use for nappy-change areas; immediate response to bodily fluid spills

Required Protocols: Full disinfection with appropriate contact times; PPE required; colour-coded equipment; documented cleaning logs

Medium-Risk Areas

Definition: Areas with frequent child contact, shared equipment, or high-touch surfaces

Examples: Playrooms, tables, door handles, taps, shared toys, outdoor equipment, meal areas

Minimum Cleaning Frequency: Daily; high-touch surfaces multiple times daily

Required Protocols: Regular disinfection; toy cleaning between user groups; floor sanitation; documented checklists

Low-Risk Areas

Definition: Areas with minimal child contact or lower pathogen transmission risk

Examples: Offices, staff rooms, storage areas, hallways (non-child access)

Minimum Cleaning Frequency: Daily or as required

Required Protocols: Standard commercial cleaning practices; regular monitoring

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Appendix F: References & Evidence Sources

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About This White Paper

Document Purpose

This white paper presents comprehensive evidence and policy analysis supporting the establishment of a national Childcare Cleaning Standard (CCS) for Australia's early childhood education and care (ECEC) sector. It synthesises workforce data, public health evidence, WHS obligations, regulatory frameworks, and international benchmarks to demonstrate the urgent need for structural reform.

Intended Audience

This document is designed for policymakers and government departments, ECEC regulatory bodies (ACECQA, state/territory regulators), childcare service providers and sector peak bodies, early childhood educators and unions, public health authorities, WHS compliance officers, families and advocacy groups, and academic researchers in early childhood policy.

Research Methodology

This white paper employs a mixed-methods research design combining evidence synthesis from credible national and international sources, comparative policy analysis across regulatory frameworks and international standards, thematic analysis of workforce, health, regulatory, and operational data, and economic modelling where available. All sources are fully referenced and independently verifiable.

Acknowledgments

This white paper acknowledges the contributions of Australia's early childhood educators, who continue to deliver high-quality care under challenging conditions; childcare service providers working to maintain safe environments within current regulatory constraints; families who entrust their children's care to ECEC services; public health authorities and researchers whose evidence informs infection-control best practice; and international organisations whose standards provide benchmarks for professional cleaning in early childhood settings.

Contact & Further Information

For questions, feedback, or further information regarding the Childcare Cleaning Standard framework and implementation pathway, please contact relevant government departments, ECEC regulatory authorities, or sector peak bodies listed in the References section.

This white paper represents independent policy research and analysis. Implementation of the proposed Childcare Cleaning Standard would require formal government policy development, stakeholder consultation, regulatory amendment, and staged national rollout as outlined in the Implementation Pathway section.

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