



Date of Decision: 13 January 2016
File number: STR0020

Approved provider' and NSW Department of Education and Communities, [2016] ACECQARRPstr0020 (13 January 2016)

APPLICANT: 'Approved provider'
REGULATORY AUTHORITY: NSW Department of Education and Communities
Date of Decision: 13 January 2016
Application reference: STR0020

Decision

The Ratings Review Panel (the Panel) by consensus decided to amend elements 6.3.1 and 6.3.3 from not met to met. As a result, the Panel amended the rating level for standard 6.3 to Meeting NQS, the rating level for Quality Area 6 to Meeting NQS, and the service's overall rating to Meeting NQS. The Panel by consensus decided to confirm the rating levels for Quality Areas 1, 4 and 7 as Meeting NQS.

Issues under review

1. The approved provider (the provider) sought a review on the grounds that the regulatory authority in making its determination, failed to take into account or give sufficient weight to facts existing at the time of the rating assessment (section 144(3)(b) *Education and Care Services National Law* (National Law)).
2. The approved provider sought a review of
 - Quality Area 1, Standard 1.1 and 1.2
 - Quality Area 4, Standard 4.1 and 4.2
 - Quality Area 6, Standard 6.3, elements 6.3.1 and 6.3.3
 - Quality Area 7, Standard 7.1, 7.2 and 7.3
3. After the initial assessment, the service was rated as Meeting NQS for Quality Areas 1, 2, 4, 5 and 7 and Working Towards NQS for Quality Areas 3 and 6.
4. The approved provider applied for first tier review on the basis that the authorised officers failed to obtain sufficient evidence to enable an accurate rating of the service to be made.

Regulatory authority's view



5. At first tier review, the regulatory authority determined that Quality Areas 1,2,4,5 and 7 remained at Meeting NQS and Quality Area 6 remained at Working Towards NQS. The regulatory authority amended the rating for Quality Area 3 to Meeting NQS. The overall rating remained at Working Towards NQS.

Applicant's view

6. The approved provider claims authorised officers were unwilling to consider information and facts available on the day of the visit which staff and educators at the service had attempted to point out. The provider claims the authorised officer declined to review policies and other information available on the day. The approved provider submits that Exceeding NQS is a better reflection of the service for Quality Areas 1, 4 and 7 and that Meeting NQS is a better reflection of the service for Quality Area 6.

Evidence before the panel

7. The Panel considered all the evidence submitted by the provider and the regulatory authority. This included:
 - the application for second tier review and its attachments
 - the Assessment and Rating Instruments and the final Assessment and Rating Report
 - the service's feedback to the draft report
 - the application for first tier review and its attachments
 - the regulatory authority's findings at first tier review
 - the regulatory authority's submission to second tier review
 - the provider's response to the regulatory authority's submissions.

The law

8. Section 151 of the National Law states that following a review, the Ratings Review Panel may:
 - (a) confirm the rating levels determined by the Regulatory Authority; or
 - (b) amend the rating levels.

Review of rating levels

9. The Panel considered each Quality Area and element under review.

Standard 1.1

10. Standard 1.1 is that:



An approved learning framework informs the development of a curriculum that enhances each child's learning and development.

11. The Panel noted that to achieve a rating of Exceeding NQS, it may expect to see evidence of the following:
- Curriculum decision making maximises each child's learning and development opportunities
 - Each child's current knowledge, ideas, culture, abilities and interests are consistently incorporated and actively drive all aspects of the program
 - The program, including routines, is organised in ways that maximise each child's involvement and engagement in learning
 - The documentation about each child's program and progress is available in an accessible format and opportunities are provided for discussion with families
 - Each child is actively and consistently supported to engage in the program
 - Each child's agency is consistently considered and promoted, enabling them to make a range of choices and decisions to influence events and their world.

Regulatory authority's view

12. The final report identifies the following as being Meeting NQS level:
- The service philosophy guides pedagogy and teaching decisions by reflecting the principles of the Early Years Learning Framework (EYLF).
 - The curriculum throughout the scheme reflects an understanding of the EYLF.
 - There are references to the learning outcomes displayed in each educator's residence. Each educator's documentation shows links to the learning outcomes and influences the curriculum.
 - The service enhances children's sense of belonging by displaying photos of children, their families and samples of their work in educators' homes.
 - The 'child profile' families complete on enrolment provides a foundation for curriculum decision making based on children's culture, interests, knowledge and abilities. The information provided is used to guide programming.
 - Educators gather information on individual and groups of children to inform the program. For example current information is gathered through learning stories, photos, samples of work and daily conversations with children and families.
 - Educators use children's current interests to program a range of experiences. For example, an educator planned and provisioned a themed play area because one of the children was interested in that theme.



- Programs are flexible with educators following children's current interest regardless of programmed activities or experiences that have been set out.
 - Educators engage with infants during routine times such as nappy change and feeding.
 - Routines are used to extend children's learning and development. Children assist to pack away and engage in conversations at mealtimes.
 - A balance of spontaneous and planned experiences allows children to be actively engaged in their learning.
 - Educators display their daily routine for families. Most educators are flexible with the routine and consult with children. For example, children have been engaged in their play and the educator asks them 'would you like to have lunch now?'
 - Educators display a program.
 - Children's individual portfolios are available to be viewed. These include samples of work, observations, learning stories and developmental milestones.
 - Children's learning is displayed around educator's services for families and children to view.
 - Most educators document a day book, 'daily reflections' including photographs detailing experiences children have been engaged in throughout the day. These are available at educators' residences or emailed to families.
 - Educators are aware of children's individual learning and provide experiences and resources to meet their interests, strengths and needs.
 - The service philosophy supports the idea that every child is unique.
 - Officers observed children being acknowledged as competent and capable and being encouraged to do things independently.
 - Resources and materials are set out for children to have independent access.
 - Some educators ensure children have independent access to their belongings throughout the day.
 - Children are supported by educators to feed themselves, apply sunscreen, put on and take off their shoes.
 - Educators consistently encourage children to initiate their own play and respond to children's choices.
13. The report also identifies the following:
- Educators also use other mediums such as email, Facebook to update families during the day.
 - All documents are available in an accessible format for families and children.
 - Each family day care residence has a list of "rules and guidelines" that are displayed and created with children as is age appropriate.



- Routines are flexible enabling children to make choices that affect their day.
 - Children are given the choice as to whether or not they are ready for morning or afternoon tea and where they sit for mealtimes.
14. At first tier review, the regulatory authority was of the view that while the service demonstrates good practices, there is insufficient evidence to support a higher rating for Standard 1.1.

Applicant's view

15. In its application at first tier review, the approved provider submitted that the service is exceeding the standard because:
- In addition to the evidence provided by the assessor on the day, program and routines are organised in ways to maximize the involvement and engagement in learning for each child.
 - Children are aware of routines which are flexible to meet the needs of children; this includes handwashing and the application of sunscreen.
 - Children are regularly asked, for example: "are you ready for morning tea" rather than told "it's time for morning tea".
 - Children are supported to take responsibility for self-help skills as is age appropriate.
 - Daily routines are displayed throughout the service.
 - Hand washing and applying sunscreen and other routine tasks are used for educating children on the reasons for doing so.
 - Educators use routine tasks with babies such as nappy changing to initiate one to one interactions.
 - Educators sit with children during mealtimes and engage in conversation and interaction while creating a positive environment.
 - Program and progress is available in an accessible format and families are given the opportunity to discuss.
 - The curriculum is displayed at each family day care residence, including an analysis of learning.
 - The weekly curriculum is linked to the five EYLF outcomes.
 - Daily reflections of program and learning are completed and available for families each day, and are also linked to the EYLF outcomes.
 - Families are provided with opportunities to discuss with educators each day on arrival and departure.
 - Families are encouraged to provide feedback on the program and their child's development records.
 - Educators complete portfolios which include observations and samples of each child's work.
 - Educators also use other mediums such as email and Facebook to update families during the day.
 - Learning stories and observations and photo observations are completed regularly and are linked to the EYLF outcomes.



- Portfolios are readily available for families to view and discuss. Day sheets are available, particularly for younger children, to communicate nappy changes, sleeping and toileting. All documents are available in an accessible format for families and children.
 - Educators acknowledge children as competent and capable.
 - Educators encourage children to independently choose activities within different learning areas.
 - Educators engage with and respond to children's interactions with children both indoors and outdoors.
 - Children engage in opportunities that are appropriate to their age and state of development including block construction, home corner, science area, sustainability area, craft activities involving fine motor such as scissors and drawing.
 - Resources provided support the abilities of the children.
 - Support is provided to children with tasks such as cutting.
 - Group times are provided such as for reading, craft, working in garden outdoors.
 - Group activities provide the opportunity for cooperation for children and all children are supported to fully participate in the program.
 - Indoor and outdoor environments provide children with the opportunities to make choices about their own behaviours and decisions.
 - Each family day care residence has a list of "rules and guidelines" that are displayed and created in collaboration with children as is age appropriate.
 - Children are able to decide where they sit at mealtimes.
 - Children are given the choice as to whether or not they are ready for morning and afternoon tea.
 - Children are given the opportunity to choose from different learning areas and resources in the environment.
 - Routines are flexible enabling children to make choices that affect their day.
 - Children are encouraged to take responsibility for their self-help skills.
 - Children are given opportunities for uninterrupted play.
16. In addition to the comments above, the provider submitted as evidence the service's EYLF Guide for Educators along with examples of weekly program and reflections, developmental milestone checklists, random portfolio audits and learning material checklists.
17. At second tier review, the provider commented on notes found in some of the Assessment and Rating Instruments. The provider submitted:
- Department comments written are in respect to the educator's backyard being rendered unsafe for use by children as the result of a natural disaster that had gripped the area. As a result of our continual commitment to the NAS safety assessments conducted on the area



deemed it be unsafe. The educator is renting the premises and the landlord is awaiting insurance assessments. The educator informed the officer of this and also the strategies that had been put in place to ensure the children had access to outdoor play where possible

- The educational leader's name was incorrect in one of the Instruments
- In response to the regulatory authority's claims that there was no evidence provided for this element, the provider submitted that "all information provided was declined at time of visit. This information was offered in "take away" format and was also declined. Evidence was supplied in first tier review".
- In response to the regulatory authority's claim that educators could not explain element 1.1.3, the provider submitted: "This is out of context. It was stated to the officer that we believe due to the unique parameters of each educator this is an element best observed through the programming of each educator. We fully understand this element. She did not ask for an explanation of the element".

18. At second tier review, the provider also submitted a behaviour management and child protection policy, training in behaviour management, mandatory reporting and child protection, Keep Them Safe factsheets, and the mandatory reporter guide.

Panel's consideration

19. The Panel noted that the status of one educator's backyard, mentioned in one of the assessment and rating instruments, did not have a substantive bearing on the final rating.
20. The Panel noted that the educational leader's name being incorrect in one of the assessment and rating instruments did not affect the decision making of the authorised officers.
21. The Panel noted that the provider did not submit further evidence at second tier review concerning the additional information it offered to provide at the time of the assessment and rating visit. The Panel noted that it can only make a decision on evidence that is provided.
22. The Panel noted that the provider did provide copies of policies at second tier review, however these did not have a material bearing on the Panel's deliberations.
23. The Panel noted that the provider's contentions about points of evidence did not directly or negatively affect the rating. For instance, the regulatory authority assessed element 1.1.3 as met.
24. The Panel concluded that there was not enough evidence to support a change in the rating. The Panel determined that evidence included in the report supported a rating of Meeting NQS for standard 1.1.



25. The Panel noted that it could not find sufficient evidence of exceeding practice in standard 1.1.
26. The Panel agreed that the rating for standard 1.1 remains as Meeting NQS.

Standard 1.2

27. Standard 1.2 is that:
Educators and co-ordinators are focused, active and reflective in designing and delivering the program for each child.
28. The Panel noted that to achieve a rating of Exceeding NQS for this standard, it may expect to see evidence of the following:
 - assessment of each child's learning and development is part of an ongoing cycle of planning, documenting and evaluation. It is an interactive process that drives development of the program
 - educators consistently respond to children's ideas and play and intentional teaching is embedded within the program to scaffold and extend each child's learning
 - critical reflection on children's learning and development, both as individuals and in groups, is consistently used to implement, review and revise the program.

Regulatory authority's view

29. The final Assessment and Rating Report identifies the following as being Meeting NQS level:
 - The service has developed an education, curriculum and learning policy to support all educators' curriculum development and implementation.
 - Each child has an individual portfolio with samples of work, photographs of them engaged in the program and a developmental summary completed by their educator.
 - Although each educator is programming and documenting at different levels, records show a consistent link between planned experiences, reflection of learning and future planning for each child.
 - Educators revisit experiences for children to reflect and build on prior learning. For example, an educator is telling the story of the 3 little pigs with puppets and props. The children know the story enough to be a character and call out different lines, 'not by the hair on my chinny chinny chin chin', 'then I'll huff and I'll puff till I blow your house down'.
 - Educators use thought provoking words including 'what' and 'how' to encourage children to hypothesise. "What happens next?" "Who comes along?"
 - Educators extend children's ideas by joining in and supporting their play. An educator uses open ended questions and verbal guidance to prompt and support children's problem solving enabling them to complete a puzzle.



- Educators use a variety of methods to assist their reflection on children's experiences, thinking and learning. Educators use anecdotal observations, children's comments and conversations, samples of work, learning stories and photographs.
 - Educators regularly engage in reflective practice and this is documented. Educators evaluate the effectiveness of the learning environments, resources and experiences.
 - Coordinator fortnightly visits are used to assist educators identify ways to reflect and evaluate children's experiences.
30. At first tier review, the regulatory authority was of the view that while the service demonstrates good practices, there is insufficient evidence to support a higher rating for Standard 1.2.

Applicant's view

31. In its application at first tier review, the approved provider submitted that the service is exceeding the standard because:
- In addition to the evidence provided by the assessor, assessment of each child's learning and development is part of an ongoing cycle of planning, documenting and evaluation. It is an interactive process that drives development of the program.
 - Educators and staff use a variety of ways to collect, document and interpret information to assess children's learning including learning stories, photos, work samples, written observations, feedback from families and children.
 - All templates are provided to educators from the Educational Leader.
 - There are different options for programs and observations to meet the uniqueness of each educator, children and their environment.
 - Enrolment forms, observations, learning stories, daily reflections, artwork, and milestone checklists are used to gather information that drive the development of the program as part of an ongoing cycle.
 - Part of the program has allowed for spontaneous activities.
 - The curriculum is displayed for families and children.
 - Portfolios reflect the child's progress towards the EYLF outcomes.
 - Critical reflection on children's learning and development, both as individuals and in groups, is consistently used to implement, review and revise the program.
 - Educators evaluate the curriculum regularly.
 - Observations, learning stories of children are taken regularly and are analysed for future planning as part of the learning cycle.
 - Evaluations are linked to the EYLF.
 - Educators use daily reflections, conversations and feedback, photos and work samples to assist in evaluations.



- Coordinators visit each family day care educator on a fortnightly basis and use this time to discuss programming, child development and evaluations.
- The educational leader is available four days per week via email and phone and after hours via support Facebook page to assist educators.
- The assessor's comment in the draft report states: "The achievements in educational program and practice and establishing positive relationships with children and families are commended." However, this has not been reflected in the report.

32. No additional information was supplied at second tier review.

Panel's consideration

33. The Panel noted that it could not see evidence of an interactive process driving the development of the program. The Panel noted that no further information was provided by the provider at second tier review to demonstrate this.
34. The Panel noted that evidence provided by the provider at first tier review showed evidence that was consistent with Meeting NQS practice and that the provider did not provide strong evidence that demonstrated exceeding practice.
35. The Panel noted that the evidence provided does not show educators consistently responding to children's ideas and play, and that it could not see evidence that the program was reviewed and revised as a result of critical reflection.
36. The Panel concluded that the evidence did not demonstrate practice which would constitute an exceeding rating and that standard 1.2 would remain as Meeting NQS.

Standard 4.1

37. Standard 4.1 is that:
Staffing arrangements enhance children's learning and development and ensure their safety and wellbeing.
38. The Panel noted that to achieve a rating of Exceeding NQS under this standard, it may expect to see evidence of the following:
- educator-to-child ratios and qualification requirements are maintained at all times, and the organisation of educators contributes to a high quality learning and care environment for children.

Regulatory authority's view

39. The final Assessment and Rating Report identifies the following as being Meeting NQS level:



- Educator-to-child ratios and qualification requirements are maintained at all times.
- All educators have, or are working towards, a minimum certificate III qualification and coordinators have a minimum diploma qualification.
- All educators and coordinators hold a first aid qualification with anaphylaxis and asthma emergency training.
- Numbers of children in attendance meets legislative requirements.
- Coordinators attend educators' services on a fortnightly basis. Home visits are used to ensure regulatory requirements are being maintained.
- The nominated supervisor had not completed a course in child protection approved by the New South Wales Regulatory Authority as per Regulation 273. The service was offered a minor adjustment if the nominated supervisor could show she had enrolled in an approved course. Evidence was given to the officer via email.
- Service feedback provided supports the meeting rating: 'coordinators work from a mobile office to ensure more contact time with educator, families and children'

40. At first tier review, the regulatory authority was of the view that while the service demonstrates good practices, there is insufficient evidence to support a higher rating for Standard 4.1.

Applicant's view

41. In its application at first tier review, the approved provider submitted that the service is exceeding the standard because:
- In addition to the evidence provided by the assessor, educator-to-child ratios and qualifications requirements are maintained at all times, and the organisation of educators contributes to a high quality learning and care environment for children.
 - Staff and coordinators have extensive range of qualifications and experience in early childhood.
 - Many educators have attained a Diploma of Early Education and Care, or are working towards one.
 - Educators work their own choice in hours and days to ensure the educator limits stress and impact on their families.
 - Coordinators work their own hours to best meet the needs of educators and families.
 - Coordinators work from a "mobile office" to ensure more contact time with educators, families and children.
 - Coordinators visit educators at a minimum of fortnightly to ensure high levels of support.
 - Coordinators and staff are available 24 hours a day through a call centre to ensure availability in emergencies.



42. At second tier review, the provider submitted additional information including a child protection policy, training on mandatory reporting and child protection, Keep Them Safe factsheets and the mandatory reporter guide.

Panel's consideration

43. The Panel noted that the provider submitted additional information at second tier review which consisted of a range of policies. The Panel noted that it would expect this level of information to be available at all services that achieve a rating of Meeting NQS.
44. The Panel noted that what was provided at first tier review constituted evidence for a Meeting NQS determination. The Panel noted that it did not see evidence which would contribute to a judgement of Exceeding NQS.
45. The Panel concluded that further information provided at second tier review was not adequate to change the standard from Meeting to Exceeding NQS. The Panel determined that standard 4.1 would remain as Meeting NQS.

Standard 4.2

46. Standard 4.2 is that:
Educators, co-ordinators and staff members are respectful and ethical.
47. The Panel noted that to achieve a rating of exceeding under this standard, it may expect to see evidence of the following:
 - professional standards are embedded in practice, interactions and relationships and this promotes positive relationships, and a safe and predictable environment both for children and adults
 - educators and staff consistently demonstrate a high level of collaboration. They affirm, challenge, support and learn from each other to continually improve skills to enhance practice and relationships
 - interactions consistently demonstrate mutual respect, equity and recognition of each other's strengths and skills, promoting a positive atmosphere within the service.

Regulatory authority's view

48. The final Assessment and Rating Report identifies the following as being Meeting NQS level:
 - The service has developed and implements a code of conduct.
 - Educators, coordinators and staff adhere to the Early Childhood Australia Code of Ethics. The code of ethics is displayed at the coordination unit office and in some educators' residences.
 - Job descriptions have been created for staff members.
 - The service provides each educator with the policy and procedures manual, national regulations, national quality standards, relevant frameworks and service philosophy to enable educators to take



responsibility for implementing the National Quality Standard and other legislative requirements.

- Coordinators home visits are used as an opportunity to further develop skills, improve practice and relationships.
- The service has an 'in-house' Facebook page specifically for educators, coordinators and staff to share ideas.
- The service requires all educators to actively participate in training provided to ensure continued development of skills, to improve practice and relationships.
- Service feedback provided supports the meeting rating: 'study groups are facilitated when a large group of educators are studying their recognised training', and 'educators and staff communicate through a "support site"'.
- Coordination unit staff, coordinators and educators use respectful language when communicating with each other.
- Educators and staff have developed their own 'rules' to guide some interactions. For example on the educator's Facebook page the rule is 'All posts must be positive and supportive'.
- The service has developed its own code of conduct to ensure interactions convey mutual respect, equity and recognition of each other's skills.
- Service feedback provided supports the meeting rating: "staff and educators are recognised through our annual rewards ceremony on their achievements throughout the year".

49. At first tier review, the regulatory authority was of the view that while the service demonstrates good practices, there is insufficient evidence to support a higher rating for Standard 4.2.

Applicant's view

50. In its application at first tier review, the approved provider submitted that the service is exceeding the standard because:
- In addition to the evidence provided by the assessor, educators and staff consistently demonstrate a high level of collaboration. They affirm, challenge, support and learn from each other to continually improve skills to enhance practice and relationships.
 - Home visits with educators are conducted every fortnight and are used as an opportunity to communicate, share information and plan.
 - Educators and staff communicate with each other through the "support site" which can be utilised 24 hours per day.
 - Staff and coordinators are available for email and phone support Monday to Friday 9am to 5pm.
 - We have a 24 hour call centre where a member of staff can be contacted when necessary.
 - Educators have access to coordinators via mobile phone and email.



- Educators share photographs of their environments with other educators.
- Coordinators with permission share ideas and photographs from other educators.
- The educational leader is available four days per week via email and phone to provide support on curriculum planning.
- The educational leader is available after hours via support site.
- Professional developments in the way of online workshops are provided to educators and staff regularly based on individuals needs and group needs.
- Study groups are facilitated when a large group of educators are studying their recognised training.
- An annual awards ceremony is conducted to recognise the achievements made within our service.
- Interactions consistently demonstrate mutual respect, equity, recognition of each other's strengths and skills promoting a positive atmosphere within the service.
- Positive working relationships are evident within our service.
- All educators and staff are respectful of one another.
- Staff and educators are recognized through our annual rewards ceremony on their achievements throughout the year.

51. No additional information was provided a second tier review.

Panel's consideration

52. The Panel noted that no additional evidence was provided at second tier review.
53. The Panel noted that no evidence provided by the provider at first tier review supported a rating change.
54. The Panel noted that evidence did not show collaboration. The Panel noted that it could not see evidence of a higher level of respect between colleagues than it would expect for a Meeting NQS determination.
55. The Panel noted that evidence submitted by the provider of awards ceremony and study groups was noteworthy.
56. The Panel noted that there were examples of Exceeding NQS in this standard but when considering the standard as a whole, overall, there was not enough evidence to support a rating change to Exceeding NQS.
57. The Panel noted that the provider may wish to review its quality improvement plan and consider how it can continue to improve practice.



58. The Panel concluded that there was insufficient evidence available to amend the rating. As such, the Panel agreed that the rating for standard 4.2 remains as Meeting NQS.

Standard 6.3

59. The provider sought a review of elements 6.3.1 and 6.3.3. The regulatory authority has assessed these two elements as not met. The provider submits that the elements are met.

Element 6.3.1

60. Element 6.3.1 is that:
Links with relevant community and support agencies are established and maintained.

Regulatory authority's view

61. The final Assessment and Rating Report states that the service has developed a list of early childhood intervention services across the state, but has failed to meet the element because the service has not established links with relevant community and support agencies. The regulatory authority states that for the service to reach National Quality Standard the service is encouraged to network and connect with local support agencies and community groups and members. The service may also wish to develop transition strategies, systems and communications.
62. At first tier review, the regulatory authority was of the view that there is no evidence available in the service's policies to substantiate the claim that the service uses links to write and review policies.

Applicant's view

63. In feedback to the draft report, the provider submitted a letter from an educator about a child with a speech impediment who was referred by an educator to a speech pathologist and for a vision, hearing and occupational therapy assessment, a 'Sensory Diet' support sheet for another child with Childhood Apraxia of Speech along with a letter from an educator outlining how the educator works with this child using the supports from his occupational and speech therapists and letter of support from the child's mother.
64. At first tier review, The approved provider submitted that the service is meeting the element because:
- In addition to the evidence provided by the assessor, links with relevant community and support agencies are established and maintained.
 - Contacts of list of early intervention services across all areas are available at the service.



- A policy on additional needs has been developed and reviewed regularly.
 - Links have been established and maintained when relevant such as speech pathologist, physiotherapist for children who require the assistance.
 - Currently a child requiring additional assistance is given work to complete in family day care.
 - Information is shared with support agencies where relevant to individual children and as required.
 - Educators and staff are members of pages such as Special Needs Solutions, Early Childhood Australia, Resources for Special Needs Australia Etc.
 - Coordinators visit with educators each fortnight and discuss with educators all concerns and issues identified or raised by the educator. This includes children who may have an additional need.
 - The service has links to relevant support agencies that meet the uniqueness and needs of the child.
 - The provider submits that the regulatory authority's comment "the service does not access funding to assist educators with children with an additional need" is inappropriate. Inclusion support states that: The target groups for inclusion support are: children with disability, including children with ongoing high support needs. The children with special needs we currently have in care have not been assessed as having high support needs. All stakeholders have deemed that funding is not necessary to provide these children with access to care.
 - Inclusion support has been developed by the educators who are caring for the children with additional needs.
65. The provider has also submitted a list of organisations with which it has a link.
66. It has submitted excerpts from some of the service's policies as examples of community links being referenced in its policies.
67. The provider has also submitted the following evidence of links with organisations: an information booklet as an example of a link with SIDS, a Munch and Move CD, a Get Up and Grow book, a road safety guide, a Children's Services Central professional development handbook, a vaccination pamphlet and app, an Australian family magazine, the NSW mandatory report guide, an immunisation enrolment toolkit, Staying Healthy, Back to Basics Child Restraint Training sourced from Kidsafe and Department of Transport and Main Roads.
68. At second tier review, in response to comments in one of the Assessment and Rating Instruments, the provider submitted:
- We attempted to explain the links used in developing our policies and procedures. The links are referenced in all policies. The links include



'Centre Support' subscriptions etc. where offered. However, the authorised officer stated "We need paid subscriptions to various magazines like other services to meet this indicator". On the basis of this remark, it was stated that we don't have magazine subscriptions. Evidence supplied in first tier review.

- In response to the comment "Service later provided..." the authorised officer has added this at a later date all information was offered at the time of visit including the contact list referred to in this statement; it was also rejected as evidence at the time of visit.
69. At second tier review, in response to comments in one of the Assessment and Rating Instrument's, the provider submitted:
- [Educator] has clear working and established links with OT and a Speech Therapist for a child in her care. [Educator] offered to provide this information to the authorised officer on the day of the visit and she declined this information. The educator and the parent for the purpose of first tier review supplied statements. The statements were rejected as evidence by the authority. The Authority referred to them as reports and stated they had been supplied after the date of the visit. It should be noted that the evidence are statements for the purpose of providing evidence for what was occurring at the time of the visit. It should be wholly unnecessary for the statements to have been prepared before the visit as it was expected that the authority would have been competent enough to note this. The parent of the child we refer to is currently a Community Nurse who is very happy with the additional needs care that her child has received in the service.
70. The provider submitted an action plan for a child with allergic reactions.

Panel's consideration

71. The Panel noted that the final report stated that the service has not established links with support agencies. In its deliberations, the Panel felt that there was evidence of established links with relevant community and support agencies.
72. The Panel noted that the requirements to meet element 6.3.1 make no reference to using links with community and support agencies to write and review policies.
73. The Panel concluded that the available evidence demonstrate the service has met element 6.3.1.

Element 6.3.3

74. Element 6.3.3 is that:
Access to inclusion and support assistance is facilitated.

Regulatory authority's view



75. The final Assessment and Rating Report states no access to inclusion and support assistance facilitated. The service has developed an additional needs policy. Families sometimes share work sheets from health specialists for educators to complete with children. Service feedback provided later, and not provided at the time of the visit indicates: "Information has been sourced in Inclusions Support Payments available when required". "Coordinators use home visits as an opportunity to support educators where children have additional needs".
76. The report details that the service failed to meet the element because the service has not established links with relevant community or support agencies to support children with an additional need. Further, the service has not developed inclusion plans to support children with an additional need.
77. The regulatory authority suggests that the service may wish to source professional development for educators to support ongoing responsiveness to children with additional needs.
78. At first tier review, the regulatory authority noted that the service has not established links with relevant community or agencies to support children with an additional need.

Applicant's view

79. In its application at first tier review, the approved provider submitted that the service is meeting the element because:
 - In addition to the evidence provided by the assessor, inclusion and support assistance is facilitated.
 - Coordinators use home visits as an opportunity to support educators where children have additional needs.
 - Families are invited to share worksheets for educators to complete from relevant support agencies.
 - Educators complete checklists on child milestones to assist in identifying an issue that may need additional support. These checklists are shared with coordinators.
 - Links have been established and maintained when relevant such as speech pathologist, physiotherapist for children who require the assistance.
 - Information has been sourced on inclusion support payments available when required.
 - Educators have developed inclusion support plans where required.
80. The provider has also submitted inclusion and support plan documents for a child.



81. The provider submitted Early Childhood Intervention Australia's list of early intervention services.
82. In its submissions at second tier review, in response to information in one Instrument, which states "When asked ...support...could not say", the provider states that the answer given at the time of the visit was that visits are conducted every two weeks to every educator in all areas by the support staff in that region. Communication between the office and all support staff and educators is instant, accurate and reliable via our customised version of 'Sugar CRM' developed over three years by 'CRM Online'. The provider states the scheme has "the best system of any FDC" and believes the authorised officer's comments are "grossly misleading representations".
83. The provider submitted a list of National Inclusion Support Subsidy Provider and Inclusion Support Agencies along with a child enrolment form and asthma and anaphylaxis care plans.

Panel's consideration

84. The Panel noted that the final report stated that access to inclusion support assistance was not facilitated. In its deliberations, the Panel felt that there was evidence of access to inclusion support recorded as part of the assessment and rating visit.
85. The Panel noted that the level of engagement with agencies may depend on the needs of the children attending the service at that time. The Panel noted that the element requires access to inclusion and support assistance to be facilitated.
86. The Panel noted that the provider had submitted evidence of an inclusion and support plan for an individual child.
87. The Panel noted that to meet element 6.3.3 the service should be able to facilitate access to inclusion and support assistance as required. The Panel noted that it could see that links had been established in at least one case by the provider.
88. The Panel noted that there is a relationship between element 6.3.1 and element 6.3.3.
89. The Panel concluded that the available evidence demonstrates the service has met element 6.3.3.
90. The Panel noted that this would change standard 6.3 to Meeting NQS. The Panel discussed whether there was evidence to amend standard 6.3 to Exceeding NQS. The Panel could not see evidence that would support a rating of Exceeding NQS.



Standard 7.1

91. Standard 7.1 is that:
Effective leadership promotes a positive organisational culture and builds a professional learning community.
92. The Panel noted that to achieve a rating of Exceeding NQS under this standard, it may expect to see evidence of the following:
- well-established governance arrangements, which are regularly reviewed, contribute to the effective management of the service
 - the induction of educators, co-ordinators and staff is comprehensive and contributes to sustained quality relationships and environments that facilitate children's learning and development
 - effective processes are in place to consistently achieve continuity of educators and co-ordinators resulting in the establishment and maintenance of secure relationships with children
 - a suitably qualified and experienced educator or co-ordinator consistently leads the effective development of the curriculum, and ensures the establishment of clear goals and high expectations for teaching and learning.

Regulatory authority's view

93. The final Assessment and Rating Report identifies the following as being Meeting NQS level:
- The service implements policies to assist in the management of the service including the prescribed 'Governance and Management' policy.
 - Prescribed information is displayed in the coordination unit and in all educators' residences.
 - Information relating to the governance structure of the service is provided to educators and families during enrolment and induction.
 - The service implements a range of policies and procedures to support the induction of coordinators, educators and staff within the scheme.
 - Educator induction is conducted as a one on one in consultation with the nominated supervisor and a coordinator. The coordinators interview potential educators and view residences to assess suitability.
 - Each educator is provided web based training. Training includes legal and ethical framework, professional standards, confidentiality, information relating to the national quality agenda, child protection, home safety and programming. Educators are required to successfully complete training before they commence with the scheme.
 - Educators are provided with the law, regulations, policies and procedures, philosophy and resources.



- Service feedback provided states “educators and staff complete an induction training program”.
 - Educators and co-ordinators are supported by the scheme to engage in further related study and professional development and training.
 - The scheme provides educators with ongoing and constructive support such as regular home visits and administrative assistance.
 - The service provides a flexible work environment for educators and staff. Educators choose the days they wish to work.
 - The educational leader holds an early childhood qualification and is responsible for supporting educators with programming and planning.
 - The position of educational leader has been designated in writing.
 - The educational leader supports staff and educators with the implementation of the frameworks and programming and planning.
 - The educational leader researches new ideas and information to inform and extend curriculum development.
 - Policies and procedures are in place to ensure adults engaged in the management and operation of the service are fit and proper.
 - Working with children checks (WWC) were sighted for all educators. The nominated supervisor does not have a WWC clearance. The service was provided the opportunity for a minor adjustment to provide a WWC clearance for the nominated supervisor. Clearance was provided to the officer via email.
 - The service holds working with children checks for all adults residing in the educators' homes.
94. The report also identifies the following:
- Service feedback provided provided additional information and supports the existing rating for this standard: “the complaints person was changed to better facilitate the ability for complaints to be made and addressed” and “new arrangements were made recently to ensure viability after the government funding was ceased”.
95. The regulatory authority is of the view that while the service demonstrates good practices, there is insufficient evidence to support a higher rating for Standard 7.1.

Applicant's view

96. In its application at first tier review, the approved provider submitted that the service is exceeding the standard because:
- In addition to the evidence provided by the assessor, well established governance arrangements, which are regularly reviewed, contribute to the effective management of the service.
 - The service has been operating for over 7 years, governance arrangements are well established.
 - Governance arrangements are regularly reviewed.
 - A governance policy has been developed.



- Recently the complaints person was changed to better facilitate the ability for complaints to be made and addressed.
- New arrangements were made recently to ensure viability after the government funding was ceased.
- The induction of educators, coordinators and staff is comprehensive and contributes to sustained quality relationships and environments that facilitate children's learning and development.
- New educators and staff receive a comprehensive induction pack that includes: policies and procedures, the Law, National Regulations, handbook, child protection information, mandatory reporting guide, fact sheets on child abuse, EYLF educator getting started guide, EYLF educator guide, EYLF family information, Staying Healthy in Childcare Manual, Safe sleeping guidelines SIDS, toy safety guide KIDSAFE, NSW Child restraints, medical plan templates, health and safety posters, sustainability posters, sun safe poster, programming and observation forms and templates, attendance records, all required forms, code of ethics guidelines, service philosophy.
- A comprehensive safety checklist is conducted on each educator's premises prior to starting and every 11 months.
- A simplified safety check is conducted every six months by coordinators on each residence.
- Educators and staff complete an induction training program.
- Coordinators must have been an educator prior to becoming a coordinator to ensure that they fully understand the duties and the unique family day care environment.
- Educators are offered additional visits at commencement to provide additional support and information.
- Coordinators assist educators in set up of environments.
- A suitably qualified and experienced educator or coordinator consistently leads the effective development of the curriculum and ensures the establishment of clear goals and high expectations for teaching and learning.
- The educational leader has extensive experience in early childhood education in both childcare centres and family day care.
- The educational leader supports coordinators in their role of supporting educators.
- The EYLF is reflected in the philosophy.
- The educational leader produces templates and guides to the EYLF for educators.
- The educational leader offers support through the educator support page.
- The educational leader is available to offer support via phone and email four days per week.

Panel's consideration



97. The Panel noted that evidence provided at first tier review was consistent with Meeting NQS and no new information was provided at second tier review which showed Exceeding NQS practice.
98. The Panel noted that evidence provided by the provider at first tier review showed good quality governance arrangements. The Panel also noted that educator induction was comprehensive. The Panel noted, however, that this would be expected at a Meeting NQS level. The Panel discussed that to demonstrate Exceeding NQS practice the service should identify how these arrangements lead to positive outcomes.
99. The Panel noted that the provider did not identify how it regularly reviews its governance arrangements.
100. The Panel further noted that the provider's statements lacked supporting evidence to demonstrate how it was Exceeding NQS. For example, the Panel could not identify how the educational leader is consistently leading the effective development of the curriculum.
101. The Panel noted that the provider may wish to consider critically reflecting on the requirements of Exceeding NQS to identify how to exceed the requirements of the standard, including how it could provide examples of high quality practice as supporting evidence.
102. The Panel concluded that the available evidence supported the rating of Meeting NQS for standard 7.1

Standard 7.2

103. Standard 7.2:
There is a commitment to continuous improvement
104. The Panel noted that to achieve a rating of Exceeding NQS under this standard, it may expect to see evidence of the following:
 - a statement of philosophy is regularly reviewed by educators and staff and is consistently evident in all aspects of the service's operations
 - regular evaluation of the performance of educators, co-ordinators and staff members leads to individual development plans that provide a focus for continuous performance improvement
 - all educators, co-ordinators, staff members, and where possible, families and children contribute to an effective self-assessment and quality improvement process that promotes ongoing service improvement.

Regulatory authority's view

105. The final Assessment and Rating Report identifies the following as being Meeting NQS level:



- The service philosophy reflects an understanding of the guiding principles and practices of the EYLF and was developed to support children, educators and families using the scheme.
- The scheme philosophy is included in induction packages, enrolment information and is displayed at the coordination unit.
- Coordinator's home visit forms reflect aspects of the service philosophy to ensure it guides service operations.
- Each educator has developed a personal philosophy which is provided to families and displayed in their service.
- Annual appraisals are conducted on staff at the coordination unit. Staff are provided the opportunity to highlight their strengths and skills and identify future learning needs.
- Annual appraisals conducted on educators are linked to the educators' job description and include self-assessment, two way feedback and an action plan for further performance improvement.
- The service provides support to source appropriate training and in-services to update educator's knowledge and skills, with a focus on performance improvement.
- The service QIP identifies a commitment to ongoing improvement.
- The QIP is available at the coordination unit and is a regular agenda item at staff meetings.
- Families are informed of the QIP process and feedback from family surveys is used to inform QIP.

106. At first tier review, the regulatory authority was of the view that while the service demonstrates good practices, there is insufficient evidence to support a higher rating for Standard 7.2.

Applicant's view

107. In its application at first tier review, the approved provider submitted that the service is exceeding the standard because:

- In addition to the evidence provided by the assessor, a statement of philosophy is regularly reviewed by educators and staff and is consistently evident in all aspects of service operations.
- The statement of philosophy is included in induction for educators and staff.
- Statement of philosophy is available in all residences.
- The philosophy reflects the principles and learning outcomes of the EYLF.
- The philosophy underpins everyday practice and all changes reflect the philosophy.
- Regular evaluation of the performance of educators, coordinators and staff members leads to individual development plans that provide a focus for continuous performance improvement.



- Annual appraisals are conducted on all staff and a plan to facilitate continuous improvement is provided through collaboration.
- Performance discussions are regularly held through meetings.
- Immediate feedback on performance is offered to all staff at any time required.
- Coordinators are issued with tasks for completion with educators when target areas are identified.

108. No additional information was supplied at second tier review.

Panel's consideration

109. The Panel noted that the provider performs annual staff appraisals, however it was unclear how this process provided a focus for continuous performance improvement.
110. The Panel noted that evidence provided at first tier review showed evidence of Meeting NQS practice. The Panel noted that the provider had not provided additional evidence at second tier review.
111. The Panel noted that the onus is on the provider to demonstrate why and how they are exceeding the NQS. The Panel noted that it could only make a decision on evidence available for review.
112. The Panel concluded that the rating for standard 7.2 would remain as Meeting NQS.

Standard 7.3

113. Standard 7.3 is that:
Administrative systems enable the effective management of a quality service
114. The Panel noted that to achieve a rating of Exceeding NQS under this standard, it may expect to see evidence of the following:
- Records and information are regularly reviewed, stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements
 - Well-managed administrative systems ensure effective operation of the service and contribute to continuous service improvement
 - The Regulatory Authority is notified of any relevant changes to the operation of the service, of serious incidents and any complaints which allege a breach of legislation
 - Effective practice and consultation processes minimise escalation of grievances and complaints. Any grievances and complaints are actively addressed, investigated fairly, resolved and documented in a timely manner. Action taken by the service contributes to continuous improvement



- Service practices are based on effectively documented policies and procedures that are readily available at the service and reviewed and evaluated regularly in partnership with educators, co-ordinators, staff members and families.

Regulatory authority's view

115. The final Assessment and Rating Report identifies the following as being Meeting NQS level:

- The service has policies and procedures relating to confidentiality including a 'confidentiality' policy and a 'code of conduct'.
- All current records are stored appropriately in key locked filing cabinets at the coordination unit. Archived records are stored on site for the correct length of time as per legislative requirements.
- Appropriate staff and educator records, including qualifications and WWCCs are maintained in accordance with the legislation.
- The service employs administrative staff who are responsible for administering CCB, timesheets and keeping records of when educators are due to update training such as first aid.
- Children's attendance records are up to date, staff and visitor sign in and out records are current and all required prescribed information is on display.
- Medication records, incident records and evacuation records are maintained by the service.
- There are procedures in place to ensure the regulatory authority is notified of any relevant operational changes, serious incidents and any complaints alleging a breach of the regulations.
- The service has a complaints handling policy and procedure and any grievance or complaint is actively investigated, resolved and documented.
- Action is taken as quickly as possible to resolve concerns and outcomes contribute to continuous improvement.
- Information on how to make a complaint is documented in the family handbook.
- Policies and procedures are reviewed regularly and provided to staff and educators. Families are able to access the service policies and procedures document at the coordination unit and at educators' residences either in hard copy or via an IT version provided on a USB.
- Policies have links to the NQS and other key resources such as the National Regulations.
- Service feedback and evidence provided by the approved provider supports a change to the standard rating. It is noted that the authorised officer's requested clarification about policies at the time of visit, and viewed available policies. Several emails were also sent to the nominated supervisor by the authorised officer following the visit with the view to offering a minor adjustment. The policies were not provided



by the Nominated supervisor before the draft report was sent to the approved provider.

- The service has developed policies and procedures as required under Regulation 168 and Regulation 169 of the National Regulations.
- It is noted that R168 (i) (ii) determining the responsible person is not required under s 162 (2) of the National Law.

116. The report also identifies the following:

- Service feedback provided provided additional information: “child records such as enrolment records are reviewed with input from families on an annual basis”, and “educator records are updated as required”.
- Service feedback provided additional information: “we have implemented a Customer Relations Management (CRM) that assists all staff to login and access required information, create tasks for other staff”, “Records are stored electronically, and the system manages family and educator contacts”, “The system has the ability to send SMS and emails”, “The system may be changed which enables us to make changes for the purposes of continual improvement”, and “Our coordinators who are not located close to our office use our system to communicate and view records”.

117. At first tier review, the regulatory authority was of the view that while the service demonstrates good practices, there is insufficient evidence to support a higher rating for Standard 7.3.

Applicant's view

118. In its application at first tier review, the approved provider submitted that the service is exceeding the standard because:

- In addition to the evidence provided by the assessor, records and information are regularly reviewed, stored confidentially, are available from the service and maintained in accordance with legislative requirements.
- Records are stored in a locked filing cabinet and on computers that are password protected. In a locked office in a secure building.
- A confidentiality policy has been developed.
- All records are retained as per legislation.
- Staff are aware of obligations in relation to record retention.
- Files are archived in a format to enable them to be located if necessary.
- Child records such as enrolment records are reviewed with input from families on an annual basis.
- Educator records are updated as required.
- Reminders are active to ensure updates to first aid, insurance and other renewable documents.



- Well managed administrative systems ensure effective operation of the service and contribute to continuous service improvement.
- All staff perform administration requirements effectively.
- We have implemented a Customer Relations Management (CRM) that assists in the administrative tasks within the service. This system assists all staff to login and access required information, create tasks for other staff.
- Our CRM manages our children's waiting list which enables us to place children immediately.

119. The provider also submitted evidence at first tier review including a number of the service's policies.

120. The provider submitted a PSC resource on building strong partnerships with families and a practice guide for working with families from pre-birth to eight years to second tier review.

Panel's consideration

121. The Panel noted that it could not identify evidence provided during the process to demonstrate Exceeding NQS practice.

122. The Panel noted that additional material submitted at second tier review did not demonstrate Exceeding NQS. The Panel noted it would expect to see further information to support a rating of Exceeding NQS.

123. The Panel concluded that standard 7.3 remains as Meeting NQS.

Decision

The Ratings Review Panel (the Panel) by consensus decided to amend the rating level for elements 6.3.1 and 6.3.3 from not met to met. As a result, the Panel amended the rating level for standard 6.3 to Meeting NQS, the rating level for Quality Area 6 to Meeting NQS, and the service's overall rating to Meeting NQS. The Panel by consensus decided to confirm the rating levels for Quality Areas 1, 4 and 7 as Meeting NQS.