



Date of Decision: 15 February 2019

File number: STR0037

Panel Members: [REDACTED]

Applicant: [REDACTED]

Regulatory Authority: Early Childhood Education and Care Directorate, NSW
Department of Education

Decision

The Ratings Review Panel (the Panel) by consensus decided to confirm the rating levels for:

- Quality Area 2, Standard 2.1, Element 2.1.2 as Working Towards NQS.
 - Quality Area 2, Standard 2.2, Element 2.2.1 as Working Towards NQS.
 - Quality Area 5, Standard 5.2, Element 5.2.2 as Working Towards NQS
 - Quality Area 7, Standard 7.1, Element 7.1.2 as Working Towards NQS.
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Issues under review

1. The approved provider (provider) sought a review on the grounds that the regulatory authority, in making its determination, did not appropriately apply



the prescribed processes for determining a rating level (section 144(3)(a) *Education and Care Services National Law Act 2010* (National Law)), and failed to take into account or give sufficient weight to facts existing at the time of the rating assessment (section 144(3)(b) National Law).

2. The provider sought a review of:
 - Quality Area 2, Standard 2.1, Element 2.1.2
Standard 2.2, Element 2.2.1
 - Quality Area 5, Standard 5.2, Element 5.2.2
 - Quality Area 7, Standard 7.1, Element 7.1.2

3. After the initial assessment, the provider's service was rated as:
 - Quality Area 1: Meeting NQS
 - Quality Area 2: Working Towards NQS
 - Standard 2.1: Working Towards NQS: Element 2.1.1 Met, Element 2.1.2 Not Met, Element 2.1.3 Met
 - Standard 2.2: Working Towards NQS: Element 2.2.1 Not Met, Element 2.2.2 Met, Element 2.2.3 Met
 - Quality Area 3: Meeting NQS
 - Quality Area 4: Meeting NQS
 - Quality Area 5: Working Towards NQS
 - Standard 5.1: Meeting NQS
 - Standard 5.2: Working Towards NQS: Element 5.2.1 Met, Element 5.2.2 Not Met
 - Quality Area 6: Meeting NQS
 - Quality Area 7: Working Towards NQS
 - Standard 7.1: Working Towards NQS: Element 7.1.1 Met, Element 7.1.2 Not Met, Element 7.1.3 Met
 - Standard 7.2: Meeting NQS

4. The provider applied for first tier review on the basis that it believes the service should have received a rating of Meeting in Elements 2.1.2, 2.2.1, 5.2.2 and 7.1.2.

Regulatory authority's view



5. At first tier review, the regulatory authority confirmed all the ratings given at assessment and rating.

Applicant's view

6. The provider submits that it should be rated as Meeting NQS in Elements 2.1.2, 2.2.1, 5.2.2 and 7.1.2.

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;
 - Assessment and Rating Instrument and draft and final Assessment and Rating Report;
 - provider's feedback to the draft Assessment and Rating report;
 - application for first tier review and its attachments;
 - regulatory authority's findings at first tier review;
 - regulatory authority's submission to second tier review; and
 - provider's response to the regulatory authority's submissions.
8. The Panel was also provided with advice from ACECQA on the Elements under review.

The law

9. Section 151 states 'Following a review, the Ratings Review Panel may:
 - (a) confirm the rating levels determined by the Regulatory Authority; or
 - (b) amend the rating levels.'

The facts

10. [REDACTED] is a long day care service with 80 approved places. The service is based in [REDACTED] NSW.
11. The assessment and rating visit took place on [REDACTED] 2018.



12. The provider received the draft report on [REDACTED] 2018 and provided feedback to the draft report on [REDACTED] 2018. The final report was sent to the provider on [REDACTED] 2018.
13. The provider applied for first tier review on [REDACTED] 2018. The regulatory authority made a decision on the review on [REDACTED] 2018. The provider received the decision on [REDACTED] 2018. The provider applied for second tier review on [REDACTED] 2018.

Review of rating levels

14. The Panel considered each Element under review.

Element 2.1.2

15. Standard 2.1 is that:
Each child's health and physical activity is supported and promoted.
16. Element 2.1.2 is:
Health Practices and Procedures – Effective illness and injury management and hygiene practices are promoted and implemented.

Regulatory Authority's view

Assessment and rating

17. In the Rating Outcome Summary the regulatory authority stated:

Appropriate spaces are available for children to engage in rest and quiet experiences. There are processes in place to manage illness and injuries, however educator awareness of children's individual health requirements is not adequate and hygienic practices are not consistent across the service. Food provided by the service is nutritious and appropriate for individual children. Educators promote healthy eating in the program and support children to engage in physical activities.

18. In the Evidence Summary the regulatory authority stated:

- QIP note: Allergy medications and Epi Pen are located in relevant child's room, easily accessible to staff member and accompanied by the Action Plan with medication.
AO comment - Inside top pocket of the Allergy Buddy panel hanging on wall is a bottle of Phenergan without a pharmacy label or action plan. Sighted



- There is a bottle of Phenergan without a pharmacy label inside top pocket of the Allergy Buddy panel hanging on wall. When asked, educator advises the AO of the child whom she believes the medicine belongs to and shows AO child's name on the roll for correct spelling of surname. When discussed with the nominated supervisor, the medicine does not belong to child identified by educator, but is medication for a different child's medical condition. EV885305 Sighted
- Educator does not wash child's hands after nappy change as per the displayed nappy change procedure. EV885330 Observed
- All children are transitioned directly from playing outdoors to the lunch tables and do not wash or wipe hands immediately prior to eating. When asked, educator advised that children's hands are usually washed after their nappy is changed which is usually done before lunch and there are usually wipes available to wipe children's hands and the table. Three children had their nappy changes completed after lunch. EV885361 Observed
- At lunch, child puts their fingers into the communal bowl, takes out a piece of pasta and eats it. EV885364 Observed
- Immediately after arrival child sits at table, eats breakfast but is not observed to wash hands prior to eating. When asked about the hand washing process, the educator advises hand sanitiser is available on entry in the [REDACTED] room and it is the parent's responsibility to clean child's hands on entry. EV885368 Observed
- AO advised educator of spot like rash on the forehead of child educator was holding, and asked educator if child has a medical condition. Educator advised she was not sure but does not think child has a medical condition. AO asked other educator in the room if she is aware if the child has a medical condition and educator advised she usually works in another room and is not sure if child has medical condition. Documentation shows that child has a mild skin allergy to milk and the medical condition list displayed in kitchen states 'No Dairy'. There is risk minimisation plan developed for the child and the area manager advised AO that educators are aware of children's medical conditions as the risk minimisation plans have recently been read and signed by all educators. EV885369 Discussed
- Educator wearing gloves approaches children eating morning tea, sits with at the table, strokes child's hair then walks to the 'hospital' set up and sits with child playing before removing gloves. EV885383 Observed
- Educator does not place paper towel on the change mat when changing two children's nappies as per the displayed nappy change procedure. EV885400 Observed
- After changing child's nappy, educator asks child to their wash hands. While educator attends to another child in bathroom, child walks to sink, rinses hands with water but does not use soap. Child leaves bathroom and returns to play. EV885406 Observed
- After lunch, child picks up a piece of pasta off the floor and eats it. As he picks up another piece an educator approaches and says "Don't eat off the floor"



and takes child to the mat area. Later child walks back to the lunch table area and eats another piece off the floor. EV885409 Observed

- Additional information includes a record of a telephone call to The Department Information and Enquiries line from [REDACTED] clarifying if the service is required to notify an incident. The record of the inquiry states 'Yesterday a child had rashes around their face and neck area. The child doesn't have any medical history. They contacted the parent and stated she's allergic to dairy products. The meal provided yesterday didn't include any dairy products, however parent advised they did have the child immunised and could have possibly had a reaction from that. Caller was unsure if she should notify our department.'

19. The authorised officer found that Element 2.1.2 was Not Met.

First tier review

20. The provider sought to have Element 2.1.2 changed from Not Met to Met. The regulatory authority upheld their decision that the Element was Not Met.

21. The first tier review panel's response to provider evidence on Element 2.1.2 was:

The panel considered the evidence noting that:

- The officer sighted inside the top pocket of the Allergy Buddy panel hanging on wall there was a bottle of Phenergan without a pharmacy label or action plan. When asked, an educator advises the officer of the child whom she believes the medicine belongs to and shows the officer child's name on the roll for correct spelling of surname. When discussed with the nominated supervisor, the medicine does not belong to the child identified by the educator, but is medication for a different child's medical condition.
- The officer discussed a rash on the forehead of a child the educator was holding, and asked if child has a medical condition. The educator advised she was not sure but did not think the child had a medical condition. The officer asked another educator in the room if she was aware if the child has a medical condition and the educator advised she usually works in another room and is not sure if child has medical condition. Documentation shows that the child has a mild skin allergy to milk and the medical condition list displayed in kitchen for the child states 'No Dairy'.
- Additional information includes a record of a telephone call to the Department Information and Enquiries line from [REDACTED] clarifying if the service is required to notify an incident. The record of the inquiry states 'Yesterday a



child had rashes around their face and neck area. The child doesn't have any medical history. They contacted the parent and stated she's allergic to dairy products. The meal provided yesterday didn't include any dairy products, however parent advised they did have the child immunised and could have possibly had a reaction from that. This account contradicts the account in the feedback from the service that educators were aware the child had been immunised.

- The officer observes an educator in the [REDACTED] groups does not wash their hands as per the nappy change procedure. In the [REDACTED] group an educator does not place a paper towel on the change mat when changing two children's nappies as per the displayed nappy change procedure. In the [REDACTED] group after changing a child's nappy, an educator asks a child to wash their hands. While the educator attends to another child in bathroom, the child walks to the sink, rinses hands with water but does not use soap. The child leaves the bathroom and returns to play.
- For the [REDACTED] groups children are transitioned directly from playing outdoors to the lunch tables and do not wash or wipe hands immediately prior to eating.
- In the [REDACTED] group at lunch, a child puts their fingers into the communal bowl, takes out a piece of pasta and eats it. After arrival a child sits at a table and eats breakfast but is not observed to wash hands prior to eating.
- In the [REDACTED] group after lunch, a child picks up a piece of pasta off the floor and eats it. As he picks up another piece an educator approaches and says "Don't eat off the floor" and takes the child to the mat area. Later the child walks back to the lunch table area and eats another piece off the floor.

The evidence was collected from observations, discussions and sighting documentation. The evidence provided from the service about the medical management plan for the child with the rash is contradictory to the information collected from the officer. The officer collected evidence from across the rooms to support the interpretation that educator awareness of children's individual health requirements and hygienic practices are not consistent across the service.

The panel decided the approved provider has not provided evidence to show it has met the element and decided not to amend the assessment of Element 2.1.2 from not met to met.



Approved Provider's view

Assessment and rating feedback

22. The provider gave draft assessment and rating feedback as follows:

During Assessment and Rating, the Assessment Officer's feedback on this element was that Educator awareness of children's individual health requirements is not adequate and hygienic practices are not consistent across the service which resulted in this element to be deemed Not met.

We do not believe this to be a true and accurate representation of the service. The statement above is factually incorrect. Each educator is aware of the effective hygiene practices and individual health requirements for children.

In the lead up to A&R, [REDACTED] promoted the A&R experience as a positive one where our educators would have been able to showcase the high level of care and standards provided at the centre. Unfortunately, on several occasions, the Assessment Officer was informed that the process and her approach were making the educators feel very intimidated, unsettled and distressed. On several occasions a request was made to the Assessment Officer to try and make the team a bit more comfortable, however this request was ignored and acknowledged. Making the team comfortable would facilitate the delivery of education and care naturally as it would be on any other day.

The Assessment Officer's manager was contacted during the time of the assessment. Feedback was provided to the manager in relation to multiple upset educators, some of which were brought to tears and have been traumatised by the approach taken by the Assessment Officer and her chosen tone of communication. When the team was asked about the how they thought the A&R process went, they indicated that they felt very deflated and negatively reflected on the process, referring to it as a 'investigation'. This is contrary to [REDACTED] experience with A&R which has always been a positive and collaborative experience at all other previous assessments.

At the time of A&R, the Assessment Officer had noticed a spot-like rash on the forehead of the child that the educator was holding. The Assessment Officer had suspected that this was a medical condition. The child had all documentation necessary that indicated that the child have a mild skin allergy to dairy and is on a 'No Dairy' diet. It was assumed by the Assessment Officer that the spot-like rash was a reaction to dairy and that the educators were not aware of this. The facts are:



- The parent of the child had informed the educators that the child just had her immunisation and the doctor stated that she might breakout in a rash/hives and not to be alarmed as the doctor stated this could occur.
- There is no likelihood that the lunch provided for the day would have caused this as it was a vegetable pasta that has no dairy.
- All educators are also aware that the child has just been immunised and the potential of a rash/hives.
- As mentioned previously, should the Assessment Officer have granted the request to put the educators at ease throughout the process, the discussion between the Assessment Officer and Educators would be relaxed and natural and the Assessment Officer would have found out via questions posed that the child wasn't having a reaction.

The service believes that it has Met this element, the service is able to demonstrate that:

- Educators encourage all children to wash their hands, there are hand washing display as well as photos for children. In regard to 0-2, educators use wipes to clean the hands of children after nappy changes and prior to meals which is consistent practice in the centre.
- Each child with an associated condition has an 'Allergy Buddy' which has their medical/allergy or dietary information and any associated medication.
- Each room has wall display of children's medical, allergy or dietary requirement
- Each food trolley has a collated display which includes a photo of the child, the days they attend and any medical, allergy or dietary requirement.
- Educators are aware of children's medical, allergy & dietary need for each child. This is confirmed via educator sign off.
- Children with dietary requirements also have a risk minimisation and communication plan which is development in consultation with the parents.
- As evidenced in the A&R Evidence summary 'NHMRC washing hands posters are displayed near hand washing sinks.'
- As evidenced in the A&R Evidence summary 'Educator points to displayed hand washing photos and says to child washing their hands "Just like on the picture rub hands and rinse hands".'
- As evidence in the A&R Evidence 'Educator says to other educator "I'm just changing a nappy" before walking inside.'
- Educators are aware of each child's medical, allergy or dietary condition and have evidence of this. This is documented in the form of sign off for each child.



- Educators regularly update their knowledge and review children's medical, allergy and dietary requirements at staff meetings which occur monthly.
- Educators have strong relationships with families and are aware of any areas or potential concerns with children.

Further to the above evidences, please refer to the Evidence Summary, Standard 2.1, to which we quote some notes that support that we have met this element:

- *Children's dietary and health requirements are displayed in all rooms and educators are provided with a printed allergy listing and updated when there are changes to the children's medical or dietary needs.* The Assessment Officer comment – Child's health requirements were put on display in rooms during visit. Information about children's dietary and medical needs is gathered during the enrolment process.
- Allergy charts are on each food trolley with a photo and description of each child's allergy.

First tier review

23. The provider's evidence at first tier review was:

- Educators encourage all children to wash their hands, there are hand washing display as well as photos for children. In regard to 0-2, educators use wipes to clean the hands of children after nappy changes and prior to meals which is consistent practice in the centre.
- Each child with an associated condition has an 'Allergy Buddy' which has their medical/allergy or dietary information and any associated medication.
- Each room has wall display of children's medical, allergy or dietary requirement.
- Each food trolley has a collated display which includes a photo of the child, the days they attend and any medical, allergy or dietary requirement.
- Educators are aware of children's medical, allergy & dietary need for each child. This is confirmed via educator sign off.
- Children with dietary requirements also have a risk minimisation and communication plan which is development in consultation with the parents.
- As evidenced in the A&R Evidence summary 'NHMRC washing hands posters are displayed near hand washing sinks.'



- As evidenced in the A&R Evidence summary 'Educator points to displayed hand washing photos and says to child washing their hands "Just like on the picture rub hands and rinse hands".'
- As evidence in the A&R Evidence 'Educator says to other educator "I'm just changing a nappy" before walking inside.'
- Educators are aware of each child's medical, allergy or dietary condition and have evidence of this. This is documented in the form of sign off for each child.
- Educators regularly update their knowledge and review children's medical, allergy and dietary requirements at staff meetings which occur monthly.
- Educators have strong relationships with families and are aware of any areas or potential concerns with children.
- Children's dietary and health requirements are displayed in all rooms and educators are provided with a printed allergy listing and updated when there are changes to the children's medical or dietary needs. The Assessment Officer comment – Child's health requirements were put on display in rooms during visit.
- Information about children's dietary and medical needs is gathered during the enrolment process.
- Allergy charts are on each food trolley with a photo and description of each child's allergy.

Second tier review

General comments

24. The provider stated in the submissions accompanying its application that:
- The first tier review was not conducted within the correct timeframe. Specifically, the provider was not contacted about an extension to their first tier review timeframe due to the regulatory authority requesting further information.
 - The assessor conducted the assessment and rating on-site visits in an unprofessional manner and did not afford the service appropriate opportunity to provide evidence of its practice.
 - The assessment and rating on-site visits took an excessive amount of time.
25. The provider prepared a document setting out the Elements that it would like reviewed, the relevant evidence and its related submissions.



26. In this submission document the provider included submissions on its Non-compliance history report. The main points in relation to the non-compliance history were that:
- The provider did not receive a non-compliance letter in relation to confirmed breaches of clauses 97 and 147 of the *Education and Care Services National Regulations 2011* (Regulations) which the Non-compliance history report records occurring on [REDACTED] 2018; and
 - The provider received a letter regarding non-compliance with clause 170, which the Non-compliance history report records occurring on [REDACTED] [REDACTED] 2018, on [REDACTED] 2019 (following an application for second tier review).
27. The provider was advised that the Panel would not make a specific decision on whether or not the service should receive a notification of a breach of the relevant clauses of the Regulations.

Element 2.1.2

28. The provider sought to have Element 2.1.2 changed from Not Met to Met. It made the following statements in its submissions:

During Assessment and Rating, the Assessment Officer's feedback on this element was that Educator awareness of children's individual health requirements is not adequate and hygienic practices are not consistent across the service which resulted in this element to be deemed Not met.

We do not believe this to be a true and accurate representation of the service. The statement above is factually incorrect. Each educator is aware of the effective hygiene practices and individual health requirements for children.

In the lead up to A&R, [REDACTED] promoted the A&R experience as a positive one where our educators would have been able to showcase the high level of care and standards provided at the centre. Unfortunately, on several occasions, the Assessment Officer was informed that her approach to the process were making the educators feel very intimidated, unsettled and distressed. On several occasions a request was made to the Assessment Officer to try and make the team a bit more comfortable, however this request was ignored. Making the team comfortable would facilitate the delivery of education and care naturally as it would be on any other day.



The Assessment Officer's manager was contacted during the time of the assessment. Feedback was provided to the manager in relation to multiple upset educators, some of which were brought to tears and have been traumatised by the approach taken by the Assessment Officer and her chosen tone of communication. When the team was asked about how they thought the A&R process went, they indicated that they felt very deflated and negatively reflected on the process, referring to it as a 'investigation'. This is contrary to [REDACTED] experience with A&R which has always been a positive and collaborative experience at all other previous assessments.

At the time of A&R, the Assessment Officer had noticed a spot-like rash on the forehead of the child that the educator was holding. The Assessment Officer had suspected that this was a medical condition. The child had all documentation necessary that indicated that the child had a mild skin allergy to dairy and is on a 'No Dairy' diet. It was assumed by the Assessment Officer that the spot-like rash was a reaction to dairy and that the educators were not aware of this. The facts are:

- The parent of the child had informed the educators that the child just had her immunisation and the doctor stated that she might breakout in a rash/hives and not to be alarmed as the doctor stated this could occur.
- There is no likelihood that the lunch provided for the day would have caused this as it was a vegetable pasta that has no dairy.
- All educators are also aware that the child has just been immunised and the potential of a rash/hives.
- As mentioned previously, should the Assessment Officer have granted the request to put the educators at ease throughout the process, the discussion between the Assessment Officer and Educators would be relaxed and natural and the Assessment Officer would have found out via questions posed that the child wasn't having a reaction.

The service believes that it has Met this element, the service is able to demonstrate that:

- Educators encourage all children to wash their hands, there are hand washing display as well as photos for children. In regard to 0-2, educators use wipes to clean the hands of children after nappy changes and prior to meals which is consistent practice in the centre.
- Each child with an associated condition has an 'Allergy Buddy' which has their medical/allergy or dietary information and any associated medication.
- Each room has wall display of children's medical, allergy or dietary requirement.
- Each food trolley has a collated display which includes a photo of the child, the days they attend and any medical, allergy or dietary requirement.



- Educators are aware of children's medical, allergy & dietary need for each child. This is confirmed via educator sign off.
- Children with dietary requirements also have a risk minimisation and communication plan which is developed in consultation with the parents.
- As evidenced in the A&R Evidence summary 'NHMRC washing hands posters are displayed near hand washing sinks.'
- As evidenced in the A&R Evidence summary 'Educator points to displayed hand washing photos and says to child washing their hands "Just like on the picture rub hands and rinse hands".'
- As evidence in the A&R Evidence 'Educator says to other educator "I'm just changing a nappy" before walking inside.'
- Educators are aware of each child's medical, allergy or dietary condition and have evidence of this. This is documented in the form of sign off for each child.
- Educators regularly update their knowledge and review children's medical, allergy and dietary requirements at staff meetings which occur monthly.
- Educators have strong relationships with families and are aware of any areas or potential concerns with children.

Further to the above evidence, please refer to the Evidence Summary, Standard 2.1, to which we quote some notes that support that we have met this element:

- Children's dietary and health requirements are displayed in all rooms and educators are provided with a printed allergy listing and updated when there are changes to the children's medical or dietary needs.
- The Assessment Officer comment – Child's health requirements were put on display in rooms during visit.
- Information about children's dietary and medical needs is gathered during the enrolment process.
- Allergy charts are on each food trolley with a photo and description of each child's allergy.

Panel's consideration

29. The Panel needed to decide whether the evidence available demonstrated the service met Element 2.1.2.
30. As the service is meeting in Elements 2.1.1 and 2.1.3, a decision by the Panel that the service is Meeting Element 2.1.2 would bring the service's rating for Standard 2.1 from Working Towards to Meeting NQS.
31. The Panel considered that the evidence in the form of observations by the authorised officer did not show staff implementing the service's health and



hygiene policies and procedures, actively supporting children to learn hygiene practices including hand washing, maintaining a hygienic environment for children, or implementing appropriate practices when administering medication.

32. Despite having appropriate policies, procedures and signage in place there were numerous observations made by the authorised officer of staff not implementing the service's health and hygiene procedures and not following appropriate practices when administering medication. There was evidence of:
 - staff not washing their hands after changing a child's nappy;
 - children not washing their hands before eating and after play;
 - an unlabelled bottle of medication and confusion regarding who the medication belonged to; and
 - poor communication between staff with respect to the administration of medication.
33. The Panel noted that issues with this Element cut across food, hygiene, and medication.
34. The providers' response to evidence of practice contradicting policy was to give evidence of their policies and procedures. The Panel acknowledged the signage and policies but found it difficult to ignore clear evidence of observed practice contradictory to these policies collected by the authorised officer. When a service's policies describe practice that meets the Element but there are significant examples of practice that is contradictory to policy, and is in fact risky, the Panel considers that the Element is not met.
35. The Panel noted that evidence appeared to indicate that staff did not seem to know children well and it was not clear if this was a communication issue or due to the use of casual staff. The provider didn't give any evidence about having casual staff or similar constraints on the days the authorised officer visited.

Decision

36. The Panel by consensus decided that the service's practice did not meet Element 2.1.2. Therefore, it confirmed the service's rating of Working Towards NQS for that Element.

Element 2.2.1



37. Standard 2.2 is that:
Each child is protected.
38. Element 2.2.1 is that:
Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Regulatory Authority's view

Assessment and rating

39. In the Rating Outcome Summary the regulatory authority stated:

Whilst educators exchange information about supervision with each other, there is potential for harm and hazard to occur due to educators not following safe sleeping practices for infants that are consistent with current views about children's health, safety and welfare. Emergency management procedures are practiced regularly and the service has consulted with appropriate bodies to ensure the suitability of these plans and procedures. Educators understand their obligations under the child protection legislation, and the service has engaged a peak body to support educators professional learning in children's safety.

40. In the Evidence Summary the regulatory authority stated:

- Some children wear helmets when riding bikes. EV089206 Observed.
- Signage about children's individual sleep reads 'If you can't find my cot it's because I'm not comfortable in it' with photos of children and comments 'I sleep in the rocker with my sleeping bag. I don't like the cot, please don't put me in it', 'I sleep in the rocker at the moment because I'm still new here and I don't feel comfortable in the cot' and 'I probably won't sleep in the cot so you might have to put me in the rocker'. EV0916233 Sighted
- In response to discussions with the nominated supervisor and the area manager about a child sleeping in a baby rocker during the visit, the nominated supervisor advised she has removed the baby rockers from [REDACTED] room to remove temptation. The area manager advised that she has booked all educators in Red Nose sleeping workshops and safe sleeping information will be displayed in the cot room. EV885306 Discussed.
- AO discussed with educator the sleeping practices used in the [REDACTED] room as per area manager request. Educator advised that three children have



used rockers to sleep after discussions with families and that children are supervised at all times. EV885310 Discussed.

- Plastic garbage bags were accessible to children inside an unlocked cupboard at children's level. This is breach of Law S167. A minor adjustment was offered and an educator removed the bags immediately and placed them inside a locked cupboard. EV885373 Sighted.
- When AO enters room, there is a child (date of birth 16/8/17) asleep in a baby rocker. When asked, educator advised the child has been asleep for approximately fifteen minutes and the rocker is used because it settles the child and usually child does not sleep for long. Further discussion with the educator reveals the rocker has been used for some new children to help them settle in and one child recently transitioned from using rocker to sleeping in a cot. Review of documentation showed child's name was not documented on the 'Sleep Check Record' with the other children's names. Educator advised only children sleeping in the cot room have their sleeping checks documented on this record and the times all other children sleep is documented on the room communication chart. However, the time the child went to sleep was not recorded on the communication chart, and educator advised it would be written in later. Soon after AO discussion with educator, child sleeping in rocker is woken by another child accidentally knocking them on the head with a metal spoon and educator tries to settle child again in rocker but child does not settle and educator lifts child out. EV885387 Observed.
- Child walks around the room while eating toast. Educator says "[Child] you want to sit down?" and gets child a chair. Child walks away and another educator says "If you're eating you need to sit down". Child walks away again and another educator approaches child and sits him at the table. Child stands up and walks away from table again. EV885421 Observed.

41. The authorised officer found that Element 2.2.1 was Not Met.

First tier review

42. The provider sought to have Element 2.2.1 changed from Not Met to Met. The regulatory authority upheld their decision that the Element was Not Met.
43. The first tier review panel's response to provider evidence on Element 2.2.1 was:



The panel considered:

- When AO enters room, there is a child (date of birth 16/8/17) asleep in a baby rocker. When asked, educator advised the child has been asleep for approximately fifteen minutes and the rocker is used because it settles the child and usually child does not sleep for long. Further discussion with the educator reveals the rocker has been used for some new children to help them settle in and one child recently transitioned from using rocker to sleeping in a cot. Review of documentation showed child's name was not documented on the 'Sleep Check Record' with the other children's names. Educator advised only children sleeping in the cot room have their sleeping checks documented on this record and the times all other children sleep is documented on the room communication chart. However, the time the child went to sleep was not recorded on the communication chart, and educator advised it would be written in later. Soon after AO discussion with educator, child sleeping in rocker is woken by another child accidentally knocking them on the head with a metal spoon and educator tries to settle child again in rocker but child does not settle and educator lifts child out. EV885387 Observed.

The service has provided evidence that states:

- The strategy discussed with the parent prescribed the child settling in a rocker and then moved to a cot to sleep (this was to facilitate a smooth transition to the cot room).
- As stated in the evidence in the Assessment and Rating Evidence Summary the educator advised, 'When asked, educator advised the child has been asleep for approximately fifteen minutes and the rocker is used because it settles the child and usually child does not sleep for long'.
- Educator advised only children sleeping in the cot room have their sleeping checks documented on this record and the times all other children sleep is documented on the room communication chart. However, the time the child went to sleep was not recorded on the communication chart, and educator advised it would be written in later.
- SIDs Safe Sleeping recommendations, 'Put your baby on the back to sleep, from birth, on a firm, flat surface'.
- The Guide to the NQS states, 'safe sleep practices (according to SIDS recommendations) being implemented as being an area to be observed for the service to meet the NQS.

The evidence was collected from observations, discussions and sighting documentation. The evidence provided from the service about safe sleep practices is contradictory to the information collected from the officer. The officer collected



evidence to support the interpretation that children sleeping in rockers is common practice and there is little evidence to support that these children are then moved into cots or that there is a 'Sleep Check Record' kept for children sleeping in rockers.

The panel decided the approved provider has not provided evidence to show it has met the element and decided not to amend the assessment of Element 2.2.1 from not met to met.

Approved Provider's view

Assessment and rating feedback

44. The provider gave draft assessment and rating feedback as follows:

During Assessment and Rating, the Assessment Officer's feedback on this element was that potential for harm and hazard to occur due to educators not following safe sleeping practices for infants which resulted in this element to be deemed Not met.

We firmly do not believe this to be a true and accurate representation of the service. The statement above is factually incorrect.

We believe we met this element:

- Safe Sleeping practices are implemented at the service.
- Babies are placed on their back to sleep.
- Safe Sleeping posters are on display in the cot room which serve as guidelines for the educators. Safe Sleep information were derived from www.rednose.com.au
- Educators prepare and complete a "Sleep Check Record" for each child and physically check each child when recording information.
- The view of the Assessment Officer is factually incorrect. The Educators has discussed with the Assessment Officer some of the practices in settling children for rest as requested by parents. One of that practice is relevant only to a child that settles easily first in a baby bouncer and then once the child has settled, is then transferred to the cot to continue the child's sleep. This is due to the child still transitioning to a cot environment. The Assessment Officer has marked us as Not Met during A&R and we respectfully disagree as the Educators were upholding the requests of the child's parents and ensuring that the wellbeing and comfort of the child comes first (NQS 2.1). The child was never put at risk as the child is continually monitored and as soon as the child falls asleep, the child is transferred into the cot.
- Due to the Assessment Officer's view and comment to the Educators, the Educators have chosen to eliminate all bouncers in the room. This has caused discomfort to some children but the Educators are more concerned about the Assessment Officer's view. We felt that the Assessment Officer



should have taken into consideration the reasoning behind this practice for this particular child.

- As evidenced in the A&R Evidence summary 'Physical sleeping checks are conducted and documented every ten minutes on children sleeping in the cot room.'

First tier review

45. The provider's evidence at first tier review was:

- Safe Sleeping practices are implemented at the service.
- Babies are placed on their back to sleep.
- Safe Sleeping posters are on display in the cot room which serve as guidelines for the educators. Safe Sleep information were derived from www.rednose.com.au
- Educators prepare and complete a "Sleep Check Record" for each child and physically check each child when recording information.
- The view of the Assessment Officer is factually incorrect. The Educators has discussed with the Assessment Officer some of the practices in settling children for rest as requested by parents. One of that practice is relevant only to a child that settles easily first in a baby bouncer and then once the child has settled, is then transferred to the cot to continue the child's sleep. This is due to the child still transitioning to a cot environment. The Assessment Officer has marked us as Not Met during A&R and we respectfully disagree as the Educators were upholding the requests of the child's parents and ensuring that the wellbeing and comfort of the child comes first (NQS 2.1). The child was never put at risk as the child is continually monitored and as soon as the child falls asleep, the child is transferred into the cot.
- Due to the Assessment Officer 's view and comment to the Educators, the Educators have chosen to eliminate all bouncers in the room. This has caused discomfort to some children but the Educators are more concerned about the Assessment Officer 's view. We felt that the Assessment Officer should have taken into consideration the reasoning behind this practice for this particular child.
- As evidenced in the A&R Evidence summary 'Physical sleeping checks are conducted and documented every ten minutes on children sleeping in the cot room.'

Second tier review



46. The provider sought to have Element 2.2.1 changed from Not Met to Met. It made the following statements in its submissions:

During Assessment and Rating, the Assessment Officer's feedback on this element was that potential for harm and hazard to occur due to educators not following safe sleeping practices for infants which resulted in this element to be deemed Not met. We firmly do not believe this to be a true and accurate representation of the service. The statement above is factually incorrect.

We believe we met this element:

- Safe Sleeping practices are implemented at the service.
- Babies are placed on their back to sleep.
- Safe Sleeping posters are on display in the cot room which serve as guidelines for the educators. Safe Sleep information were derived from www.rednose.com.au
- Educators prepare and complete a "Sleep Check Record" for each child and physically check each child when recording information.
- The view of the Assessment Officer is factually incorrect. The Educators had discussed with the Assessment Officer some of the practices in settling children for rest as requested by parents. One of that practice is relevant only to a child that settles easily first in a baby bouncer and then once the child has settled, is then transferred to the cot to continue the child's sleep. This is due to the child still transitioning to a cot environment. The Assessment Officer has marked us as Not Met during A&R and we respectfully disagree as the Educators were upholding the requests of the child's parents and ensuring that the wellbeing and comfort of the child comes first (NQS 2.1). The child was never put at risk as the child is continually monitored and as soon as the child falls asleep, the child is transferred into the cot.
- Due to the Assessment Officer's view and comment to the Educators, the Educators have chosen to eliminate all bouncers in the room. This has caused discomfort to some children but the Educators are more concerned about the Assessment Officer's view. We felt that the Assessment Officer should have taken into consideration the reasoning behind this practice for this particular child.
- As evidenced in the A&R Evidence summary 'Physical sleeping checks are conducted and documented every ten minutes on children sleeping in the cot room.'

Panel's consideration

47. The Panel needed to decide whether the evidence available demonstrated that the service met Element 2.2.1.
48. As the service is meeting Elements 2.2.2 and 2.2.3, a decision by the Panel that the service is meeting Element 2.2.1 would bring the service's rating for Standard 2.2 from Working Towards to Meeting NQS.



49. The provider gave evidence that appropriate policies and processes are in place, and that the service follows safe sleeping recommendations in particular. However, the authorised officer observed practice contrary to safe sleeping practices.
50. Signs described in the authorised officer's evidence read 'If you can't find my cot it's because I'm not comfortable in it', 'I sleep in the rocker with my sleeping bag. I don't like the cot, please don't put me in it', 'I sleep in the rocker at the moment because I'm still new here and I don't feel comfortable in the cot' and 'I probably won't sleep in the cot so you might have to put me in the rocker'. Use of a rocker for sleeping is contrary to safe sleep guidance, and these signs also contradict the correct safe sleeping signage displayed at the service. The Panel considered that this illustrates the service's practice is not consistent with its policies.
51. There was evidence from the authorised officer that, during the assessment and rating process, the nominated supervisor advised the authorised officer that rockers have been removed from the room in question following discussions with the authorised officer on this point. It was not clear to the Panel on the evidence whether or not the rockers had been removed from the room.
52. The Panel considered evidence regarding the monitoring of sleeping children, including evidence that a sleeping child was bumped by another child on the head with metal spoon. In the Panel's view the sleeping environment should be a quiet, safe space and it is not suitable to have babies sleeping where other children are easily able to disturb them.
53. The Panel noted that some minor adjustments were offered and rectifications made, but the rectifications did not result in the standard of the service meeting the Element.

Decision

54. The Panel by consensus decided that the service's practice did not meet Element 2.2.1. Therefore, it confirmed the service's rating of Working Towards NQS for that Element.

Element 5.2.2



55. Standard 5.2 is that:

Each child is supported to build and maintain sensitive and responsive relationships.

56. Element 5.2.2 is that:

Self-regulation – Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

Regulatory Authority's view

Assessment and rating

57. In the Rating Outcome Summary the regulatory authority stated:

Educators provide an environment and resources that support children to engage in collaborative activities. Although some positive guidance was observed, there was minimal support by educators to encourage children to consider alternative behaviours, and limited discussions with children about the outcomes of their actions and reasons for these.

58. In the Evidence Summary the regulatory authority stated:

- Educator approaches child and says "Do you want the red bike, is that the problem?" Child does not reply and educator says "[Child] is using it so you need to share. When [child] is finished then it is your turn". Outdoor 2.5-5 years. EV0892822. Observed
- Educator says "Just remember when there is too many children just remember we can't take the prams too far". The nominated supervisor adds "Instead of running around with the prams let's find something on the tables" and later educator says "We're not pushing the prams around because everyone is getting too silly, you play with them but they need to stay in this area". [REDACTED] room. EV0892946. Observed
- Child holds onto the rope attached to bridge, swinging it back and forth. Educator says "Ah-ah, we not swinging on that one". Outdoor 2.5-5yrs. EV0893072. Observed.
- Child puts a musical instrument into the basin of the bubbler, and educator says "Let's not put it in there [child] put it in the basket, that's what we do yeah". Outdoors 0-2.5 yrs. EV0893107. Observed.



- Educator approaches children hitting each other with pillows and says "Let's find something to play, can you put the cushions away". Educator gets a book, asks children to sit on the mat and reads to them. [REDACTED] EV885292. Observed
- Child squeals and educator says "It's alright, you can get on the bed soon, don't scream" and asks child to help her put a nappy on the doll. [REDACTED] EV885324. Observed
- At the animal table, educator says to child "Don't snatch mate" and later "No snatching you got the sheep and the cow". [REDACTED]. EV885327. Observed.
- Educator says to child "Let's not walk on the book" and another educator says "Ah, are you stepping on our books, I don't think so [child]". [REDACTED] 1&2. EV885379. Observed.
- Educator says to child walking towards the sandpit, "Dolls don't go in the sand pit [child]". [REDACTED] [REDACTED]. EV885401.
- Child takes another child's hat and educator says "Ta, ta I don't like snatching ta". [REDACTED].

59. The authorised officer found that Element 5.2.2 was Not Met.

First tier review

60. The provider sought to have Element 5.2.2 changed from Not Met to Met. The regulatory authority upheld their decision that the Element was Not Met.
61. The first tier review panel's response to provider evidence on Element 5.2.2 was:

The evidence was collected from observations, discussions and sighting documentation. The evidence provided from the service about their practices is contradictory to the observed practice documented in the evidence summary observed during the Assessment and Rating visit. The officer collected evidence from across the rooms to support the interpretation that not all educators:

- encourage children to listen to other children's ideas, consider alternative behaviours and solve problems together.
- talk with children about the outcomes of their actions, and the rules, supporting children to negotiate their rights in relation to the rights of others.



- Intervene sensitively when children experience difficulty in resolving a disagreement and reasons for these, as stated in the Guide to the NQF is consistent across the service.

The panel decided the approved provider has not provided evidence to show it has met the element and decided not to amend the assessment of Element 5.2.2 from not met to met.

Approved Provider's view

Assessment and rating feedback

62. The provider gave draft assessment and rating feedback as follows:

During Assessment and Rating, the Assessment Officer's feedback on this element was that there was minimal support by educators to encourage children to consider alternative behaviours, and limited discussions with children about the outcomes of their actions and reasons for these which resulted in this element to be deemed Not Met.

We do not believe this to be a true and accurate representation of the service. The statement above is factually incorrect.

We believe we met this element:

Educators support to build and maintain sensitive and responsive relationships.

It was evidenced during the visit that children are encouraged to consider alternative behaviours. The children in attendance at the service have built strong and respectful relationships. This has been achieved through ongoing and continuously discussing the outcomes and reasons for this.

The service believes in positive guidance of children's behaviours which includes:

- Help children feel secure and let them know that we are there to help them ensure children are aware when they have had positive interactions
- Encourage children to use language to express their needs, wants and feelings
- Support children to deal with conflict constructively
- Ensure children are provided with choices and are able to make decisions
- Support children to respect their individual preferences



- Encourage children to feel good about themselves and to appreciate and respect others
- Setting individual goals for children by increasing willpower and self control so they are able to wait, share, stop and participate in groups
- Setting goals to ensure children have an increased understanding of appropriate and acceptable behaviour
- Support and encourage the ability to respect the needs and right of others

First tier review

63. The provider's evidence at first tier review was:

Educators support to build and maintain sensitive and responsive relationships.

- The Assessor made an accusation during her time in the room where she stated a child with additional needs, who is non-verbal was ignored. The Centre Director was in fact, present in the room and the child experienced one on one time with two educators in the time the Assessor was in the room. The child was included in group activities and was learning amongst his peers.
- Recently, the child's father had to change his routine and reduce days due to the change in CCS, this recent change in routine has impacted the child greatly where at times he will signal to the team (through behaviours) that he does not want to participate, this is evident in his Inclusion Support Management and Strategic Plan.
- We believe it is important before an Assessor makes accusations that she understands the history and background of the child and educators. A simple discussion with the educators would have clarified this for the Assessor, who could have reviewed his Inclusion Support Management and Strategic Plan. This would have led to greater understanding of the child and the interactions with other children and educators.
- This feedback was discussed with the Assessor at the time of Assessment and Rating.
- It was evidenced during the visit that children are encouraged to consider alternative behaviours.
- The children in attendance at the service have built strong and respectful relationships. This has been achieved through ongoing and continuous discussion around the outcomes and reasons for this.

The service believes in positive guidance of children's behaviours which includes:

- Help children feel secure and let them know that we are there to help them
- Ensure children are aware when they have had positive interactions
- Encourage children to use language to express their needs, wants and feelings



- Support children to deal with conflict constructively
- Ensure children are provided with choices and are able to make decisions
- Support children to respect their individual preferences
- Encourage children to feel good about themselves and to appreciate and respect others
- Setting individual goals for children by increasing willpower and self-control so they are able to wait, share, stop and participate in groups
- Setting goals to ensure children have an increased understanding of appropriate and acceptable behaviour
- Support and encourage the ability to respect the needs and rights of others.

Second tier review

64. The provider sought to have Element 5.2.2 changed from Not Met to Met. It made the following statements in its submissions:

During Assessment and Rating, the Assessment Officer's feedback on this element was that there was minimal support by educators to encourage children to consider alternative behaviours, and limited discussions with children about the outcomes of their actions and reasons for these which resulted in this element to be deemed Not Met.

We do not believe this to be a true and accurate representation of the service. The statement above is factually incorrect.

We believe we met this element:

Educators support to build and maintain sensitive and responsive relationships.

It was evidenced during the visit that children are encouraged to consider alternative behaviours. The children in attendance at the service have built strong and respectful relationships. This has been achieved through ongoing and continuous discussion on the outcomes and reasons for this.

The service believes in positive guidance of children's behaviours which includes:

- Help children feel secure and let them know that we are there to help them
- Ensure children are aware when they have had positive interactions
- Encourage children to use language to express their needs, wants and feelings
- Support children to deal with conflict constructively
- Ensure children are provided with choices and are able to make decisions
- Support children to respect their individual preferences



- Encourage children to feel good about themselves and to appreciate and respect others
- Setting individual goals for children by increasing willpower and self control so they are able to wait, share, stop and participate in groups
- Setting goals to ensure children have an increased understanding of appropriate and acceptable behaviour
- Support and encourage the ability to respect the needs and right of others

Panel's consideration

65. The Panel needed to decide whether the evidence available demonstrated that the service met Element 5.2.2.
66. As the service is already meeting Elements 5.2.1 and 5.2.3, a decision by the Panel that the service is meeting Element 5.2.2 would bring the service's rating for Standard 5.2 from Working Towards to Meeting NQS.
67. The Panel considered the service has guidance, policies, and procedures in place but these are not being followed consistently. In the authorised officer's evidence and the provider's response there are statements of the service's philosophy but these beliefs were not consistently observed in practice.
68. There is a significant amount of evidence from the authorised officer of observed practice that contradicts the service's guidance, policies and procedures as well as the requirements of Element 5.2.2. The authorised officer observed examples of practice by educators that did not demonstrate appropriate support for children to regulate their behaviour and respond appropriately to others. For example, an educator saying to a child "Don't snatch mate", and another educator saying to a child "Ah, are you stepping on our books, I don't think so [child]".
69. Educators helping children to understand their own and other children's behaviour, managing their own and other children's behaviour, and resolving conflicts between children was not evident to the extent required to meet the Element.

Decision

70. The Panel by consensus decided that the service's practice did not meet Element 5.2.2. Therefore, it confirmed the service's rating of Working Towards NQS for that Element.



Element 7.1.2

71. Standard 7.1 is that:
Governance supports the operation of a quality service.
72. Element 7.1.2 is that:
Management systems – Systems are in place to manage risks and enable the effective management and operation of a quality service.

Regulatory Authority's view

Assessment and rating

73. In the Rating Outcome Summary the regulatory authority stated:

The service has a philosophy statement in place and is reflected in service operations. While management provides leadership and has ensured there are established systems, and procedures and processes in place to support the service, some practices by educators are not consistent with the documented policies. Educators complete a comprehensive induction on employment and information is provided to staff about aspects of company and service operations, and their role and responsibilities.

74. In the Evidence Summary the regulatory authority stated:

The safe sleep and rest policy states 'Educators must follow safe sleep recommendations as set down by Red Nose' however a child was observed sleeping in baby rocker. This is a breach of regulation 170.

75. The provider was assessed as being non-compliant with clause 170 of the Regulations.
76. The authorised officer found that Element 7.1.2 was Not Met.

First tier review

77. The provider sought to have Element 7.1.2 changed from Not Met to Met. The regulatory authority upheld their decision that the Element was Not Met.



78. The first tier review panel's response to provider evidence on Element 7.1.2 was:

The panel considered:

Service sleep and rest policy states 'Educators are to complete the 'Sleep Check Record' every ten minutes for every child 12 months and younger', however during the visit, child aged 12 months (DOB 16/08/17 and date of visit 20-22/08/18) was asleep in a rocker for approximately 15 minutes as advised by educator (actual time unknown as not documented) and did not have any sleep checks documented on the 'Sleep Check Record' or room communication chart. Refer to EV885387.

The service has breached Regulation 170 - Policies and procedures to be followed which states, 'The approved provider of a centre-based service must take reasonable steps to ensure that nominated supervisors and staff members of, and volunteers at, the service follow the policies and procedures required under regulation 168'.

The panel decided the approved provider has not provided evidence to show it has met the element and decided not to amend the assessment of Element 7.1.2 from not met to met.

A phone call to the National Operations Manager and Area Manager [REDACTED] on 10/08/2018 discussed that the visit would be over 2 days and possibly extend to a 3rd day and this was confirmed in an email.

The panel decided the approved provider has not provided evidence to show it has met the element and decided not to amend the assessment of Element 7.1.2 from not met to met.

Approved Provider's view

Assessment and rating feedback

79. The provider gave draft assessment and rating feedback as follows:

During Assessment and Rating, the Assessment Officer's feedback on this element was that the service has a philosophy statement in place and is reflected in service operations. While management provides leadership and has ensured there are established systems, and procedures and processes in place to support the service,



some practices by educators are not consistent with the documented policies which resulted in this element to be deemed Not Met.

We do not believe this to be a true and accurate representation of the service. The statement above is factually incorrect. We believe there was a miscommunication between educators and the Assessment Officer. This evidence was used in QA 2 which resulted in a Not Met, as stated above Safe Sleep practices are followed and aligned with Red Nose Safe Sleeping.

We believe we met and exceeded this element:

- Safe Sleeping practices are implemented at the service.
- Babies are placed on their back to sleep.
- Safe Sleeping posters are on display in the cot room which serve as guidelines for the educators. Safe Sleep information were derived from www.rednose.com.au
- Educators prepare and complete a "Sleep Check Record" for each child and physically check each child when recording information.
- The view of the Assessment Officer is factually incorrect. The Educators has discussed with the Assessment Officer some of the practices in settling children for rest as requested by parents. One of that practice is relevant only to a child that settles easily first in a baby bouncer and then once the child has settled, is then transferred to the cot to continue the child's sleep. This is due to the child still transitioning to a cot environment. The Assessment Officer has marked us as Not Met during A&R and we respectfully disagree as the Educators were upholding the requests of the child's parents and ensuring that the wellbeing and comfort of the child comes first (NQS 2.1). The child was never put at risk as the child is continually monitored and as soon as the child falls asleep, the child is transferred into the cot. As evidenced in the A&R Evidence summary 'Physical sleeping checks are conducted and documented every ten minutes on children sleeping in the cot room.'
- Due to the Assessment Officer's view and comment to the Educators, the Educators have chosen to eliminate all bouncers in the room. This has caused discomfort to some children but the Educators are more concerned about the Assessment Officer's view. We felt that the Assessment Officer should have taken into consideration the reasoning behind this practice for this particular child. It should be noted that the Nominated Supervisor and Educators took immediate action at the request from the Assessment Officer. This clearly portrays the willingness of educators to comply with the Assessment Officer immediately. It should also be noted that after the experience with the Assessment Officer, the Room Leader resigned.



- As evidence in the A&R Evidence 'Educators are provided with internal training for any major policy changes such as following changes to the child incident management policy and procedures, the area manager delivered training to the nominated supervisor who then provided training to educators with follow up child safe training by CELA.

First tier review

80. The provider's evidence at first tier review was:

Safe Sleeping practices are implemented at the service.

- Babies are placed on their back to sleep.
- Safe Sleeping posters are on display in the cot room which serve as guidelines for the educators. Safe Sleep information were derived from www.rednose.com.au
- Educators prepare and complete a "Sleep Check Record" for each child and physically check each child when recording information.
- The view of the Assessment Officer is factually incorrect. The Educators has discussed with the Assessment Officer some of the practices in settling children for rest as requested by parents. One of that practice is relevant only to a child that settles easily first in a baby bouncer and then once the child has settled, is then transferred to the cot to continue the child's sleep. This is due to the child still transitioning to a cot environment.
- The Assessment Officer has marked us as Not Met during A&R and we respectfully disagree as the Educators were upholding the requests of the child's parents and ensuring that the wellbeing and comfort of the child comes first (NQS 2.1). The child was never put at risk as the child is continually monitored and as soon as the child falls asleep, the child is transferred into the cot. As evidenced in the A&R Evidence summary 'Physical sleeping checks are conducted and documented every ten minutes on children sleeping in the cot room.'
- Due to the Assessment Officer's view and comment to the Educators, the Educators have chosen to eliminate all bouncers in the room. This has caused discomfort to some children but the Educators are more concerned about the Assessment Officer's view. We felt that the Assessment Officer should have taken into consideration the reasoning behind this practice for this particular child. It should be noted that the Nominated Supervisor and Educators took immediate action at the request from the Assessment Officer. This clearly portrays the willingness of educators to comply with the Assessment Officer immediately.
- It should also be noted that after the experience with the Assessment Officer, the Room Leader resigned.
- As evidence in the A&R Evidence 'Educators are provided with internal training for any major policy changes such as following changes to the Child



Incident Management Policy and Procedures, the Area Manager delivered training to the nominated supervisor who then provided training to educators with follow up child safe training by CELA.

Second tier review

81. The provider sought to have Element 7.1.2 changed from Not Met to Met. It made the following statements in its submissions:

During Assessment and Rating, the Assessment Officer's feedback on this element was that the service has a philosophy statement in place and is reflected in service operations. While management provides leadership and has ensured there are established systems, and procedures and processes in place to support the service, some practices by educators are not consistent with the documented policies which resulted in this element to be deemed Not Met.

We do not believe this to be a true and accurate representation of the service. The statement above is factually incorrect. We believe there was a miscommunication between educators and the Assessment Officer. This evidence was used in QA 2 which resulted in a Not Met, as stated above Safe Sleep practices are followed and aligned with Red Nose Safe Sleeping.

We believe we met and exceeded this element:

- Safe Sleeping practices are implemented at the service.
- Babies are placed on their back to sleep.
- Safe Sleeping posters are on display in the cot room which serve as guidelines for the educators. Safe Sleep information were derived from www.rednose.com.au
- Educators prepare and complete a "Sleep Check Record" for each child and physically check each child when recording information.
- The view of the Assessment Officer is factually incorrect. The Educators had discussed with the Assessment Officer some of the practices in settling children for rest as requested by parents. One of that practice is relevant only to a child that settles easily first in a baby bouncer and then once the child has settled, is then transferred to the cot to continue the child's sleep. This is due to the child still transitioning to a cot environment. The Assessment Officer has marked us as Not Met during A&R and we respectfully disagree as the Educators were upholding the requests of the child's parents and ensuring that the wellbeing and comfort of the child comes first (NQS 2.1). The child was never put at risk as the child is continually monitored and as soon as the child falls asleep, the child is transferred into the cot. As evidenced in the A&R Evidence summary 'Physical sleeping checks are



conducted and documented every ten minutes on children sleeping in the cot room.'

- Due to the Assessment Officer's view and comment to the Educators, the Educators have chosen to eliminate all bouncers in the room. This has caused discomfort to some children but the Educators are more concerned about the Assessment Officer's view. We felt that the Assessment Officer should have taken into consideration the reasoning behind this practice for this particular child. It should be noted that the Nominated Supervisor and Educators took immediate action at the request from the Assessment Officer. This clearly portrays the willingness of educators to comply with the Assessment Officer immediately. It should also be noted that after the experience with the Assessment Officer, the Room Leader resigned.
- As evidence in the A&R Evidence 'Educators are provided with internal training for any major policy changes such as following changes to the child incident management policy and procedures, the area manager delivered training to the nominated supervisor who then provided training to educators with follow up child safe training by CELA.

Panel's consideration

82. The Panel needed to decide whether the evidence available demonstrated that the service met Element 7.1.2.
83. As the service is already meeting Elements 7.1.1 and 7.1.3, a decision by the Panel that the service is meeting Element 7.1.2 would bring the service's rating for Standard 7.1 from Working Towards to Meeting NQS.
84. The provider gave evidence of having appropriate policies, systems and processes in place but the authorised officer's evidence indicates that they are not consistently implemented across the service.
85. Policies and procedures have to be consistent with observed practice and there were a number of observations by the authorised officer that this is not the case for this service.
86. The Panel noted that the service was found to be non-compliant with regulation 170. A letter was sent to the provider regarding their non-compliance with this regulation.

Decision



87. The Panel by consensus decided that the service's practice did not meet Element 7.1.2. Therefore, it confirmed the service's rating of Working Towards NQS for that Element.