

[REDACTED] 2021

ACECQA [REDACTED] to Ratings Review Panel

Panel members [REDACTED] (Chair)

[REDACTED]

[REDACTED]

Panel date [REDACTED] 2021

Applicant [REDACTED] on behalf of [REDACTED]

Regulatory Authority NSW Department of Education

Decision: The Ratings Review Panel confirmed all ratings under review:

Quality Area 1, Standard 1.3 was confirmed as Meeting NQS (Theme 1 not identified)

Quality Area 3, Standard 3.1 was confirmed as Meeting NQS (Theme 1 and Theme 3 not identified)

Quality Area 4, Standard 4.1 was confirmed as Meeting NQS (Theme 3 not identified)

Quality Area 4, Standard 4.2 was confirmed as Meeting NQS (Theme 3 not identified)

Quality Area 7, Standard 7.1 was confirmed as Meeting NQS (Theme 3 not identified)

Quality Area 7, Standard 7.2 was confirmed as Meeting NQS (Theme 3 not identified)

Issues

1. The Approved Provider (the Provider) sought a review of the ratings for the above Standards on the grounds that the Regulatory Authority:

145(3)(b) failed to take into account or give sufficient weight to special circumstances existing or facts existing at the time of the rating assessment

Overview

2. After initial assessment, the Draft Report recorded the service's rating as Meeting NQS. Standards 2.1, 2.2, 6.1, and 6.2 were rated Exceeding NQS. Following the service's feedback on the draft report, a number of additional Exceeding themes were identified, however only Standards 5.1 and 5.2 were amended to Exceeding NQS. The overall rating of the service remained Meeting NQS.
3. No further changes were made at first tier review.
4. At second tier review, the provider sought to have the remaining 7 Exceeding themes identified across 6 Standards, and the overall rating amended from Meeting NQS to Exceeding NQS. Exceeding themes that have already been determined by the regulatory authority as being demonstrated are set out below (noting all Elements are already met), with previous changes indicated. Areas not under review at second tier are in grey text, and outstanding Exceeding themes are in red text:

Quality Area 1: Meeting NQS

Standard 1.1: Exceeding NQS

Standard 1.2: Exceeding NQS

Standard 1.3: Meeting NQS

Theme 1: No

Theme 2: Yes (A&R)

Theme 3: Yes (final report)

Quality Area 2: Exceeding NQS

Quality Area 3: Meeting NQS

Standard 3.1: Meeting NQS

Theme 1: No

Theme 2: Yes (final report)

Theme 3: No

Standard 3.2: Exceeding NQS

Quality Area 4: Meeting NQS

Standard 4.1: Meeting NQS

Theme 1: Yes (A&R)

Theme 2: Yes (final report)

Theme 3: No

Standard 4.2: Meeting NQS

Theme 1: Yes (A&R)

Theme 2: Yes (A&R)

Theme 3: No

Quality Area 5: Exceeding NQS

Quality Area 6: Exceeding NQS

Quality Area 7: Meeting NQS

Standard 7.1: Meeting NQS

Theme 1: Yes (A&R)

Theme 2: Yes (A&R)

Theme 3: No

Standard 7.2: Meeting NQS

Theme 1: Yes (A&R)

Theme 2: Yes (A&R)

Theme 3: No

Evidence summary & notes on evidence

5. The panel considered a large number of evidence items submitted by the provider and the regulatory authority. The provider also referred to particular evidence items throughout their submissions, which were referenced in the ACECQA's advice to the panel. Evidence consulted by the panel included:
 - The application for second tier review and its attachments
 - The application for first tier review and its attachments
 - The regulatory authority's submissions to second tier review
 - The regulatory authority's decision at first tier review
 - The assessment and rating instruments and the draft and final reports
 - The service's feedback to the draft report
 - The authorised officer's response to the service's feedback

The law

6. Section 151(1) of the *Education and Care Services National Law Act 2020* (the National Law) 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

7. [REDACTED] is a long day care service with [REDACTED] approved places. The service is based in [REDACTED], in Sydney, NSW.
8. The assessment and rating visit took place on [REDACTED] 2020.
9. The provider received the draft report on [REDACTED] 2020, with a draft rating of Meeting NQS. The provider supplied feedback on [REDACTED] 2020.
10. The provider received the final report on [REDACTED] 2020. Some additional Exceeding themes were identified, however the final rating remained Meeting NQS.
11. The provider applied for first tier review by the regulatory authority on [REDACTED] 2020. The regulatory authority did not determine any changes to ratings, or identify any additional Exceeding themes. The rating following first tier review remained Meeting NQS. The provider received the first tier review decision on [REDACTED] 2021.
12. The provider applied for second tier review on [REDACTED] 2021.
13. The ratings review panel met to consider the application for second tier review on [REDACTED] 2021.

General submissions by the provider at second tier review

14. As well as submissions relating to individual standards and themes, the provider made the following general submission at second tier review:
 - *A substantial amount of evidence was made available to our Assessing Officer via DropBox, and we can support that much of this evidence was never viewed by her.*
 - *Our Assessing Officer confirmed that she used single pieces of evidence across multiple areas, rather than seeking more (which we were able to provide)*
 - *We gave full access to our online community database [REDACTED] to our Assessing Officer in the weeks leading up to our visit, for her to browse and gain a better understanding of our context. We are unsure if any of this was used as evidence, and whether this evidence was filed and available for the First Tier Review team.*

- *Feedback provided in the First Tier review contradicted the NQF and the Standards referred to. This feedback also provided conflicting messages about our evidence, i.e., that there was none in certain standards to support the theme, despite it being submitted.*
- *In terms of contact with the Assessing Officer, we were given a 1 hour phone call prior to the visit and less than 4 hours on the day, with limited email correspondence following. We never had opportunities to provide more evidence where the assessor may have felt it was needed. To support this statement, we provided a great deal of feedback and evidence following the draft report, and many decisions were overturned as a result.*
- *In our draft report, we noted that there were a number of Quality Areas where no evidence was gathered, nor even requested, by the Assessor. This was also noted in our First Tier Review feedback [REDACTED] that “evidence that supports this theme was not recorded by the officer.”*
- *There was never an opportunity for our community (families etc) to share their voice and to validate our practices. We feel this is greatly unjust, especially when assessing Exceeding Theme 3. Family statements were not taken into account in the First Tier Review due to the date on them.*
- *We are unsure whether we are required at this stage in the process to complete Attachment A (Submissions & Evidence). We have a great deal to share if our previously provided evidence has failed to be filed or provided to the First Tier Review team. We are under the understanding that an ACECQA created FileCloud system can be provided for us to share any outstanding evidence.*

Items for review by Ratings Review Panel at second tier review:

Standard 1.3

15. Standard 1.3 is:

Educators and co-ordinators take a planned and reflective approach to implementing the program for each child

Standard 1.3: Assessment and rating

16. The regulatory authority initially assessed the service as Meeting NQS for Standard 1.3. The regulatory authority initially only identified Exceeding theme 2, but not Exceeding theme 1 or 3 (though Exceeding theme 3 was identified during the draft report feedback stage)
17. In the assessment and rating evidence summary, the authorised officer set out the following evidence of practice:

“The program across the [REDACTED] playrooms was not displayed. When the officer asked to sight the program for all [REDACTED] groups of children, educators referred the officer to a pin board that contained an overall group focus typed on pieces of paper with the benefits of achieving this

objective and the theoretical perspective behind it. The pin board did not contain dates, information about upcoming learning experiences planned to support the child's learning or any key or reference to link a planned experience to a child. This is a breach of Regulation 75 (a). A minor adjustment was offered with rectification confirmed post visit.

During a pre-visit phone call, the provider advised that whilst the service used [REDACTED], the program cycle was paper based. An educator confirmed during the visit that paper based children's portfolios were the strongest and most valuable record of the child's learning. The service has begun to use [REDACTED] to share snap shots of the child's learning and achievements.

The educator advised that some of the children's portfolios were at home with the family and child and were unavailable to be viewed. This was later repeated by 2 more educators across the other [REDACTED] playrooms. This is a breach of Section 175 (1) and Regulation 177. A minor adjustment was offered, the provider was not aware of the requirement and rectified post visit.

The cycle of planning could not be verified on the day due to unclear links, insufficient program development. The provider was afforded 1 week to demonstrate this post visit.

Program documentation provided post visit consists of observation, analysis of learning and the extension of learning. Whilst no program was historically documented, the reflection of learning and intentional teaching is evident and the journey depicting and assessing the child's learning is evident."

18. In the draft report, the authorised officer included the following Analysis Note in relation to Standard 1.3:

"Educators observe and record information about what children know and understand how to support children's learning while being mindful not to interrupt children's participation in play. Educators use a variety of methods to assist in reflecting on children's experiences, thinking and learning. Families are provided a range of information about their child's learning and progress throughout the year. Minor adjustments have been offered for standard 1.3."

Standard 1.3: Provider's feedback on the draft report

19. The provider submitted a response to the draft report in relation to Standard 1.3, arguing that Exceeding themes 1 and 3 were present.

20. In relation to Exceeding theme 1, the provider stated:

"We worked collaboratively to support a consistent embedded approach to documenting children's learning and development. Many educators had never written a learning story or written directly to the child. [REDACTED] the Educational Leader, drew on supportive research mainly sourced from ACECQA, that supports this area. She used this research to devise, [REDACTED], with the support of the team during staff meetings. We discussed what language was clearer, more supportive, what layout they would prefer and, overall, what worked best in our service context. From here, each [REDACTED] used the Supportive Guide to develop a learning story. [REDACTED] then provided her feedback

both in person and by writing a letter to the educator on the provided learning story. We continue to work collaboratively on a weekly basis, during the educators non-contact programming time, to develop cohesive documentation.”

21. In relation to Exceeding theme 3, the provider stated:

“We sought feedback from several families to help us improve how we share our programming focus using our focus boards. ██████ shared that she loved a section on one board that gave examples of language we might use. She shared that she would love to see this on all focus boards, because it is something she struggles with at home. ██████ wanted to ensure she used language that was consistent with ours. We took her feedback on board and ensured we made this a focus, sharing our consistent statements with our families at every opportunity we get.”

22. The provider also submitted a number of evidence items to the regulatory authority in support of their feedback on the draft report.

Standard 1.3: Final report

23. After considering the provider’s feedback on the draft report, the regulatory authority concluded that Exceeding theme 3 was present, but did not identify Exceeding theme 1. The rating for Standard 1.3 remained Meeting NQS, as only Exceeding themes 2 and 3 were present.

Standard 1.3: First tier review

24. The provider applied for first tier review, seeking to have Exceeding theme 1 identified.

25. At first tier review, the panel considered evidence gathered by the authorised officer at the assessment and rating visit (set out above at **paragraph 17**). The panel also considered the provider’s submissions in feedback to the draft report (set out at **paragraph 20-21**).

26. In relation to Exceeding theme 1, the panel stated:

“The panel reviewed the information found in the report and found evidence to suggest that a clear planning cycle was not visible on the day of the visit. It was taken into consideration that the officer offered a minor adjustment regarding the ways in which the approved provider could make the planning cycle more visible. It was also noted that some children’s portfolios were not at the service and therefore documentation was not available to be viewed.

The panel considered the evidence submitted by the approved provider and felt that it was limited in supporting the theme for this standard. The panel reviewed the ██████

██████ ██████ document and felt that it was insufficient in demonstrating embedded practice as a clear cycle of planning was not visible or available to families. This document proved more as a guide and not a planning cycle; evidence of a program was insufficient. It was also noted that the panel did review the letter written by a family about the ongoing support they have received from the service however, this was dated after the visit and therefore cannot be considered.

The panel concluded that there was insufficient evidence to support attainment of the theme and decided to confirm the assessment of Theme 1 as No.

27. Following first tier review, the rating for Standard 1.3 remained Meeting NQS, as Exceeding theme 1 was not present.

Standard 1.3: Second tier review

28. At second tier review, the provider sought to have Exceeding theme 1 identified, which would result in Standard 1.3 being amended to Exceeding NQS.
29. The provider made a number of submissions in relation to Standard 1.3, structured as responses to the first tier panel's comments in the first tier decision notice.
30. In relation to Theme 1 under Standard 1.3, the provider's response to the first tier review panel's view was as follows:

"On the day of our visit, our assessing officer had difficulty understanding how we approached this standard.

We can appreciate that our way of doing can be difficult to understand given it's strong foundation that has been built from the [REDACTED] [REDACTED]. However we have the right to be given the time needed, within reason, to explain our practices and have them honoured. We are aware of our requirements, and what is listed in the National Law and Regulations. We are aware that our assessing officer did not sight some portfolios [REDACTED] of their journey) as we support and encourage our children and their families to have ownership and autonomy over their own work, as we believe they should. However, on the day of the visit, I [REDACTED] did clarify with our assessing officer that all the evidence that was available in our children's books is also available on our online communication database, [REDACTED] and in other digital methods. She did not want to see it. After providing our assessing officer with multiple planning cycles following her visit, in a format that we felt she may understand, she was satisfied.

In our evidence, we have included the planning cycles that were provided following her visit and also the planning cycles that were sighted on the day of her visit.

We agree that the [REDACTED] document is not a clear planning cycle, and we did not submit it for this purpose. It was submitted to demonstrate the importance of children's learning at our service and our approach to recognising and responding. This document was included as a supportive document, to show one way we support each [REDACTED] to meet this standard ensuring our practices are embedded.

The voices of our parents were sought during the first-tier process, for the purpose of supporting our statements and evidence as factual.

We have provided ample amounts of evidence of our program, but we don't feel that our approach to this is either not valued, or not understood. We very much take a "learning through life" approach, and we value cumulative experiences rather than one off experiences that are followed up by another one off experience. We understand that our programs may not be dated to a week or a month, something we would find very difficult to do because of

the uniqueness of our approach, but within our program and planning there is strong intentional teaching strategies to support children to gain maximum learning opportunities from every single moment they are with us.

Standard 1.3: Second tier review decision

31. The panel began by discussing the observations and commentary of the authorised officer and first tier review panel, noting that a lack of evidence was observed. The substance of Standard 1.3, the panel agreed, was not adequately reflected in the evidence to the point expected for an Exceeding NQS rating. The panel observed that there was some good evidence of critical reflection, however it was unclear that embedded practice around a planned and reflective approach to implementing the program for each child was systematic and established at the service.
32. The panel discussed evidence of positive practice, and noted, for example, the unique practice of educators writing letters to children. However it was noted that a lot of the plans seemed to be around changing the environment or equipment, rather than clear evidence of individual children's plans and how reflections were being consistently employed to make decisions about adjustments and next steps in curriculum planning. While there was certainly evidence of collaboration, the evidence did not give a sufficient sense of the cycle of programming in order to show the panel that practices were sufficiently embedded to warrant identifying Exceeding theme 3.
33. The panel observed that little evidence was documented on the day of the visit to show the extent of embedded practice under this Standard. Although documentation submitted in evidence showed very positive practice the consistent high level practice required to warrant identifying Exceeding theme 3 and therefore a rating of Exceeding NQS for the Standard was not present.
34. The panel emphasised that while there was clearly a lot of critical reflection occurring at the service, the "what's next" component needs strengthening in order to better demonstrate how the cycle of planning is driven forward, a key part of embedded practice for Standard 1.3.
35. The panel agreed by consensus to confirm the rating of Standard 1.3 as Meeting NQS, as practice demonstrating Exceeding theme 3 was not sufficiently demonstrated.

Standard 3.1

36. Standard 3.1 is:

The design of the facilities is appropriate for the operation of a service

Standard 3.1: Assessment and rating

37. The regulatory authority initially assessed the service as Meeting NQS in relation to standard 3.1, but identified no Exceeding themes (though Exceeding theme 2 was later identified during the draft report feedback stage).

38. In the assessment and rating evidence summary, the authorised officer set out the following evidence of practice:

Whilst playrooms have direct access to the outdoor environment, the preschool group access the larger and equipped playground either via the toddler playroom or the shared bathroom the two rooms utilise.

An operable wall between the toddler and preschool playrooms enable the sharing of a larger space when required.

The service has [REDACTED] separate playrooms.

One small reception area enables general administrative functions whilst a larger office is utilised for administrative function and to host private and sensitive conversations with staff, educators and families.

The cot room is accessible directly off the infant playroom, nappy change facilities and handwashing facilities are located directly inside the playroom.

The outdoor play area provided enables the required play space for up to [REDACTED] children. Maximum numbers for the service is currently [REDACTED] children per day with current occupancy ranging from [REDACTED] children at the point of service context details form submission. A few children have since enrolled at the service increasing this number.

The indoor playspace is calculated at [REDACTED] square metres, [REDACTED] square metres required for the maximum number of [REDACTED] children.

The service engaged via [REDACTED] with families to advise of requirements the service was implementing to promote the privacy of children given the challenging physical arrangements of accessing playrooms/bathrooms. This engagement was active amongst families with opinions voiced.

[REDACTED] were utilised to create the outdoor play space.

39. In the draft report, the authorised officer included the following analysis note in relation to Standard 3.1.

"All furniture, equipment, facilities and resources in indoor and outdoor spaces are appropriate for their purpose. Indoor and outdoor spaces allow children and educators flexible access, the infant room specifically through the provision of an indoor/outdoor program. The service has policies on hygiene and maintenance, and the premises, furniture and equipment are safe and clean."

Standard 3.1: Provider's feedback on the draft report

40. The provider submitted a response to the draft report in relation to Standard 3.1, arguing that all three Exceeding themes were present, and that the rating for Standard 3.1 should be Exceeding NQS.

41. In relation to Exceeding theme 1, the provider stated:

██████████ guided us through the ██████████ principles to provide “an environment for the child that is physically safe, cognitively challenging, and emotionally nurturing”. This principle really rests on ██████████ basic tenet that the adult must have “basic trust in the child to be an initiator, an explorer, and a self-learner.” We realised that when we trust children in this way, it dramatically influences the way we interact with them and the way we prepare an environment for their exploration, play, and care routines. Our environment has consistent characteristics of equipment, furnishings and play materials all supporting the child as “an active participant rather than a passive recipient.” Our environments are all “yes environments” meaning the children have complete control over them and do not require our support or intervention that could lead to limiting their development. This gives our children autonomy to make choices and manipulate the environment to reflect their inner thought process. Our resources are open-ended and are often multi purposed by the children. It took months of reflection, questioning and intentional practice to come to where we are today. In one staff meeting, you will see we questioned what message our environment was giving to our children and the lack of warmth in it. We have ██████████ ██████████ because we strongly believe in and support the free development of children Both ██████████ believed that free exploration in a prepared and safe environment would influence how children relate to themselves and to others in future. We see how the environment has greatly impacted on our children. They are confident learners and have the security they need to take control of their environment and learn through it.

When designing environments we always aim to achieve inclusivity. We see inclusivity as autonomy, giving each child a space they have control over. Depending on each child's developmental capacity, the environment is generally used differently. Discovery consists of looking at the same thing as everyone else and thinking something different - ██████████ ██████████

In our Infant space autonomy looks like the absence of restrictive furniture such as high chairs, rockers etc. All our equipment is accessible to children and does not require an educators assistance for use. Through our purposeful environment, we see busy, active children manipulating their resources in imaginative ways.”

42. In relation to Exceeding theme 2, the provider stated:

“Upholding safe food handling practices and using appropriate equipment in the kitchen was something new to us as a management team. So we sought the support of ██████████ from ██████████ ██████████ reviewed our practices and

supported us to improve to embed best practice. From here we made the necessary changes that were but not limited to:

- *improving our receipt procedure, recording temperatures of foods.*
- *sourcing an appropriate digital thermometer to measure the temperature of food*
- *storing food appropriately in the fridge to reduce any cross contamination*
- *recording cooked food temperature*
- *labelling opened food appropriately in the fridge and pantry”*

43. In relation to Exceeding theme 3, the provider stated:

“Our service was founded on the roots of the [REDACTED] developed by [REDACTED] [REDACTED]. Through this we came to understand the work of [REDACTED] who observed and championed the unfolding of children’s motor development naturally. Through our understanding of these approaches and the research supporting them as best practice for children, we never homed highchairs or restrictive devices. Infants that were yet to stand/walk independently would sit supported in their [REDACTED] lap to share a meal. When a child was able to get into and out of sitting positions on their own, confidently, we would support them to enjoy their meal at a table. However, [REDACTED] helped us see that we were missing something in between. When a child was able to get into and out of a floor seating position, they could be offered more autonomy during mealtimes. Well how? [REDACTED] introduced us to bed tray tables that were commonly supported through a [REDACTED] lens as an infant’s first meal table. At times, [REDACTED] the infant [REDACTED] became apprehensive about this transition. Sometimes she did feel the children were not ready for this and needed some support. We looked further into the writings of [REDACTED], as well as other [REDACTED] associates such as [REDACTED], and leading practice early childhood centres such as [REDACTED]. On daily basis, we observed children’s cues to better understand what they were telling us about what they were ready for. We also helped [REDACTED] see herself as a “model”, not only there to supervise, but also to model the appropriate behaviour at the table - showing respect and talking children through the process, encouraging good eating habits and a positive attitude to food. We helped [REDACTED] work through her challenges by providing supportive feedback. [REDACTED] not only observed infant mealtimes but also led them at times, to support [REDACTED] further. She and [REDACTED] collaborated with [REDACTED] to share their observations and make decisions, ultimately fulfil our promises to the children: I promise to see you as whole, right from the beginning, as capable and competent. I know when I do less, you will think and learn more [REDACTED]. Over time, we saw the evolution of children’s development and independence. We continued to develop our mealtime areas by making them a ritual supported by a fit for purpose environment.”

Standard 3.1: Final report

44. After considering the provider’s feedback on the draft report, the regulatory authority concluded that Exceeding theme 2 was present, but not Exceeding themes 1 or 3. The rating for Standard 3.1 remained Meeting NQS.

Standard 3.1: First tier review

45. The provider applied for first tier review, seeking to have the remaining Exceeding themes (1 and 3) identified and the rating for Standard 3.1 amended to Exceeding NQS.
46. At first tier review, the panel considered evidence gathered by the authorised officer at the assessment and rating visit (set out above at **paragraph 38**). The panel also considered the provider's submissions in feedback to the draft report (set out at **paragraph 41-43**).
47. In relation to Exceeding theme 1, the panel stated:

"The panel considered the information found in the report to be limited in supporting the theme for this standard. The evidence reviewed largely reflected the design of the service and not how educators and children arrange the learning environment. This meant that it was limited in showing how the environment promoted and supported children's learning.

The panel reviewed the evidence submitted by the approved provider. The panel acknowledges that the evidence does demonstrate educators critically reflecting on the design of the space, however, evidence of how this has led to a high quality environment was insufficient. The approved provider supplied links to theorists that have informed their philosophy as evidence; this however does not link to the theme for this standard. The panel also reviewed the examples given regarding the toddler's space within the service and note that this did not provide an even distribution of evidence and therefore was not consistently supportive of the theme. The panel also acknowledged the service's claims in relation to the use of safety checks by educators, however the panel noted that the evidence to support this was not included in the submissions.

The panel concluded that there was insufficient evidence to support attainment of the theme and decided to confirm the assessment of Theme 1 as No."

48. In relation to Exceeding theme 3, the panel stated:

"The panel considered the information in the report and found that there was limited evidence to support this theme for this standard. The panel note that there was limited evidence of the service actively seeking family feedback, this is supported by the officer's QIP note that suggests the service needed to build on establishing partnerships with families and consider how this can inform safe environments.

The panel reviewed the submissions by the approved provider and found that there was insufficient evidence to support this theme. The evidence provided contained documents in regard to food safety and safe food handling which are not relevant to the theme or standard. The panel reviewed the evidence regarding the changes to the nappy change space and noted that the changes were made to routines and practices due to a parental complaint. The panel found that much of the evidence provided in support of this theme for this standard was better suited in support of other areas.

The panel concluded that there was insufficient evidence to support attainment of the theme and decided to confirm the assessment of Theme 3 as No."

49. Following first tier review, the rating for Standard 3.1 remained Meeting NQS, with only Exceeding theme 2 identified.

Standard 3.1: Second tier review

50. At second tier review, the provider sought to have Exceeding themes 1 and 3 identified, and the rating for Standard 3.1 amended to Exceeding NQS.
51. The provider made a number of submissions in relation to Standard 3.1, structured as responses to the first tier panel's comments in the first tier decision notice.
52. In relation to Theme 1, Standard 3.1, the provider's response to the first tier review panel's view was as follows:

"Standard 3.1 is about the 'design' of the service and, as stated in the panel response, our evidence largely reflects this. The statement made by the panel in point 12 we find is contradictory to the standard itself.

Our supporting evidence submitted to support this standard verifies how our educators and the voices of our children support meaningful mealtimes at our service. We greatly believe children should always have control of their learning experiences, and mealtimes are very much a time of learning, discovery and most importantly connection. Our mealtime spaces reflect how we intentionally create spaces that are fit for purpose. Please also reflect on our overarching program, [REDACTED] to see how we make everyday caregiving moments valuable learning opportunities.

A great example of how meaningful mealtimes has greatly supported a child's development in growth can be seen in [REDACTED] [REDACTED]. We are confused by the statement regarding the 'toddler space' as the images provided show how our meaningful designs are embedded across the service. All our practices noted in our Self-assessment tool for standard 3.1 were validated and confirmed on site by our assessing officer and this can be confirmed in the evidence summary. No note of a lack of practice within one environment was raised or recorded including in regard to the toddler environment. No discussion was had and no further evidence was requested as this is one of our strongest areas.

Regarding the statement around 'safety checks', this evidence was sighted by the assessor on the day of her visit, as you can see [in evidence item]. Therefore, we were under the impression there was no need for us to provide it again, as it was sighted and noted. We can resubmit this evidence, if needed.

53. In relation to Theme 3, Standard 3.1, the provider's response to the first tier review panel's view is as follows:

We dis warrant the statement that suggests, 'We need to build on establishing partnerships with families' as this area is one of our greatest strengths and an area we have already proven to exceed well beyond in. We are happy to provide full access to our online database [REDACTED] to further support this and have included some samples of how we always actively encourage our families to raise and share their voice.

Please also see [evidence item]. Please also see [evidence item] with regards to the statement made by the panel that "The service needed to build on establishing partnerships with families (Point 15 in the First Tier Review Decision report).

As raised in the Guide to the NQF on page 188 what Element 3.1.2 aims to achieve... 'In education and care services, the upkeep of buildings, furniture and equipment impact directly on the safety of children and service staff. Every child has the right to be safe. Upkeep refers to the responsibility of services to implement effective maintenance, cleaning, and appropriate safety precautions, which also helps prevent injuries and the spread of infectious diseases.'

There was a need in our service that we identified. We sought the support of professionals within this area to ensure we maintain, clean and apply all the necessary safety precautions in our kitchen. We have included the full report to show how many changes were required in our service that we then attended to. We believe this evidence is very much appropriate for this Standard and also supportive of other areas – we believe the standards are not standalone but support each other to promote and achieve best practice.

We ask that all our evidence is seen collectively and not limited to the standard that it may sit below. We always use the feedback of our community to reflect on and strengthen our practices (as supported by the information sheet found on ACECQA's website QA7 Using complaints to support continuous improvement) and we see parent complaints and feedback as a great opportunity to grow and develop our practices. Regardless, this change to nappy changes did not come about by parent complaints. This change came about through discussions within our community about the rights of children and how we can better support this at our service. Above all, change happened and this was shaped by family engagement. Please refer to [evidence item]. We'd like to highlight how this piece of evidence shows how we have worked beyond the physical limitations of our setting with the support of our families and community

Standard 3.1: Second tier review decision

54. The panel began by discussing evidence of many positive elements of the service's practice under this Standard, including discussions and explanations in the evidence of the service's approach to creating what it termed a "yes" environment. It was clear to the panel in some of the images and written explanations submitted in evidence that there was a consistent and intentional approach to creating an inclusive environment for children, including around events like meal times which were structured to support children's agency as much as possible.
55. One area of concern for the panel, however, was the design and location of the nappy change area and the concerns and problems that surrounded this. The panel noted that the service had acknowledged that this area needed addressing, however noted that a solution devised by the service was a system that in fact limited parent access to the service at certain times, and that this had drawn mixed reactions from the parent community. The panel also noted that the first concerns about the nappy area appeared to have been raised by the parent community, and the service then responded by working to solve the issue, rather than the service identifying the issue in the first instance in the design of the service.

The panel also discussed the extent to which the problem had been addressed by changes to routine and timetabling of nappy changes, rather than by changes to the environment itself.

56. The panel appreciated and felt the service should be commended for attempting to solve the nappy area problem by consulting with families, but given the expectations around what constitutes very high quality service design practice for this theme and Standard, it could not justify amending the rating to Exceeding NQS by identifying Exceeding theme 1 for Standard 3.1.
57. The panel agreed by consensus that Exceeding theme 1 was not present.
58. The panel then discussed Exceeding theme 3, beginning again with a discussion of the issues surrounding the nappy change area. The panel noted that engagement with families around this problem had occurred, however the evidence appeared to show that it was a parent who first raised the issue and thus it was the service acting on this concern which put in motion their attempts to modify the environment. The panel felt that this was not a decision to make changes that was informed by meaningful engagement with families, but simply acting on a concern, noting that mixed family responses indicated that not all families were meaningfully engaged in devising the solution.
59. The panel also discussed the remodelling of the foyer area and the relocation of the construction play area, and appreciated the detailed narrative provided about how these changes came about, including the incorporation of children's voices and the use of yarning circles and [REDACTED]. The panel was pleased to see this practice but felt in the context of the theme more generally it was not enough to support attainment of theme 3.
60. The panel also wished to acknowledge positive practice by the service in making efforts to engage with the local community including a local school, however the panel noted that there was not enough clear evidence to show that the design of the service is informed by the geographical and community context. Other examples of practice including asking parents for cultural items was an example of positive practice, as well as the decision to hang up a curtain in the sleep area, however this appeared more relevant to Standard 3.2 (Use), rather than the design of the service.
61. The panel decided by consensus to confirm the rating of Standard 3.1 as Meeting NQS, as neither Exceeding themes 1 or 3 were present.

Standard 4.1

62. Standard 4.1 is:

Staffing arrangements enhance children's learning and development

Standard 4.1: Assessment and rating

63. The regulatory authority initially assessed the service as Meeting NQS in relation to Standard 4.1. The regulatory authority also identified Exceeding themes 1 in the service's

practice under this Standard, but not Exceeding themes 2 or 3 (Exceeding theme 2 was identified later, at the draft report feedback stage).

64. In the assessment and rating evidence summary, the authorised officer set out the following evidence of practice:

“All staff hold approved current child protection qualifications.

Secure attachment and relationships with children is a priority for the service and is the determining philosophical position that informs all decisions made around staffing arrangements and continuity of children.”

65. In the draft report, the authorised officer included the following analysis note in relation to Standard 4.1.

“Purposeful consideration is given to the organisation of educators to ensure familiarity and continuity for children providing a high quality learning and care environment. The management team are committed to staffing the service with highly qualified educators, favourable educator:child ratios and deep respect for the team which promotes cohesion and retention of staff.”

Standard 4.1: Provider’s feedback on the draft report

66. The Provider submitted a response to the draft report in relation to Standard 4.1, arguing that Exceeding themes 2 and 3 were also present, and that the rating for Standard 4.1 should be Exceeding NQS.

67. In relation to Exceeding theme 2, the provider stated:

“Transitioning from one room to another is often not only difficult for the child, but the family too. At [REDACTED] we cement strong and trusting relationships with our families right from the beginning. Assigning a new primary caregiver can present challenges for not only the child but the family too. Moving on from this relationship and establishing a new relationship can be an obstacle for some of our families. We found some parents were requesting to keep their children enrolled in the same space with the same primary caregiver, even when their child had outgrown it. We knew we needed to work through this barrier. So, we started to reflect on the choices and voices of our families. As a team we collaborated on how we could make this transition less daunting for our families. We started to brainstorm some strategies that would soften this change and through our deliberations we agreed on: ¿Shared decision making: encouraging parents to share their perspective and preference of who they would like to be their child’s new [REDACTED] ¿Through observation, consider who the child has already established a relationship with - who does the child feel safe with other than their [REDACTED] caregiver ¿Consult the receiving potential [REDACTED] (s) and gain their perspective ¿Consult the current child’s [REDACTED] on which colleague they feel would be best suited to support the whole family ¿Determine if there is a cultural/linguistic common interest between the family and a prospective primary caregiver that the family/child would benefit from ¿Keep families connected throughout the transition journey ¿led by newly assigned [REDACTED] to commence the development of this relationship

In relation to families, I will develop respectful relationships based on open communication with the aim of encouraging families engagement and to build a strong sense of belonging - ECA Code of Ethics

68. In relation to Exceeding theme 3, the provider stated:

"We noticed that when families had concerns or feedback at the end of the day following [REDACTED] or [REDACTED] departure, parents were often not open to discussing these concerns with any staff members on the premises. Parents' first response would often be, "Is [REDACTED] and/or [REDACTED] here", When an [REDACTED] asked if they could help, parents would often mention they would raise this directly with [REDACTED] / [REDACTED] (Approved Providers). We wanted to give families the confidence to share their concerns and to trust in the capabilities of the whole team, not just the leadership team. We started to share who was the Responsible Person on the premises at times when [REDACTED] and [REDACTED] were not present. This helped families understand that there was always someone available to talk to, even if [REDACTED] and [REDACTED] were not. In time, we saw the families begin to share their feedback with others. The team would always share with [REDACTED] / [REDACTED] what took place on that afternoon and [REDACTED] / [REDACTED] would use their professional judgement to determine if they needed to involve themselves or leave it in the hands of the [REDACTED]. Through this, educators began to understand management systems and the importance of having them in place."

Standard 4.1: Final report

69. After considering the provider's feedback on the draft report, the regulatory authority decided that Exceeding theme 2 was present, but not Exceeding theme 3. The rating for Standard 4.1 remained Meeting NQS.

Standard 4.1: First tier review

70. The provider applied for first tier review, seeking to have the remaining Exceeding theme 3 identified.

71. At first tier review, the panel considered evidence gathered by the authorised officer at the assessment and rating visit (set out above at **paragraph 64**). The panel also considered the provider's submissions in feedback to the draft report (set out at **paragraph 67-68**)

72. In relation to 3, the panel stated:

"The panel considered the information in the report and found that there was limited information recorded which supported this theme for this standard. The report identified that parents are notified through [REDACTED] of staffing changes, however there was limited evidence to show how this has shaped practice.

The panel considered the evidence submitted by the approved provider to be limited in supporting the theme for this standard. The approved provider claimed that they consult with families about children transitioning to spaces however, there was no evidence provided to support this claim.

The panel concluded that there was insufficient evidence to support attainment of the theme and decided to confirm the assessment of Theme 3 as No.”

73. Following first tier review, the rating for Standard 4.1 remained Meeting NQS, as only Exceeding themes 1 and 2 were present.

Standard 4.1: Second tier review

74. At second tier review, the provider sought to have Exceeding theme 3 identified, which would result in Standard 4.1 being amended to Exceeding NQS.
75. The provider made a number of submissions in relation to Standard 4.1, structured as responses to the first tier panel’s comments in the first tier decision notice.
76. In relation to Theme 3, Standard 4.1, the provider’s response to the first tier review panel’s view was as follows:

Through our strong partnerships with families and in turn, our understanding of the needs of their children, we have come to realise that predictability and consistency are, and should always be, our priority. One way we respect this need in our service is by providing ample time for both the children and their families to anticipate change, and we notify families of staffing changes or absences. This is a practice that we adopted from very early on, because it was something that we valued, and a practice our families have continued to validate the importance of to them as well. This means that children who are very dependant on their primary caregivers may arrive at specific times, to ensure their primary caregiver will be available to meet their need (or at least an [REDACTED] that works within the same environment.). This practice has supported parents to make decisions that support their child’s best interests.

Please also see [evidence item] to see an example of how a family’s need shaped our practice. Please also see [evidence item] to see an example of how responsible person staffing arrangements evolved to support our community.

Unfortunately, we cannot always provide evidence of the incidental conversations we have with parents that shape these practices, but we have done our best in telling the journey of how they have come about. We have included additional evidence to support our claims further, showing how we support and consult our families right from the beginning in regards to transition.

We have also included a snapshot of our orientation journey, to show how this journey supports the whole family on their transition into care.

Standard 4.1: Second tier review decision

77. The panel discussed evidence of how the service collaborated with families about children’s transitions between rooms, and noted that this was done very well. Informing parents about changes to staffing and rosters was also occurring effectively. The panel felt that despite several good examples of informing parents and communicating well with them,

there were was a lack of clear examples of the ways in which parental engagement resulted in shared decision making or problem solving with regards to staffing arrangements. There was a sense that the relationship was more one-directional towards parents – i.e., sharing information but less so an example of two-way meaningful collaboration.

78. The panel noted the good example given about consulting with families in the process of determining which staff member would be each individual child's primary caregiver, but would have liked more in-depth explanation of this engagement and how it came about. On the whole, the panel considered that evidence of informing was more prominent than evidence of systematic consultation and collaboration which then informed practice.
79. The panel decided by consensus to confirm the rating for Standard 4.1 as Meeting NQS, as Exceeding theme 3 was not identified.

Standard 4.2

80. Standard 4.2 is:

Management, educators and staff are collaborative, respectful and ethical

Standard 4.2: Assessment and rating

81. The regulatory authority initially assessed the service as Meeting NQS in relation to Standard 4.2. The regulatory authority also identified Exceeding themes 1 and 2 in the service's practice under this Standard, but not Exceeding theme 3.
82. In the assessment and rating evidence summary, the authorised officer set out the following evidence of practice:

"Team collaboration has led to changes in program visibility, safety, child protection, managing children's conflict, teaching practices and recognising [REDACTED] as well as privacy and respect."

83. In the draft report, the authorised officer included the following analysis note in relation to Standard 4.2:

"Educators consistently engage respectfully with each other and demonstrate a willingness to share information that draws on individual strengths and challenges the team knowledge collectively. There are clear expectations for educators to model appropriate interactions and relationships and this consistently guides teaching practice. Educator's discussions demonstrate self-awareness of the ethical and professional standards underpinning their own practice and a commitment to reflect collaboratively on pedagogy an theoretical perspectives."

Standard 4.2: provider's feedback on the draft report

84. The provider submitted a response to the draft report in relation to Standard 4.2, arguing that Exceeding theme 3 was also present, and the rating for Standard 4.2 should be Exceeding NQS.

The panel concluded that there was insufficient evidence to support attainment of the theme and decided to confirm the assessment of Theme 3 as No.”

90. Following first tier review, the rating for Standard 4.2 remained Meeting NQS, as Exceeding theme 3 was not present.

Standard 4.2: Second tier review

91. At second tier review, the provider sought to have Exceeding theme 3 identified, which would result in the rating for Standard 4.2 being amended to Exceeding NQS.
92. The provider made a number of submissions in relation to Standard 4.2, structured as responses to the first tier panel’s comments in the first tier decision notice.
93. In relation to Theme 3, Standard 4.2, the provider’s response to the first tier review panel’s view was as follows:

We are in complete agreement with this statement and this is part of our reason for appealing our rating decision, as we know it is not a true reflection of our service due to the lack of evidence compiled during the Assessment process. Our evidence provided should be considered

Our challenging language piece of evidence strongly supports that we are a service who works collaboratively, respectfully, and ethically with all our community members, and that we always value all voices raised (and act on them). We have also referenced this piece of evidence in two areas QA 4 & 7. Challenging language is a commonly raised topic and an area of need in our community. We shared our practices with our families at the request of numerous parents, so they could make informed decisions and use appropriate language to help their children when using challenging language. It is also our way of supporting our children to have consistency and continuity of care.

Our challenging language evidence also shows how we, as a service, reflected on the need to better communicate our concerns with families. A team member took part in a professional development for this reason, to support her own growth and development. We discussed as a team how we can respectfully raise concern with our families, avoiding words such as ‘really concerned’ which can cause parents to become caught off guard and also concerned themselves. To note, challenging language is just one piece of evidence that we provided for this standard and no mention has been made of the others.

We aim for this piece of evidence to show you how our practice has been shaped through engagement with families to promote a culture of inclusiveness for all children. We reflect on the context of our own community and what is appropriate right now for them, and this informs our practices.

Standard 4.2: Second tier review decision

94. The panel was unable to find clear evidence to support the service’s claim for Exceeding theme 3 in relation to Standard 4.2. They noted the challenging language document

submitted in evidence, and observed that although this was evidence of positive work and development it was not directly related to professionalism and professional standards.

95. The panel could see from the evidence that educators at the service communicate and collaborate a lot, but were unable to find clear evidence in the area of developing standards that guide practice and interactions, particularly in a way that would show meaningful engagement with families and/or community shaping practice as required by Exceeding theme 3.
96. The panel was pleased to see that the service resolved an identified problem around educator / family communication in a sensitive and constructive way, including organising relevant training. This was similar to a number of other examples of positive practice the panel noted, these were not clearly linked to the requirements for Exceeding NQS theme 3 for this Standard.
97. The panel agreed by consensus to confirm the rating for Standard 4.2 as Meeting NQS, as Exceeding theme 3 was not present.

Standard 7.1

98. Standard 7.1 is:

Governance supports the operation of a quality service

Standard 7.1: Assessment and rating

99. The regulatory authority initially assessed the service as Meeting NQS in relation to Standard 7.1. The regulatory authority also identified Exceeding themes 1 and 2 in the service's practice under this Standard, but not Exceeding theme 3.
100. No evidence of practice was recorded in the assessment and rating evidence summary for Standard 7.1.
101. In the draft report, the authorised officer included the following analysis note in relation to Standard 7.1:

"Governance and administrative systems are in place to ensure the effective management of the service and that records and information is maintained in accordance with legislative requirements. Processes are in place to ensure complaints are addressed and investigated fairly and promptly. The service philosophy is embedded in daily practice and curriculum and is used to guide all decision making. Roles and responsibilities are clearly defined to support the effective operation of the service. The team collaborate in their practices and this has shaped this standard."

Standard 7.1: Provider's feedback on the draft report

102. The provider submitted a response to the draft report in relation to Standard 7.1, arguing that Exceeding theme 3 was also present, and the rating for Standard 7.1 should be Exceeding NQS.

103. In relation to Exceeding theme 3, the provider stated:

“A family became overly concerned about their child playing outdoors in the afternoon. They raised their feedback and urged us to keep the children indoors in the afternoon. They were concerned about their child developing an illness and how the weather would provoke this. This led us to reflecting as a team to determine what was the right choice to make for all our community. Ultimately our philosophy greatly guided us to make a decision that was true to our service context.”

Standard 7.1: Final report

104. The regulatory authority declined to make any changes between the draft report and the final report. The rating for Standard 7.1 remained Meeting NQS, as Exceeding theme 3 was not present.

Standard 7.1: First tier review

105. The provider applied for first tier review, seeking to have Exceeding theme 3 identified, and the rating for Standard 7.1 amended to Exceeding NQS.

106. In relation to Exceeding theme 3, the first tier review panel stated:

“The panel considered the information in the report and found that evidence recorded did not support the attainment of the theme for this standard. The panel noted that while the evidence shows that the service values the input of families and the community, there is no evidence that demonstrates how this shapes practice for this standard.

The panel reviewed the evidence submitted by the approved provider and found that it was limited in supporting this theme for the standard. The evidence reviewed included a request from the family for further outdoor play, inviting the parents to a meeting about the service’s philosophy, and an email acknowledging feedback received from families. The panel noted that these examples showed how the service values children’s health and wellbeing and are not examples of meaningful engagement with families and the local community. The submission was therefore not adequate in supporting the attainment of this theme.

The panel concluded that there was insufficient evidence to support attainment of the theme and decided to confirm the assessment of Theme 3 as No.”

107. Following first tier review, the rating for Standard 7.1 remained Meeting NQS, as Exceeding theme 3 was not present.

Standard 7.1: Second tier review

108. At second tier review, the provider sought to have Exceeding theme 3 recognised, which would result in the rating for Standard 7.1 being amended to Exceeding NQS.

109. The provider made a number of submissions in relation to Standard 7.1, structured as responses to the first tier panel’s comments in the first tier decision notice.

110. In relation to Theme 3, Standard 7.1, the provider’s response to the first tier review panel’s view was as follows:

In our supporting statements that accompanied our evidence submitted for the first-tier review, we explained how parent feedback led us to critically reflect and put in place practices that meet needs of our families whilst respecting our philosophy. For e.g. please refer to our statement regarding water play in the first tier evidence.

Please also see: [evidence item] for examples of how we recognised the expertise of families within their own professions, and draw on this to support and develop our own governance and leadership practices.

Please also see: [evidence item] for the development and review of our philosophy as supported by families.

Upon reflecting, we agree with the panel's statement regarding our evidence piece that discusses 'outdoor play' and that it is not sufficient in supporting how practices have been shaped. However, another great example to show how our collaboration with families has shaped practice is [redacted] and our 'COVID-19' response, as included in our first-tier evidence.

We have explained in our supporting statement how we changed our focus to ensure we promoted a healthy message around sustained health practices at our service. We did this because of the consistent concern raised within our community about the risks posed to their children. We provided our community with factual evidence about COVID-19 that was supported by the relevant health authorities.

In addition to this, we have included additional evidence to support how we meet theme 3 of this standard.

Standard 7.1: Second tier review decision

111. The panel began by discussing the clear evidence of communication back and forth between the service and families on a range of issues including changes at the service, or concerns such as water play late in the afternoon resulting in children's clothing being wet at pick up time. The panel acknowledged that the service had certainly sought feedback on matters such as these and changed practices to ensure children were not wet when parents arrived at the end of the day. The panel also noted that an external person, in this case a [redacted] [redacted] who was also a parent at the service, was invited to consult on the service's child safety policy. Similarly, a [redacted] who was also a parent at the service was involved in the development of the service philosophy. The panel discussed at length whether these examples formed enough of a basis for a rating of Exceeding NQS. The panel noted it could not see how meaningful engagement systematically occurs and proceeds to influence practice in a way that meets this Exceeding theme.
112. The service's philosophy, for example, showed strong beliefs and ideas around early childhood pedagogy, and was referenced in documentation, however the panel would have liked to hear more about how it came to be introduced and why those particular beliefs and ideas were chosen to be included, with reference to meaningful engagement with families and/or the community. It was apparent that families were involved to some level, although

these appeared to be small tweaks and surface-level changes, less so contributions at a fundamental level.

113. The panel acknowledged that it can be difficult to get parents involved in the development of documents such as philosophies, and noted that parents can be quite accepting especially when they are generally happy with a service. This can mean that families do not give criticism or feedback in the way that might lead to collaboration on a philosophy, however the panel felt that meaningful engagement is still possible and required for recognition of the Exceeding theme under this Standard.
114. Finally the panel discussed the core requirements of this Standard, which is also about procedures and management *systems*, which lead to the effective management of a service. While the evidence provided examples of the service responding to individual issues as they arose, the panel noted that Standard 7.1 is about more than this alone. Standard 7.1 is about the structures and systems in place (and established in partnership with the parent community) to generate feedback and engagement from families, which was missing from the evidence.
115. The panel decided by consensus to confirm the rating of Standard 7.1 as Meeting NQS, as Exceeding theme 3 was not present.

Standard 7.2

116. Standard 7.2 is:

Effective leadership builds and promotes a positive organisational culture and professional learning community

Standard 7.2: Assessment and rating

117. The regulatory authority initially assessed the service as Meeting NQS in relation to Standard 7.2. The regulatory authority also identified Exceeding themes 1 and 2 in the service's practice under this Standard, but not Exceeding theme 3.
118. No evidence of practice was recorded in the assessment and rating evidence summary for Standard 7.1.
119. In the draft report, the authorised officer included the following analysis note in relation to Standard 7.2:
- “Embedded leadership builds and consistently promotes a positive organisational culture and professional learning community that supports all members of the service to develop as professionals and contribute meaningfully to quality improvement process. Educators regularly participate in professional discussions to draw out critical reflection and implement changes within the program. The leadership team regularly reflects on the service's quality improvement processes and makes changes where opportunities are identified to enhance outcomes for the service team, children and families.”*

Standard 7.2: Provider's feedback on the draft report

120. The Provider submitted a response to the draft report in relation to Standard 7.2, arguing that Exceeding theme 3 was also present, and that the rating for Standard 7.2 should be Exceeding NQS.

121. In relation to Exceeding theme 3, the provider stated:

"Following a meeting with a family who shared their thoughts around consistency with daily photos and documentation released to families, the [REDACTED] team went on to reflect on their [REDACTED] [REDACTED] posts. We put a plan of action in place to address these concerns, and then shared our approach with all families so they were aware of any changes moving forward."

Standard 7.2: Final report

122. The regulatory authority declined to make any changes between the draft report and the final report. The rating for Standard 7.2 remained Meeting NQS, as Exceeding theme 3 was not present.

Standard 7.2: First tier review

123. The provider applied for first tier review, seeking to have Exceeding theme 3 identified, and the rating for Standard 7.2 amended to Exceeding NQS.

124. In relation to Exceeding theme 3, the panel stated:

"The panel considered the information found in the report and note that it does not sufficiently support the theme for this standard. The panel agreed that the service's self-assessment was limited in exploring family and community engagement for this standard. The report contained information regarding the service valuing feedback from the community and using this to inform critical reflection, however, there was no evidence to show how this has changed practice.

The panel reviewed the evidence submitted for this theme and found it to be insufficient. The evidence reviewed included; photo of families sharing views, examples of [REDACTED] [REDACTED] statement from the approved provider around policy and procedures and seeking input from families, example of how a parent was involved in policy creation. The panel noted that there was no additional evidence provided that related to family input informing the QIP process or how families are informed of or engaged in the professional learning of educators.

The panel concluded that there was insufficient evidence to support attainment of the theme and decided to confirm the assessment of Theme 3 as No."

125. Following first tier review, the rating for Standard 7.2 remained Meeting NQS, as Exceeding theme 3 was not present.

Standard 7.2: Second tier review

126. At second tier review, the provider sought to have Exceeding theme 3 recognised, which would result in the rating for Standard 7.2 being amended to Exceeding NQS.

127. The provider made a number of submissions in relation to Standard 7.2, structured as responses to the first tier panel's comments in the first tier decision notice.

128. In relation to Theme 3, Standard 7.2, the provider's response to the first tier review panel's view was as follows:

"This was our very first time using a self-assessment tool, as it is a new and optional tool. We were reassured that the information that was noted in our self assessment tool would not affect our overall rating as everybody is still becoming familiar with it. We have explained in each supporting paragraph that was submitted in support of our evidence at first-tier stage, the journey that supported a change in practice.

129. *Self-improvement at our service is not a stand-alone procedure, and it is embedded in our daily culture. We have provided ample evidence to show how we encourage and act on the voices in our community. The specific examples stated by the panel in reference to "informing the QIP process, and how families are informed of or engaged in the professional learning of educators" – are not a requirement. However, in saying this, if you find evidence specific to this to be beneficial, we have included examples to show how we share our professional development within our community and how we have included our families on our self-improvement journey=.*

In addition to this, we have included additional evidence to support how we meet Theme 3 of this standard.

Standard 7.2: Second tier review decision

130. In relation to Standard 7.2, the panel had difficulty linking the evidence provided with the specific components of the Standard, which relate to the educational leader's position, the development of professionals, and continuous improvement. The panel could not find sufficient, clear mention of communication with parents around the role of the educational leader, and wondered how the function of this position was shared with the service community.

131. The evidence did mention a staff member (though the educator was not clarified as being the service's educational leader) who was assisting with the development of programs at the service, but the panel could not identify situations where the service was *informing* parents about the role, nor any particular communication between the educational leader and families about their child. While there was certainly evidence around sharing educators' professional development experiences, it was not clear whether this sharing was across the service community or just within the educator body. While there was some evidence of engagement with the QIP, it was again not clearly systematic engagement.

132. Again the panel felt there was a lot of evidence of the service *informing* parents, but less evidence of meaningful engagement leading to changing practice in relation to this Standard, or sufficiently developed systems and processes to warrant a rating of Exceeding NQS.

133. The panel decided by consensus to confirm the rating of Standard 7.2 as Meeting NQS, as Exceeding theme 3 was not present.

Final rating

134. The overall rating for the service remains Meeting NQS.