

2021

## Ratings Review Decision Notice

**Panel members** [REDACTED] (Chair)

[REDACTED]

[REDACTED]

**Panel date** [REDACTED] 2021

**Applicant** [REDACTED] regarding [REDACTED]

[REDACTED]

**Regulatory Authority** NSW Department of Education

**Decision** The Ratings Review Panel (the panel), by consensus, decided to confirm the rating for Element 7.2.1 as not met.

The service's rating for Standard 7.2 remains at Working towards NQS, as does their rating for Quality Area 7 and their overall rating.

## Issues

1. The approved provider (the provider) sought a review of the ratings for the above Element on the grounds that the regulatory authority did not appropriately apply the prescribed processes for determining a rating level.

## Overview

2. After initial assessment, the service's overall rating was Working towards NQS. Ratings specific to each Standard, as documented in the final rating outcome summary, were as follows:

### **Quality Area 1: Meeting NQS**

Standard 1.1: Meeting NQS

Standard 1.2: Meeting NQS

Standard 1.3: Meeting NQS

### **Quality Area 2: Meeting NQS**

Standard 2.1: Meeting NQS

Standard 2.2: Meeting NQS

### **Quality Area 3: Meeting NQS**

Standard 3.1: Meeting NQS

Standard 3.2: Meeting NQS

### **Quality Area 4: Meeting NQS**

Standard 4.1: Meeting NQS

Standard 4.2: Meeting NQS

### **Quality Area 5: Meeting NQS**

Standard 5.1: Meeting NQS

Standard 5.2: Meeting NQS

### **Quality Area 6: Meeting NQS**

Standard 6.1: Meeting NQS

Standard 6.2: Meeting NQS

### **Quality Area 7: Working towards NQS**

Standard 7.1: Meeting NQS

Standard 7.2: Working towards NQS

*(Element 7.2.3 rated as Met at final report)*

3. The provider applied for first tier review in relation to Quality Area 7: Governance and leadership. Specifically, the provider sought a review of Elements 7.2.1 and 7.2.2, which were rated as not met after their initial quality rating assessment.
4. The ratings review panel at first tier review determined that there was sufficient evidence to support that Element 7.2.2 be amended to met, but not Element 7.2.1.
5. As a result of the first tier review, the overall service rating remained at Working towards NQS.
6. A summary of the service's ratings, as documented in the first tier decision notice, is as follows:
  - Quality Area 1 was not under review and remains at Meeting NQS
  - Quality Area 2 was not under review and remains at Meeting NQS
  - Quality Area 3 was not under review and remains at Meeting NQS
  - Quality Area 4 was not under review and remains at Meeting NQS
  - Quality Area 5 was not under review and remains at Meeting NQS
  - Quality Area 6 was not under review and remains at Meeting NQS
  - Quality Area 7 remains at Working towards NQS.

## Evidence before the panel

7. The panel considered all the evidence submitted by the provider and the regulatory authority. This included:
  - the application for second tier review and its attachments
  - the assessment and rating instruments and the final assessment and rating report
  - the service's feedback to the draft report
  - the application for first tier review and its attachments
  - the regulatory authority's findings at first tier review
  - the regulatory authority's submission to second tier review.

## The law

8. 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

9. [REDACTED] is a long day care service with [REDACTED] approved places. The service is located in [REDACTED] New South Wales.
10. The current assessment and rating [REDACTED] is the service's first.
11. The assessment and rating visit took place from [REDACTED] 2020 and was undertaken by one authorised officer.
12. The provider was sent the draft report on [REDACTED] 2020 and supplied feedback to the regulatory authority on 4 [REDACTED] 2020.
13. The final report was sent to the provider on [REDACTED] 2020.
14. The provider applied for first tier review by the regulatory authority on [REDACTED] 2020.
15. The regulatory authority made a decision on the provider's first tier review application on [REDACTED] 2021.
16. The regulatory authority sent the first tier decision notice to the provider on [REDACTED] 2021.
17. The provider applied for second tier review on [REDACTED] 2021.

## Background information

### General submissions by the provider at second tier review

18. The provider submitted a statement with their application for second tier review, as follows:

*We are seeking further review of Standard 7.2.1. We believe we have supplied significant evidence to ensure we are meeting all quality areas. Please see attached further evidence relating to Standard 7.2.1, this evidence is on top of what we have already supplied. Thank you for reviewing this further evidence.*

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

#### Standard 7.2

19. Standard 7.2 is:

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

20. Element 7.2.1: Continuous improvement is:

*There is an effective self-assessment and quality improvement process in place.*

## Standard 7.2: Assessment and rating

21. Evidence collected by the regulatory authority in relation to Standard 7.2 is documented in the assessment evidence summary.
22. With reference to the service's self-assessment, evidence was observed, sighted and/or discussed specific to Standard 7.2 and recorded in the assessment evidence summary.
23. Practice confirmed as 'yes' / evident as documented in the assessment evidence summary is detailed below, with some AO comments:
  - *Effective management systems support the educational leader, nominated supervisor and educators in their planning, delivery and reflection on the educational program and the development of strategies to continuously improve. AO comment: The educational leader has visited other services for ideas and seeks support from the [REDACTED]*
  - *The educational leader overlooks and assists each educator with their curriculum planning requirements and mentors them with any areas that need improvement. AO comment: The educational leader audits each educator's observations once per month to ensure they are accurate and up-to-date.*
  - *The educational leader seeks information from different outlets including ACECQA's National Education Leader resource page.*
  - *Educators write down goals on how they could develop their performance at the service and place these goals into their staff files. Upon each review a summary is completed by the coordinator on each educator and shared with their [REDACTED]. The process recognises specific strengths and contributions of each educator focusing on their potential to encourage continuous quality practice, motivating them to continue to learn and develop professionally. AO comment: The service does not have an [REDACTED] [REDACTED] A summary is sent to the [REDACTED] for review.*
  - *The service's grievance procedure allows for both families and educators to have their issues heard confidentially and dealt with accordingly and in a timely manner. The families are welcome to visit anytime; the service has an open-door policy which is outlined in the enrolment forms. It is also explained to families during tours, orientation visits and upon enrolment to the service. Evidence considered in 6.1 and 7.1.*
  - *Staff performance is reviewed by the coordinator through staff appraisals twice a year, mid-year and end of year. An effective performance review provides opportunities for educators to assess their own work performance against their job description along with the Early Childhood Australia Code of Ethics, the service's Code of Conduct, and service philosophy. AO comment: Educators complete a self-review and the nominated supervisor then completes a review which is discussed in a meeting. Goals are set and a training plan devised.*
  - *The [REDACTED] team discusses the coordinator's strengths, challenges, opportunities and concerns. Goals created are reflective of their performance and worked towards until the end of year review. Throughout the year the [REDACTED] team visit the service coordinator and address any areas of concern or strengths in person to assist with the*

*goals set and upcoming review outcome. AO comment: The [REDACTED] is responsible for the nominated supervisor's appraisal process.*

- *As reflective practitioners we are dedicated to professional development and we have an emphasis on continuous improvement through our QIP and Professional Learning Forums. Evidence considered in 4.2.*
- *The service endeavours to sustain regular educators at the service to maintain stability and familiarity of children and families. The service uses regular casuals that are booked through the [REDACTED] as well as through the educational leader at the service. Evidence considered in 4.1*
- *Educator appraisals are conducted mid-year and at the end of the year to discuss performance. During these reviews the educator reflects with the nominated supervisor to collaborate and plan for the coming months and/or year.*
- *Nominated supervisor reviews are conducted mid-year and end-of-year with the [REDACTED] following the same process of reflecting on goals from previous review to the next upcoming review. AO comment: The service does not have an [REDACTED] Reviews are conducted with the [REDACTED]*
- *Service resources include the EYLF, Being, Belonging and Becoming Online organisations (EYLF FB page) and outside professionals including KU Inclusion Support assists our everyday planning and practices and we utilise information to reflect and update/keep our practices and procedures current and in line with recommendations.*
- *We assist educators to have adequate time and administrative support to perform their roles, to focus on delivering a quality service to children and their families. Evidence considered in 4.1.*
- *The educational leader consults and collaborates with the team to develop and confirm approaches to learning programs and documentation. AO comment: Consultation and collaboration with educators is informal.*
- *The educators are supported by the educational leader and mentored in all aspects of programming and planning. AO comment: Mentoring is ad-hoc and informal.*
- *At the end of each month a programming audit is conducted by the educational leader to review each room programming and planning and ensure all children are being included and supported in the program.*
- *We have a staff concern and grievance flow chart that is available and followed to manage complaints accordingly to our guideline. Evidence considered in 7.1.*
- *Staff reviews are conducted mid and end-of-year to assess each educator's progress of their personal and professional goals set during each review.*
- *Through mentoring quarterly and the appraisal system annually, educators have the opportunity to reflect on their accomplishments and strengths and gain feedback as they work together with the director to set goals and continuously reflect on quality care in relation to updated requirements and industry updates. AO comment: Educators*

*complete a quarterly personal reflection of their own performance against each NQS Quality Area.*

24. Practice confirmed as 'no' / not evident as documented in the assessment evidence summary is detailed below, with some AO comments:
- *The educational leader leads and participates in reflective discussions on practice and the implementation of EYLF. Reflective discussions/individual educator mentoring sessions occur weekly and these discussions focus on interactions, routines, intentional teaching, teaching and learning. AO comment: There is minimal evidence that the educational leader meets individually with educators each week.*
  - *Families are exposed to a monthly QIP goal at the front of the service. Educators reflect on this as well as families, who can review goals. All feedback is followed up where required and filed into the QIP folder. AO comment - A monthly QIP goal at the entrance to the service was not evident and a QIP folder is not in place.*
  - *Topics of interest are gathered by the [REDACTED] from the educator's requests. Before every workshop a notification is sent out to all educators in their mail via an [REDACTED] link to not only make registering for the course a lot easier but to enable other sister centres to cater to the staff attending. Evidence considered in 4.2.*
  - *The educational leader is equipped with a reflection journal which is used during mentoring sessions with educators, discussions with the nominated supervisor, and the educational leader's ideas, strategies, and plans. AO comment: The educational leader is also the nominated supervisor. There is no evidence of mentoring sessions with educators. The educational leader showed a diary with some brief notes about the program.*
  - *We invite families and educators to complete a periodical self-assessment on each quality area via a survey. For this process, we build on our service strengths onto our QIP and establish goals for us to achieve so we are continually working or improving how we meet each element. AO comment: QIP surveys was not evident.*
  - *Each week the educational leader meets with the room leaders and educators to review the program, discuss any changes, evaluate goals and set new ones. AO comment: Evidence of weekly meetings with educators and goal setting and evaluation was not available.*
  - *Curriculum templates are reviewed annually by the educational leader, the [REDACTED] and the approved provider and any changes are made as necessary. AO comment: The service does not have an [REDACTED]. The service uses an on-line program and does not use curriculum templates.*
  - *The educational leader is an experienced educator and leader who provides comprehensive mentoring program combining a strong community of learning enquiry. AO comment: Evidence of a comprehensive mentoring program was not available.*
  - *The educational leader mentors each educator monthly to assist with child documentation and personal goals for achievement before the following mentoring*

*session. AO comment: Evidence of the development of personal goals in relation to the program are not evident. Records of monthly mentoring sessions are not kept.*

- *The educational leader attends network meetings monthly and liaises with other educational leaders [REDACTED]. AO comment: Monthly network meetings are not attended. Interactions with other services is informal and occurs on an ad-hoc basis.*
- *The educators are involved in the self-assessment process and work through the requirements and questions to support the setting of goals to improve quality practice at the service. AO comment: There is limited evidence that educators work through questions to support the setting of goals to improve quality practice at the service.*
- *The nominated supervisor and [REDACTED] including the [REDACTED] and [REDACTED] provide ongoing feedback to the educators regarding their work performance, learning environments and documentation allowing them to continuously reflect and improve their practices and written work. Constructive praise and suggestions are offered to the educators and coordinator to create a sense of achievement and security in their role. AO comment: The service does not have [REDACTED] or a [REDACTED].*

25. Evidence of practice gathered by the authorised officer through discussions, observations or sighting documents specific to Standard 7.2 was recorded in the assessment evidence summary as follows:

- *Resources from ACECQA, ECA and Reconciliation Australia are available.*
- *The educational leader has 12 years of experience, holds a Diploma qualification and is studying towards a Masters of Teaching. They have been in the role for 6 months.*
- *The QIP was in place when the nominated supervisor commenced the service in February 2020. The previous nominated supervisor developed the QIP and resigned in December 2019. Information was transferred from the QIP to the self-assessment prior to assessment and rating.*
- *Information contained in the QIP/Self-assessment does not accurately reflect practices at the service.*
- *Educational leaders from other services share information with the service via [REDACTED].*
- *A QIP question is posed to families via a pebble voting system. The voting jar is currently displayed outside the kitchen and families are not accessing this area due to COVID restrictions.*

26. In the draft report, the authorised officer included the following analysis note in relation to Standard 7.2:

- *A quality improvement plan has been developed, however it provides an inaccurate account of the service and goals are not regularly reviewed. An educational leader has been appointed, although there is limited evidence of ongoing planning and evaluation*



*and clear goals or expectations for teaching and learning have not been implemented. Educators are supported to engage in ongoing professional development through provision of individual development plans, resources and training.*

## **Standard 7.2: Provider's feedback on the draft report**

27. The provider submitted feedback to the draft report in relation to Standard 7.2 and specific to two comments made by the authorised officer in response to the service's self-assessment.
28. In the service's self-assessment, it was stated that, *'Families are exposed to a monthly QIP goal at the front of the service. Educators reflect on this as well as families, who can review goals. All feedback is followed up where required and filed into the QIP folder.'* The AO commented that, *'A monthly QIP goal at the entrance to the service was not evident and a QIP folder is not in place.'*
29. Further, it was also stated that, *'We invite families and educators to complete a periodical self-assessment on each quality area via a survey. For this process, we build on our service strengths onto our QIP and establish goals for us to achieve so we are continually working or improving how we meet each element.'* The AO commented that, *'QIP surveys was not evident.'*
30. In response to the AO's comments, the provider made the following remarks:
  - *As families were not having access to the service, we had to adapt and used our [REDACTED] app to continue with QIP goals. Families were still involved and could provide feedback by clicking on the bubble at the top right hand corner of their screen. They were previously giving feedback by means of polls adding stones to the yes cup or the no cup to express their thoughts on our QIP goals - still evident at service.*
  - *Survey questions uploaded online on the app with link to redirect to surveys and poll questions were used so families could collaborate with our self-assessment process.*
  - *With the evidence attached, we have we have been very intentional about ensuring our systems, practices, and procedures are adapted to meet if not exceed this standard.*
31. In the feedback form with officer comments the AO noted that this evidence was considered in conjunction with the draft report and that there had been no change to the rating. They also provided the following comments:
  - *A parent survey and an educator poll was provided.*
  - *Evidence was provided of review of two QIP goals in [REDACTED].*
  - *The feedback has not addressed why the self-assessment was not an accurate reflection of the service, or evidence that educators regularly review QIP goals.*

## **Standard 7.2: Final report**

32. There was no change in the analysis note in the final report specific to Standard 7.2.

## Standard 7.2: First tier review

33. The provider applied for first tier review, seeking a review of Quality Area 7, Governance and Leadership and, specifically Elements 7.2.1 and Element 7.2.2, which were rated as not met at assessment and rating.

34. In their first tier review application form, the provider stated:

*We believe that our evidence supplied relating to QA7, S7.2 was more than enough evidence to deem us 'meeting' in that particular standard. [REDACTED] our educational leader has regular mentoring EL meetings with room leaders and it is documented within a journal. During these mentoring meetings, goals and expectations are set and reviewed and followed up at the next meeting. [REDACTED] our EL provided evidence for the last couple of months showing that the regular meetings take place and are documented to ensure each educator is supported within their roles. We believe we have supplied enough evidence for this standard not to be rated 'Working towards' and are happy to supply further information if needed.*

35. The provider submitted supporting evidence in the form of three scanned documents, included with their first tier review application.

36. The panel concluded that there was sufficient evidence to amend the assessment of Element 7.2.2 from not met to met, but not Element 7.2.1.

Specific to Element 7.2.1, the panel considered evidence gathered at assessment and rating and first tier review and offered the following conclusion in the first tier review decision notice:

*The panel considered the evidence noted by the officer, citing inconsistencies and inaccuracies in how the service records their Quality Improvement Plan (QIP). The panel noted evidence stating that the service's QIP provides an inaccurate account of the service, and that the goals are not reviewed on a regular basis. The panel also considered that the officer's evidence demonstrated inconsistencies between what was recorded by the service and the practices observed. The officer also noted that there was limited evidence that educators work through questions to support the setting of goals to improve quality practice at the service.*

*The panel noted the approved provider's evidence at first-tier review showing a monthly QIP goal being located at the service and the existence of a QIP folder. The panel also noted claims that due to the pandemic, families did not have physical access to the service which required the service to use the app for families to complete surveys and provide feedback. The panel acknowledged that the evidence showed that educators engaged in self-assessment at a team meeting in [REDACTED] 2020. The panel agreed however, that the evidence was not sufficient to show that the service regularly reviews their performance to guide planning and support continuous improvement.*

37. The panel concluded that there was insufficient evidence to support that the element is met and decided to confirm the assessment of Element 7.2.1 as not met.

## Standard 7.2: Second tier review

38. At second tier review, the provider sought a further review of Element 7.2.1, which was assessed by the regulatory authority as not met at assessment and rating and first tier review.
39. The provider submitted a second tier review application, submissions and evidence table, and supporting evidence.
40. In the submissions and evidence table, the provider stated:
- *██████████ uses an online platform called ██████████ to record all information regarding the operations of the service.*
  - *██████████ is a digital platform which is constantly evolving to meet the legislative needs of childcare centres. With new features continuously being launched, we have been trying to make the most out of this by transferring and shifting most of our documentation online.*
  - *██████████ also has an online portal as well as an app for ease of access. However, some features are available on the app while others are only available using the portal platform. All evidence that we were required to be produced to the Authorised Officer was produced within the given time frame.*
  - *We also queried the extent of the evidence required and whether one copy would suffice or whether multiple records were required so we followed the instructions we were given.*
  - *As we obtained more specific feedback through the draft report and the first tier review, we are able to go and pull out specific information from the app to demonstrate the centre's commitment to meet the standards of the NQF.*
  - *Our QIP captured how our service has evolved from ██████████ 2019 to ██████████ 2020. With the appointment of a new nominated supervisor in ██████████ 2020, further changes were made to how the service documented its self-assessment process, QIP and operations.*
41. In the same submission and evidence table, the provider described their self-assessment process as follows:
1. *Collect information from families from QIP questions, which are displayed in the foyer. Families will usually indicate their responses by putting a pebble in the 'yes' or 'no' jar. Families are reminded via the app that the QIP question for the week is out on display. This was happening consistently from the beginning of ██████████ 2020 until ██████████ 2020 when COVID hits and families were no longer having access to the service.*  
*From ██████████ 2020, since families were no longer having access to the service, QIP surveys were sent out to families exclusively via the app.*  
*Additional poll questions were created for families.*
  2. *Gather information from staff across the 7 quality areas through staff survey questions.*

3. *Conduct Monthly Quality Area audits. Quality area audits were periodically conducted.*
  4. *Create QIP goals. QIP goals were periodically created following QIP questionnaires sent out to educators monthly from [REDACTED] 2020 to [REDACTED] 2020.*
  5. *Share with families.*
  6. *Add progress notes and share QIP live.*
42. To conclude, the provider made the following comment in the submissions and evidence table:
- *The attached evidence demonstrates a consistent self-assessment process in place and time stamped evidence of educators' ongoing involvement in the self-assessment process.*
  - *Inconsistencies in the language used have largely been due to the decision of our centre adjusting which the new self-assessment tool. The nominated supervisor has however attended a professional and development training on the new self-assessment tool and has spoken to the Quality Support team a number of times for guidance.*
  - *We believe the above showcases our genuine and authentic commitment to going above and beyond to meet the standards of NQS.*

### **Panel considerations**

43. In deliberating on whether Element 7.2.1 was met or not met, the panel gave careful consideration to the evidence before them, in particular evidence submitted by the provider.
44. The panel noted that there was a lack of clear, substantive and relevant evidence provided to support amending the rating for Element 7.2.1. They added that, in their view, some of the evidence submitted aligned more strongly to other elements notably 7.2.2 - pertaining to educational leader and 7.2.3 - pertaining to the development of professionals.
45. The panel acknowledged that while the service had engaged with a self-assessment tool and developed a Quality Improvement Plan (QIP), they were unable to establish a link between the two from the evidence provided. They added that, in their view, the processes undertaken were not clear, effective or robust in guiding quality improvement planning.
46. The panel commented that there was limited evidence of data being collected from key stakeholders, including children, families, educators and community, or evidence of the service using a range of data collection strategies in relation to continuous improvement. For example, the panel noted that questions asked of families, including the pebble voting system and family surveys, were largely closed in nature (i.e. requiring a yes or no response) and elicited a limited number of responses. The same was true of questions asked of educators in staff surveys.
47. The panel also noted that there was a lack of evidence provided in relation to other strategies used to support active participation in the continuous improvement process. This included opportunities for families and/or educators to raise issues or make

suggestions for quality improvement, for example, staff meeting minutes and email communication from families. The panel did note the use of sticky notes in a staff meeting for self-assessment purposes. They added that they were unable to establish a clear link between the educator's feedback in this instance and the development of QIP goals and improvement strategies.

48. The panel remarked that the service QIP, in their view, focused largely on strengths. They noted that while documenting strengths is an important component of QIPs, the service had given limited attention to planning actions for quality improvement, including how identified goals will be achieved and success measured. They added that, on the evidence provided, it was difficult to establish clear links between feedback provided from stakeholders to the process of formulating goals, developing action plans and evaluating progress over time.
49. The panel highlighted an example of children's ideas being recorded on a whiteboard as one example of gaining their feedback. They added that there was a small number of voices captured to inform this goal / action plan and limited detail about progress made. Drawing on another example, the panel noted reference to developing a children's QIP in the service QIP but could find no further information about this in the evidence submitted.
50. Specific to capturing community voices, the panel noted the service's statement in their QIP that they had engaged with their Inclusion Professional to create and maintain an updated Strategic Inclusion Plan (SIP). They added, however, that there was no information about how the SIP had been used to inform quality improvement planning, which in their view was a missed opportunity.
51. The panel added that while the service referred to monthly QIP goals there was not enough evidence to determine progress towards these goals over time. Further, progress notes in the examples provided were largely non-existent or lacking in detail. For example, a service goal to further enhance each educator's professional growth through the exploration of an effective mentoring program (specific to Quality Area 7), with a completion date of [REDACTED] 2020, included limited detail about the actions taken to achieve this goal and no progress notes.

### **Panel decision**

52. The panel decided, by consensus, to confirm the rating for Element 7.2.1 as Not Met.