

[REDACTED] **2021**

Ratings Review Decision Notice

Panel members

[REDACTED]
[REDACTED]
[REDACTED]

Panel date

[REDACTED] 2021

Applicant

[REDACTED] on behalf of [REDACTED]
[REDACTED]

Regulatory Authority NSW Department of Education

Decision

The Ratings Review Panel (the panel) decided, by consensus, to confirm the ratings for Standards 2.1 and 7.1 as Meeting NQS and amend the rating for Standard 2.2 as Exceeding NQS. The service's overall rating remains as Exceeding NQS.

Issues

1. The approved provider (the provider) sought a review of the ratings for the above standards on the grounds that the regulatory authority failed to take into account, or give sufficient weight to, special circumstances or facts existing at the time of the assessment and rating.

Overview

2. Following assessment and rating, the draft rating outcome summary recorded the service's overall rating as Exceeding NQS. Eleven standards were rated as Exceeding NQS and four were rated as Meeting NQS.
3. After considering the service's feedback on the draft rating outcome summary there were no changes to the ratings. The service's overall rating, as documented in the final rating outcome summary, was Exceeding NQS. Ratings for each standard were:

Quality Area 1: Exceeding NQS

Standard 1.1: Exceeding NQS

Standard 1.2: Exceeding NQS

Standard 1.3: Exceeding NQS

Quality Area 2: Meeting NQS

Standard 2.1: Meeting NQS

(Demonstrating Exceeding themes 2 and 3 at final report)

Standard 2.2: Meeting NQS

(Demonstrating Exceeding themes 2 and 3 at final report)

Quality Area 3: Exceeding NQS

Standard 3.1: Exceeding NQS

Standard 3.2: Exceeding NQS

Quality Area 4: Exceeding NQS

Standard 4.1: Exceeding NQS

Standard 4.2: Exceeding NQS

Quality Area 5: Exceeding NQS

Standard 5.1: Exceeding NQS

Standard 5.2: Exceeding NQS

Quality Area 6: Exceeding NQS

Standard 6.1: Exceeding NQS

Standard 6.2: Exceeding NQS

Quality Area 7: Meeting NQS

Standard 7.1: Meeting NQS

(Demonstrating Exceeding theme 2 at final report)

Standard 7.2: Meeting NQS

(Demonstrating Exceeding themes 2 and 3 at final report)

4. The provider sought a first tier review for Quality Areas 2 and 7 and, specifically, Standards 2.1, 2.2, 7.1 and 7.2, which were rated as Meeting NQS.
5. At first tier review, Standard 7.2 was amended to Exceeding NQS. All other ratings under review were confirmed as Meeting NQS.
6. After first tier review, the service's overall rating remained as Exceeding NQS. The service's quality ratings, as documented in the first tier review decision notice, were as follows:
 - Quality Area 1 was not under review and remains at Exceeding NQS.
 - Quality Area 2 remains at Meeting NQS.
 - Quality Area 3 was not under review and remains at Exceeding NQS.
 - Quality Area 4 was not under review and remains at Exceeding NQS.
 - Quality Area 5 was not under review and remains at Exceeding NQS.
 - Quality Area 6 was not under review and remains at Exceeding NQS.
 - Quality Area 7 remains at Meeting NQS.
7. At second tier review, the provider sought a review of the ratings for Standards 2.1, 2.2 and 7.1, aiming to have these standards amended to Exceeding NQS.

Evidence before the panel

8. The panel considered all 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

9. 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

10. [REDACTED] is a long day care service located in [REDACTED]
11. The service's previous assessment and rating was in [REDACTED] 2016. The service's overall rating was Exceeding NQS.
12. The current assessment and rating [REDACTED] took place on [REDACTED] 2021 by one authorised officer.
13. The draft report was sent to the provider on [REDACTED] 2021, with feedback submitted to the regulatory authority on [REDACTED] 2021.
14. The final report was approved and sent to the provider on [REDACTED] 2021.
15. The provider applied for first tier review by the regulatory authority on [REDACTED] 2021.
16. The regulatory authority made a decision on the provider's first tier review application on [REDACTED] 2021. The decision notice was sent 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 in support of their second tier review application, highlighting their concerns about the weighting given to their compliance history, which they claim was not visible to them prior to assessment and rating. They also noted their concern about comments in their feedback which, in their view, were overlooked.
19. The provider made the following opening remarks in this statement:

We understand that during a second tier review, all previously supplied information and evidence will be provided to you.

During the draft report phase of our Assessment and Rating, we provided feedback where we requested the Assessing Officer change their rating. Due to not receiving any reasoning with the response to our feedback, other than to say that nothing would be changed, we had no option other than to submit a First Tier Review.

We believe that it is unfair to give so much weight to our compliance history when our compliance history is not visible to us prior to assessment and rating occurring. We have only ever received one written correspondence regarding compliance since we opened our service, which was in relation to not meeting ratios. This, however, was not correct, it was a reporting error contained within our software package, [REDACTED]. We advised [REDACTED] immediately upon discovering the error and this has been rectified from their backend. At no time were we ever out of ratio and we provided evidence of such which was accepted. We note that this has not appeared in our Assessment & Rating document as part of our "compliance history".

After conversations with a Department officer where we queried our compliance history noted in the Assessment & Rating report, we were advised to refer to [section 5](#) of the Guide to the National Quality Framework. We have referred to this section but have only read about Compliance Notices and Compliance Directions which both have avenues for review of the decision. We did not receive either of these documents but were advised the document we received was an administration compliance letter, with no details about appealing the decision.

Had we known that we had a compliance history that would impact our Assessment & Rating, we would have appealed these issues prior to our assessment and rating visit.

Having now received the panel's view from the First tier review, we would like to comment on the below points as we believe too much weight has been placed on our compliance history and/or our comments in our feedback have been overlooked.

20. In the same statement, the provider submitted comments in response to the panel's deliberations at first tier review. These comments are documented elsewhere in this decision notice in relation to specific standards under review.
21. The provider offered the following concluding remarks in this statement:

The words embedded and exceeding, don't mean perfect, no service can be. We are a large service in a diverse and vibrant community. We are always striving for continuous improvement, and we know that we are providing an exceeding service to all of the children, families, and staff within our service's community, and we are proud of our team.
22. The provider submitted a further statement and additional evidence after reviewing submissions provided by the regulatory authority as part of the second tier review process. The provider stated:

The process of the Second-tier review has further confirmed our concerns about the lack of transparency in the Compliance and Assessment & Rating process which has in turn impacted our previous submissions in our First-tier review. Before proceeding to the stage of the review process we had not been able to sight, nor respond to items documented within our Compliance History, nor have we seen or been provided any feedback on further evidence we'd provided to support our review. This has directly affected the evidence we provided.

Whilst we are aware that the panel cannot review the conduct of the Regulatory Authority or Authorised Officers, the purpose of this communication is to articulate the difficulty we have had in ensuring that as a Service we provide the evidence needed in the absence of feedback throughout the review process and an ongoing lack of transparency with regards to compliance.
23. The provider noted their concern about a lack of access to their compliance history. They stated:

We have always had no reservations in reporting, if there has been an issue, we report. We have reported complaints without inserting our own bias, even when we as a Service disagree with the parent's claims.

Having not being privy to our Compliance History previously, it would have been impossible for us to draw an Officer's attention to [REDACTED] of the compliance history items relating to [REDACTED] over a 1.5 year time period. This includes [REDACTED] complaints and [REDACTED] (incidents).

[REDACTED]

If we had had access to our Compliance History previously, we could have discussed this with Officers to ensure that they had clarity over the circumstances surrounding the items within our report.

We are also disappointed that further detail isn't provided to the Second-tier panel surrounding the Compliance History as it is referred to in the comments as a reason why not to review our result. A panel cannot be expected to form an opinion without adequate detail.

24. The provider referred the panel to evidence relating to their compliance history. See also compliance history provided by the regulatory authority at second tier review.
25. The provider also noted their concern about a lack of feedback on the evidence provided as part of their response to the draft report. They stated:

You will also note that in evidence provided in our Draft Report feedback, and in our attachments uploaded prior to receiving the link to view the documentation uploaded by the Department of Education, we provided significant evidence relating to medical plans not expiring.

We did this because to that point as in both our Compliance and Assessment and Ratings visits, we spent a considerable time arguing the point that medical plans do not expire. Neither Officer agreed and they were adamant that we were wrong.

Our Compliance Officer told us we should advise all families with the 'expired' plans that their enrolment would need to end and informed us a breach letter would follow if we didn't send evidence of updated plans. Our Assessing Officer said during her review that there was no way that our service would get Exceeding due to the 'expired' plans.

Both Officers placed significant weight on the apparent failure on our behalf to have all plans with future dated review dates.

As a Service being assessed, it places the Service in the very difficult position – you want the visit to go well, however you inevitably find yourself at a standstill, with both parties adamant they are correct, but one in a position of power.

We provided evidence of our position in our response to the draft report, however when the final report came through, there was no acknowledgement that our position was

correct, and because there was no feedback, we could only assume that our evidence had not been accepted.

We then proceeded to a First-tier review and submitted the same evidence. When this review was unchanged in QA2, we rang for feedback as we were at a loss to understand why this had still not been accepted, and we were told that there was no feedback.

Now, after paying for a Second-tier review and seeing the Department documentation, there is an extra field with feedback that was not presented to us in writing or offered when we enquired via phone.

This lack of transparency does not allow for Services to respond appropriately. We have wasted a lot of time being focused on providing evidence that medical plans don't expire (they don't), when this was noted in the hidden First-tier comments. As we were told that this was the reason why we weren't getting Exceeding in this Quality Area, obviously that it where our attention was directed.

There are many reasons why a family may not be able to have their Child's Medical Plan reviewed by the recommended review date – this is out of our control – however we'd also provided evidence of the Service working in partnership with families prompting them to seek a review.

26. In their concluding remarks, the provider directed the panel's attention to their self-assessment specific to Quality Areas 2 and 7, as well as further evidence supplied in response to the draft report.

Items for review by Ratings Review Panel at second tier review

Standard 2.1

27. Standard 2.1 is:
Each child's health and physical activity is supported and promoted.
28. Exceeding theme 1 is:
Practice is embedded in service operations.

Standard 2.1: Assessment and rating

29. Following the assessment and rating visit, the regulatory authority assessed the service as Meeting NQS for Standard 2.1, with Exceeding themes 2 and 3 confirmed as 'Yes' but not Exceeding theme 1.
30. In the assessment evidence summary, the authorised officer set out the following notes, which were sighted, observed, or discussed, specific to the service's compliance history:
- [REDACTED] *2021 eight children's medical management plans have not been updated by review date as documented on their plan. Rectified. Nominated supervisor explained that she has implemented new procedures to ensure medical management plans are up to date. An alert is placed in Outlook to notify one month and then two weeks before plans are required to be updated.*

- [REDACTED] 2021 cupboard in [REDACTED] room, labelled with first aid symbol and 'Asthma Puffers/Epi Pen' did not contain a first aid kit or asthma puffer or an Epi-pen and are stored in the bathroom instead. Rectified.
 - [REDACTED] 2021 in the [REDACTED] room the [REDACTED] for (child) contains [REDACTED]. This is not listed as a prescribed medication on the child's medical management plan. Child in 0-1s room has different medication to medical management plan. Rectified.
 - [REDACTED] 2021 in the [REDACTED] and [REDACTED] rooms' first aid kits were stored in an unlabelled cupboard. Rectified.
 - [REDACTED] 2021 in the [REDACTED] nappy change room the vinyl covering on nappy change mat has a small hole. In the [REDACTED] nappy change room the vinyl covering on nappy change mat has multiple small holes. Rectified.
 - [REDACTED] 2020 in two bathrooms the nappy bins are accessible to children. Rectified.
 - [REDACTED] 2019 parent complaint when child [REDACTED] at service. Meeting held with family to discuss action taken to ensure doesn't happen again. Staff sent procedures for identifying signs of [REDACTED] and what to do. Educator/room leader had never experienced [REDACTED] and thought signs were symptoms of [REDACTED] which parent had said child had in morning. [REDACTED] is a doctor and will provide videos of children with [REDACTED] for educators to view at staff development day at end of year. Room meeting held to review all children's plans and strategies such as staying inside when smoke is bad and staff to call nominated supervisor for help if not sure. Nominated supervisor explained that this video is regularly viewed at the staff development day and educators practice scenarios.
31. In the same summary report, the authorised officer set out the following notes, which were sighted, observed, or discussed, specific to their pre-visit review of documents and the service's self-assessment.
- Pre-visit review of documents. Children engage in physical experiences while visiting local park climbing fixed equipment, parachute, and ball.
 - Pre-visit review of documents. Educators reflected on children struggling with bilateral co-ordination, researched importance of this and ways to support development including drawing large circles, pushing tyres and ball swinging.
 - When COVID stopped outings for planned exercise and learning, children and educators were still eager to continue heading out of the centre. From discussions and planning, our [REDACTED] leader introduced [REDACTED] closing the gates to utilise the [REDACTED] as a physical activity space. After evaluation and receiving feedback from children and families we have now planned regular [REDACTED] weeks for each month to engage in obstacles, [REDACTED] water and nature play.
 - Educators observed rooms implementing progressive meals and have begun to follow this approach to allow for staggered routine and rest times, giving children a sense of agency. Sleep, rest, and relaxation opportunities are adapted based off children's needs and environmental factors. Educators offer outdoor sleeping if weather permits, yoga &

mindfulness and quiet activities for those who don't sleep or require time to relax. Families are informed of changes on [REDACTED] and rest charts. Key practice also supports Standard 1.1.

- *Nappy change areas were purpose built across established and new preschool rooms after reflecting on inclusion and children's right to reach toileting milestones in their own time. Educators work closely with families of children toilet training, communicating progress and needs. While providing nappies across the centre, we also accommodate for children who require particular nappies due to having sensitive skin or conditions such as [REDACTED] by supplying nappies as required. Nominated supervisor explained that feedback from families about their preschool age children still requiring nappies and not to rush toileting skills led to providing nappy change facilities for 3-5 year olds in the service extension. Key practice also supports Standard 3.1.*
- *In addition to our daily cleaning, we have professional cleaners come to clean the centre [REDACTED] per week. When there is an infectious outbreak we ask them to do a "deep clean" including fogging the centre, to eliminate germs. With COVID and a recent bout of [REDACTED] in the community, we researched buying our own fogger to keep on site, but resolved not to, as our cleaner can do this professionally whenever required to provide a deep clean which is more thorough & cost effective. The nominated supervisor explained that educators clean the bathrooms at the end of the day on the two days the cleaner does not attend.*
- *Having infants in our centre and [REDACTED] who continued to breastfeed, our centre registered with the Australian Breastfeeding Association. In doing so, we created a breastfeeding room for mothers to feed and [REDACTED]. Some mothers choose to come in and feed before their child starts their day or before going to sleep if their work or home arrangements allow for this. We continue to reflect on this space and will be installing more blinds for privacy. Key practice also supports Standard 3.1.*
- *Educators have frequent discussions with families regarding sleep preferences or changes to routine and will accommodate these where possible. Families and educators are kept informed about safe sleep practices with Red Nose and safe sleeping information being shared with families on [REDACTED]. Pamphlets were ordered and placed in our hallway for families to access which share information about different sleep stages and strategies.*
- *COVID-19 prompted us to revise management of illness and hygiene practices on an ongoing basis. All stakeholders are frequently informed and consulted of changes that occur, in relation to guidelines and best practice such as social distancing, mask wearing, limiting adults in the service and increased cleaning procedures e.g., a specific cleaning checklist, chemical dispenser and extra sanitiser were introduced as a result of this.*
- *During COVID lockdown, our [REDACTED] held P.E lessons on Zoom for children and families who were isolating at home. Families had commented that they missed the Zoom meeting due to work and asked for another way to join. From this, we*

began prerecording some P.E sessions and shared them with families on our Facebook group so that everyone could partake in the physical experiences at any time. We continue to share physical movement ideas with families on [REDACTED]

- *Looking at our planning for physical activity, in meetings and in conversation, we discussed how to make this more visible in the curriculum. From this, an [REDACTED] [REDACTED] was appointed, with an aim to promote physical activity and fundamental movement skills through Munch and Move, Nature Play Australia etc. In line with this position, we added the title [REDACTED] to our program so that physical activity is thought about and planned for. Nominated supervisor explained the new [REDACTED] officer (includes being [REDACTED] officer) is going to do the Munch and Move training.*
- *Discussions and recommendations by families and professionals regarding children's dietary and nutritional requirements assists us in ordering & tailoring meals to meet their needs. Our cook takes extra steps to ensure individual needs are met, such as adding a [REDACTED]. Educators have made books, e.g., food diary, to share information with families & we moved our meal charts online so that families can see & comment on this information.*
- *In addition to allergy cards, food trolleys have [REDACTED] cards for children with allergies such as dairy as an extra reminder for educators when serving meals. Recently, having new team members, we discussed how to make allergy meals more visible to all educators in rooms including casuals and part time staff. From this we introduced [REDACTED] [REDACTED] to indicate the specific allergy meals in the aim to better manage the dietary needs of each child.*
- *Healthy eating is discussed with children and promoted through exposure to our natural spaces such as our edible bush garden and vegetable gardens in the centre. Children are responsible for caring for these spaces and take part in hands on learning through planting, harvesting, and cooking while learning the importance of healthy eating. These experiences are shared with families on [REDACTED] to be replicated at home e.g., using [REDACTED] present (tomato sauce) to make pizza with family.*
- *Educators, families & specialists have met for formal meetings to discuss how to manage acute medical conditions hygienically and effectively, creating plans to formalise how to manage these practices. Key educators have been shown how to [REDACTED] [REDACTED] and managing [REDACTED] Extra steps including individual temperature checks on [REDACTED] first aid kits specific to a child, a sharps bin & communication books have also been implemented.*
- *From an opportunity to reflect on and change learning environments due to a renovation, we consulted with educators, management, families, and our [REDACTED] about the importance of following infant routines and providing a sleep environment which caters to different sleep patterns and routines, as well as an individual's needs for sleep and rest. These conversations informed our decision to separate the cot rooms in the Infant spaces into two smaller spaces. Nominated supervisor explained feedback from families about requests for their infants not to be disturbed by other children or*

educators entering the cot room led to building [REDACTED] cot rooms in the [REDACTED] rooms rather than [REDACTED] to cater for individual infant needs. Key practice also supports Standard 3.1.

- *Each week our NS sends a "policy [REDACTED] to all educators on [REDACTED] and by email to remind them of policies and procedures they may need to access frequently such as sun protection, hand washing, medication, exclusion periods etc. Key points are shared along with a copy of the policy. Educators are able to ask questions and discuss the procedures. These policies are shared with families so they too, can follow procedures relating to illness, hygiene, and injury management.*

32. Evidence of practice that was observed or discussed specific to Standard 2.1 is also documented in the assessment evidence summary. This includes:

- *Indoor space used for outdoor space includes trampoline, wobble balance boards, ribbon dancing and space for children to kick a ball.*
- *All children rush to the bathroom to wash hands before lunch. One child doesn't use soap and goes to the meal table while educator is busy supporting other children to wash their hands.*
- *Nappy bin accessible to children in an unsecured cupboard. Rectified immediately with child proof lock attached to the door. (Minor adjustment offered).*
- *Cooking experiences provided include making dumplings, sushi, pizza, fresh pasta, and toast crumpets.*
- *Quiet areas provided for children include mats, cushions, lounges, and books in both indoor and outdoor areas.*
- *Physical experiences available include plastic stepping stones, balancing, large foam shapes, a slide, balls, planks, trestles and varying levels with steps and a mound.*
- *Dramatic play fruit, vegetables, and food available.*
- *Pre-COVID children went on [REDACTED].*
- *Educators support children to wash hands before meals and handwashing posters displayed.*
- *Educators wear gloves when serving food, wiping noses, and changing nappies.*
- *Physical experiences available include two slopping planks and two trestles, large truck tyres, plastic stepping stones, balls and hoops up high attached to a rope.*
- *Further physical equipment available for educators to take to [REDACTED] and park include balls, javelins, frisbees, catch tail balls and rackets.*
- *Children in the 3-4s group choose to sleep or listen to a recorded story lying on beds and in 4-5s group children can also read books on their beds. The 3s group non-sleepers are able to play with quiet activities such as puzzles and books in an adjacent room while others sleep in a quiet room.*

33. In the (draft) rating outcome summary, the authorised officer included the following analysis note in relation to Standard 2.1:

Educators support children's health needs through hygiene practices, opportunities for rest and relaxation and procedures in place to manage injuries and illnesses. Educators promote healthy food experiences within the program and support children to engage in physical activities.

Standard 2.1: Provider's feedback on the draft report

34. The provider submitted an assessment and rating feedback form and supporting evidence in response to the draft report. They stated:

This document is in response to the draft outcomes summary and contains further evidence to meet exceeding themes, demonstrating why our service should be reassessed in the above stated Standard. Please read this in-line with our self-assessment and other noted evidence found by our Assessment Officer.

35. Supporting evidence submitted by the provider highlighted evidence specific to the service's compliance history and evidence of practice documented in the assessment evidence summary. This included the provider's response to the authorised officer's comments about children's medical management plans, a parent complaint when their child had an [REDACTED], and a nappy bin being accessible to children in an unsecured cupboard.

Standard 2.1: Final report

36. In finalising the rating for Standard 2.1, the authorised officer noted that the provider's evidence had been considered in conjunction with the draft report and there had been no change to the rating. This was documented in the assessment and rating feedback form with officer comments. The following comments were also included:

Not embedded. Compliance & complaint visits [REDACTED] identified number of issues. AP evidence that action plans do not expire- but not embedded as 8 action plans had not been reviewed by date recommended by doctor (2018 & 2019). Issues identified include first aid kits, medication, nappy change mats, nappy bins. [Evidence] hand washing not consistent, [Evidence] nappy bin, [Evidence] physical equipment just adequate for 3 rooms of 3-5s.

37. The final rating outcome summary included the same analysis note in relation to Standard 2.1 as documented in the draft report.
38. The rating for Standard 2.1, as documented in the final rating outcome summary, was Meeting NQS.

Standard 2.1: First tier review

39. The provider applied for first tier review, seeking a review of Quality Areas 2 and 7. In specifying the grounds of their review application, the provider stated:

We feel that the evidence that we submitted for review for Quality areas 2 and 7, was not thoroughly reviewed or considered due to the extremely quick turnaround time. We are concerned that an Assessing Officers individual interpretations of regulations has impacted our rating.

40. Specific to Standard 2.1, the provider resubmitted supporting evidence provided with their assessment and rating feedback form.
41. At first tier review, the panel considered evidence gathered at assessment and rating and first tier review and provided the following conclusion in the first tier review decision notice:
 - *The panel considered the assessment and rating report and found that that the officer confirmed some examples of good practice occurring. Specifically, the panel commented on the policy [REDACTED] being shared amongst families and educators and food trolleys having [REDACTED] cards for children with allergies. However, the panel placed weight on the compliance history information contained within the report that occurred recently relating to children's medical management plans and first aid kits being stored in incorrect locations. The panel agreed that although there is evidence of positive practice occurring the service's recent compliance history identified in [REDACTED] 2021 demonstrates practices are not yet embedded.*
 - *Further, the panel considered the content of the assessment and rating report and acknowledge evidence that supports good practice particularly around promoting a healthy lifestyle which has been recognised by the attainment of Theme 2 and 3 for this standard.*
 - *The panel reviewed the information contained in the provider's submission both at draft and first tier stages. The panel noted the claims and supporting evidence supplied demonstrate the service have put processes in place to mitigate the reoccurrence of the non-compliance identified in [REDACTED] 2021, as well as the additional evidence provided claiming practices in relation to health and hygiene are embedded.*
 - *The panel acknowledged the services approach to ensuring systems are in place to enhance children's health and hygiene and that good practice is occurring. However, the panel consulted the guide to the national quality framework and noted that a service's compliance history can be taken into consideration when determining a services rating. The panel agreed that given the recent occurrence of the non-compliance identified the panel agreed with the rating made by the officer and determined the evidence was insufficient in demonstrating practice is embedded.*
42. In the first tier review decision notice, the panel concluded that there was insufficient evidence to support attainment of Exceeding theme 1 for Standard 2.1 and decided to confirm the assessment of this theme as No.
43. Following first tier review, the rating for Standard 2.1 remained as Meeting NQS.

Standard 2.1: Second tier review

44. At second tier review, the provider sought a review of the ratings for Standard 2.1 and, specifically, Exceeding theme 1.
45. The provider made several statements in their second tier review application form specific to Standard 2.1 and Exceeding theme 1, with supporting evidence provided. The provider stated:
- *We were not aware of any "non-compliance" as no official non-compliance was issued to our service in relation to the items stated. Therefore, we were unable to respond or appeal prior to our Assessment & Rating visit.*
 - *Significant weight was given to "Expired" medical management plans, when these plans do not expire, and should not be considered.*
 - *Weight was given to First Aid kits in incorrect locations when they were stored correctly.*
 - *Weight was given to other items in our Compliance history when we had not been given the opportunity to respond and appeal. Specifically relating to nappy bins being accessible (see attachment) and incorrect medication (previously detailed in response).*
 - *We feel our other embedded practices were not fully considered*
46. The provider also submitted an additional statement and supporting evidence in response to the panel's deliberations at first tier review.
47. Specific to Standard 2.1 and Exceeding theme 1, the provider referenced the following text from the tier one decision notice:

The panel considered the assessment and rating report and found that that the officer confirmed some examples of good practice occurring. Specifically, the panel commented on the policy [REDACTED] being shared amongst families and educators and food trolleys having [REDACTED] cards for children with allergies. However, the panel placed weight on the compliance history information contained within the report that occurred recently relating to children's medical management plans and first aid kits being stored in incorrect locations. The panel agreed that although there is evidence of positive practice occurring the service's recent compliance history identified in [REDACTED] 2021 demonstrates practices are not yet embedded.

48. In response, the provider stated:

In relation to medical management plans, our compliance history notes provided in the Assessment Evidence Summary state that "[REDACTED] medical management plans have not been updated by review date as documented on their plan".

We say that medical management plans do not expire, but rather they have a suggested review date. We always follow up with families prior to the review date listed on their child's medical management plan, but it is not within our control whether families provide us with a new plan before the review date.

There are many factors to consider including a family's willingness to make an appointment with their specialist, the specialist having an available appointment within

the required timeframe and COVID has caused many medical professionals to restrict face to face appointments for the last 1.5 years.

We also say that we are in constant communication with each family about their child's needs and are aware when there are changes to the child's allergies, most particularly if a new allergy is added. All changes are documented, and a process ensues alerting our caterer, cook and classrooms.

We routinely update the photos of children on our allergy cards to ensure that the likeness in the photo is a good representation of the child's current appearance.

Where possible, together with our caterer, we have eliminated allergens from our menu completely, including [REDACTED]

In relation to a cupboard labelled with a first aid sign but the first aid kit was not there, it was on a shelf in the bathroom out of children's reach but in close proximity (photo enclosed) as the educators had been cleaning the cupboard out prior to the officer arriving.

In relation to [REDACTED] being in a child's [REDACTED] despite it not being written on the child's action plan, this was due to the doctor providing a new plan for the child but mistakenly omitting [REDACTED] from the updated plan. [REDACTED] was included on the original plan. This error was acknowledged by the family who contacted the doctor who wrote a new plan including [REDACTED]. The medication was listed at all times on the Risk Minimisation Plan that was also kept in the [REDACTED] for the child, and this was shown to the Compliance Officer at the time of the visit.

In relation to an [REDACTED] medication being kept in a child's [REDACTED] different to that listed on the plan, the doctor had written a different brand in a review without highlighting it to a family. At the time of the visit the family had not provided us with a bottle of the new [REDACTED].

In relation to first aid kits being stored in an unlabelled cupboard, these were very small first aid kits that the educators had for their personal use. They were not for children's use and were stored in a high cupboard out of children's reach and are not relevant to a child's health and safety

49. The provider referenced the following text from the tier one decision notice specific to this standard and Exceeding theme 1:

Further, the panel considered the content of the assessment and rating report and acknowledge evidence that supports good practice particularly around promoting a healthy lifestyle which has been recognised by the attainment of Theme 2 and 3 for this standard.

50. In response, the provider stated:

We note your comment that we have shown evidence around promoting a healthy lifestyle which was recognised by the attainment of Themes 2 and 3. We believe this also demonstrates that our practices are embedded and therefore Theme 1 should also be attained.

51. The provider referenced the following text from the tier one decision specific to this standard and Exceeding theme 1:

The panel reviewed the information contained in the provider's submission both at draft and first tier stages. The panel noted the claims and supporting evidence supplied demonstrate the service have put processes in place to mitigate the reoccurrence of the non-compliance identified in ██████████ 2021, as well as the additional evidence provided claiming practices in relation to health and hygiene are embedded.

52. In response, the provider stated:

The panel's comments state that they noted our additional evidence provided claiming that health and hygiene are embedded. We are unsure what this relates to.

53. The provider referenced the following text from the tier one decision notice specific to this standard and Exceeding theme 1:

The panel acknowledged the services approach to ensuring systems are in place to enhance children's health and hygiene and that good practice is occurring. However, the panel consulted the guide to the national quality framework and noted that a service's compliance history can be taken into consideration when determining a services rating. The panel agreed that given the recent occurrence of the non-compliance identified the panel agreed with the rating made by the officer and determined the evidence was insufficient in demonstrating practice is embedded.

54. In response, the provider stated:

*The panel noted "that a service's compliance history **can** be taken into consideration when determining a service's rating" [our emphasis added]. This shows that the guide to the national quality framework allows for an officer to make a decision as to whether a compliance history **must** be taken into consideration. We say that as our compliance history was not transparent to us, we were not aware that our service had been deemed to be non-compliant, nor were we given an opportunity to appeal or respond to the issues. For these reasons, we believe no weight should be given to our "compliance history".*

55. The provider made an additional statement after reviewing material provided by the regulatory authority at second tier review, highlighting their concern about the compliance and assessment and rating process. General comments included in this submission have been documented previously.

56. The provider also submitted further evidence after reviewing evidence provided by the regulatory authority at second tier review. An additional document details the provider's submissions and corresponding evidence.

57. Specific to Standard 2.1 and Exceeding theme 1, the provider commented on the authorised officer's response to their assessment and rating feedback form regarding action plans. The provider argues that actions plans do not expire as shown in the evidence provided.

58. On the issue of action plans, the provider also stated that:

The Nominated Supervisor and Admin were actively seeking reviewed plans from families. Medication was all current and in each child's medication bag. No child was ever at risk of harm. Their Health & Safety was always maintained.

59. The provider commented on the authorised officer's response to their assessment and rating feedback form regarding the nappy bin, referencing evidence described previously.
60. The provider commented on the authorised officer's response to their assessment and rating feedback form regarding handwashing not being consistent. They stated:

Hand washing and hygiene procedures are embedded in our curriculum. During our Assessment & Ratings visit the Assessing Officer noted that ONE child had not washed their hands. This child, who was in the [REDACTED] classroom walked directly to the lunch table once the food had arrived. Nappies are changed in this classroom directly before lunch time. The child who had walked to the table had their nappy changed around 10 minutes prior and had washed their hands after having their nappy changed, in line with the nappy change procedures

61. The provider commented on the authorised officer's response to their assessment and rating feedback form regarding physical equipment just adequate for three rooms of 3-5s. They stated:

We provide many different varieties of physical equipment and experiences to our 3-5's who use these daily. During our Assessment & Rating we discussed our use of the outdoor area, in particular our current action research project specific to outdoor play which was emailed to our Assessing Officer pre-visit.

Panel considerations

62. In deliberating on whether the service demonstrated Exceeding theme 1 for Standard 2.1, the panel commented on the provider's concerns about their compliance history being considered in determining their quality ratings. The panel noted that section 135 of the National Law states the Regulatory Authority may consider service history of compliance in determining a rating level, and that ACECQA's guidance to regulators is that this must occur in each case [refer Guide to the NQF]. The panel also noted that all compliance issues listed in the assessment evidence summary were recorded as having been rectified by the assessment and rating visit.
63. The panel commented on the service's efforts to improve their practice specific to supporting children's health and safety, for example, drawing on the expertise of a [REDACTED] doctor, to provide resources to support educators' capacity to identify the signs of a [REDACTED], and seeking feedback from a [REDACTED] a doctor about the service's handwashing policy.
64. The panel remarked on the context in which the service was operating in the lead up to and at the time of the assessment and rating, most notably the COVID-19 pandemic, and the impact of this on management and the service team. This included being responsive to families' needs, priorities and concerns at this time, for example, potential difficulties in securing medical appointments for their children during the pandemic.

65. The panel noted evidence supplied by the provider that children's individual medical management plans do not expire, but that review is required, as noted in ASCIA guidance. They also noted that compliance issues specific to individual children's medical plans were noted as being rectified in the assessment evidence summary.
66. The panel commented on one example where medication in a child's [REDACTED] was not listed on the child's medical management plan. They noted the provider's assertion that the doctor had omitted the required medication on the child's plan in error, and that this had been immediately rectified by the child's mother and doctor. They remarked that this incident, in their view, highlighted a potential gap in the service's processes for checking that medication provided matched the medication listed in children's plans in all instances.
67. The panel noted that embedded practice as required for this Exceeding theme is 'usual' high quality practice that is demonstrated consistently and frequently across the service and implemented by all educators, regardless of the staffing or situation on a given day.
68. The panel noted evidence of high quality practice. However, from their assessment of all the available evidence, high quality practice consistently embedded in service operations specific to this standard was not clearly apparent at the level required for this Exceeding theme.
69. The panel concluded that there was insufficient evidence to determine that Exceeding theme 1 should be amended to Yes to support an overall higher rating for Standard 2.1.

Panel decision

70. The panel decided, by consensus, to confirm the rating for Standard 2.1 as Meeting NQS.

Standard 2.2

71. Standard 2.2 is:
Each child is protected
72. Exceeding theme 1 is:
Practice is embedded in service operations.

Standard 2.2: Assessment and rating

73. Following the assessment and rating visit, the regulatory authority assessed the service as Meeting NQS for Standard 2.2, with Exceeding themes 2 and 3 confirmed as 'Yes' but not Exceeding theme 1.
74. In the assessment evidence summary, the authorised officer set out the following notes, which were sighted, observed, or discussed, specific to the service's compliance history:
 - [REDACTED] in [REDACTED] room a large portable ventilation fan (dirty) and small domestic fan on floor accessible to children and children's beds set up around fans. Educator advised they were using the fans to dry out the wet carpet after the roof leaked during torrential rain. Rectified.
 - [REDACTED] in [REDACTED] room four stretcher beds leaning against the wall, [REDACTED] room a pile of pillows and blankets beside a cot in the cot room. [REDACTED] 2020. Rectified.

- [REDACTED] in the [REDACTED] room no emergency and evacuation floor plan and instructions displayed at rear emergency exit. [REDACTED] 2020 Framed plans and instructions in [REDACTED] the [REDACTED] rooms were not displayed near the exit. Rectified.
- [REDACTED] 2020 cords were unsecured and accessible to children in play rooms, a whiteboard is propped against a wall unsecured, large unopened cardboard boxes containing equipment are propped against a wall and accessible to children, a hard rectangular plastic container is propped against the wall and accessible to children. Plastic bags are stored in an unlocked cupboard and accessible to children, an easel is propped against a wall, a folding wooden stand is propped against a wall and accessible to children. Cleaning equipment accessible in many rooms. In the [REDACTED] outdoor area the corner on a concrete wall is broken exposing sharp edges. A large cupboard door has become detached and is propped behind an open shelf in the play room. Film is peeling from windows and is accessible to children. Rectified.
- [REDACTED] 2020 an educator was unable to explain her obligations under this legislation. Rectified. Nominated supervisor explained all educators completed child protection refresher training and child protection is discussed at team meetings.

75. In the same summary report, the authorised officer set out the following notes, which were sighted, observed, or discussed, specific to their pre-visit review of documents and the service's self-assessment.

- Pre-visit review of documents. Child protection policy includes possible outcomes of MRG is 'Refer to Wellbeing Unit, inform local Department of Education, Inform the school where child/young person is enrolled and collaborate, consult Education Child Wellbeing Unit.' Rectified immediately with updated child protection policy not including procedures which are not relevant to the service.
- Pre-visit review of documents. Evacuation rehearsals conducted at least every three months except between [REDACTED]. Lock downs conducted [REDACTED] and [REDACTED]. The nominated supervisor explained that due to multiple issues during COVID the lock down rehearsals did not occur every three months. There are now diary entries to remind service to conduct both evacuations and lock downs at least every three months for 2021.
- Pre-visit review of documents. Actions arising from emergency and evacuation rehearsals include ensuring dingle is charged, head counts conducted, call procedures changed and ensuring children hold the rope.
- We have consulted with the Dept. of Health, Dept. of Education, and our [REDACTED] to manage the effects & potential effects of COVID and other illnesses on our policies and procedures. Emergency plans and COVID specific H&S checklists were created as a result of this. Updates were shared with families, who were encouraged to consult the Dept. of Health and [REDACTED] if further clarification was needed. Information provided from such families supported our policies e.g., exclusion period.
- Educators expressed intent to resume excursions to the park for physical activity due to COVID being at low risk in NSW. A plan was established, and risk assessments updated



before a survey was sent to families detailing our COVID safe practices and to seek their feedback. 117 families stated they would like park visits to resume for spontaneous physical activity and learning experiences. Pre-visit review of documents shows [REDACTED] families responded No to park visits. Nominated supervisor explained that these [REDACTED] families were reassured their children would be involved in meaningful experiences at the service if not attending an excursion. After viewing posts of the other children attending the outing to the park the [REDACTED] families felt more confident about outings and their children now attend.

- When COVID halted excursions into the community, we began using our [REDACTED] for learning experiences. A risk assessment & supervision plan were created so educators were aware of the areas to supervise, such as the fence. The [REDACTED] gates are closed from inside the centre and educators scan the area before children enter the [REDACTED]. Families are notified of [REDACTED] closure times during preplanned weeks such as [REDACTED] and a sign has been created at the entry to notify families.*
- Educators expressed difficulty in locating emergency procedures and H&S information quickly and efficiently as there were a number of posters in a range of locations. From this, our NS created H&S and emergency procedure flip-books, compiling all emergency and H&S procedures as well as important emergency numbers to call. These are located near phones in all classrooms, staff room and office spaces creating easy access to important information.*
- After emergency drills the "actions arising" are shared on [REDACTED] with educators and details of the drill shared with families. Educators are encouraged to share their thoughts and ideas regarding improvements and family feedback is used. e.g., a family member told us of a hazard found on equipment at the park on a weekend. This has been factored into our risk management. The grounds and equipment are thoroughly scanned, and we remain on the basketball court when assembling for roll call.*
- Being a "Child safe organisation" we share the Child Safe Standards & principles with the team. Copies are available in the staffroom, programming room & on [REDACTED]. Educators were asked questions on [REDACTED] about how they create a child safe environment, giving educators the opportunity to reflect on their practices and share these with the team through comments. We will also ask [REDACTED] an officer at the local police station to visit & speak about 'Safe People & Safe Places'. Nominated supervisor explained that [REDACTED] has left the service and has provided contact details for another police officer to visit.*
- [REDACTED] is used for open & close checklists, meal & rest, and safe sleeping logs. As educators complete these daily, they use [REDACTED] to log maintenance or hazards they notice on our internal "maintenance register" that can't be rectified immediately. From this, management and admin notify relevant parties such as our maintenance person or plumber to action items. From family suggestions we also use [REDACTED] to remind families of safety items such as slowing down in the car park.*
- We conduct [REDACTED]. Educators are presented with scenarios relating to potential hazards, incidents, or emergencies which they could face. Scenarios provided*

reflect team needs e.g., [REDACTED] presented to specific room. When found, educators call the office to talk through the steps of how scenarios are managed or how the hazard was removed. Educators reflect and evaluate their actions on a form which assists management in providing further training if required.

- Children with medical conditions requiring medications such as [REDACTED] or an [REDACTED] have individual, [REDACTED] in their rooms which clearly indicate the child and their medication. After an evacuation reflection we found that some educators required prompting to take these with them to the mustering area. From this, we placed a large sign on all evacuation backpacks as a clear visual reminder for educators to take the children's medications with them.*
- Families & educators are notified on [REDACTED] throughout the year about obligations in keeping children safe & mandatory reporting. From sharing a "policy [REDACTED]" and posting about specific protective behaviours e.g., closing the front door behind them & not letting others in, shared accountability with families & creating an awareness & understanding of both why, and how, we can all keep children safe. Families were observed confidently following these behaviours after the post was shared.*
- Whilst completing a physical activity course our AP found that certain RTO's did not offer enough content & support in regard to current & available resources. In searching for a more appropriate course, she found a Child Protection Refresher course which provided clear information and was more suited to her learning needs. As we looked into the Regs, we discovered this course was more suited to refreshing educator knowledge. A large portion of our team have since enrolled & completed this course.*
- After attending an [REDACTED] conference with [REDACTED], educators planned more risky play & created "protected spaces" in the environment so that children can take part in challenging experiences or spend time in a smaller "hidden" area e.g., a teepee. We have specific discussions about risks & how to use the areas so children can problem solve & navigate risky play experiences while in the spaces. Educators show children that they are still there to supervise while allowing them to explore. Nominated supervisor explained risky play implemented includes [REDACTED] and [REDACTED] in the bush garden.*
- While experiencing vast weather conditions in NSW management and educators discussed how we can best prepare for extreme weather. From this, the SunSmart, Fires Near Me and Air Quality Apps were added to class iPads and built into the opening checklist to remind educators to check these daily so that they can adjust outdoor activity if required. Families are notified of any changes which occur such as staying indoors due to heavy bush fire smoke.*
- The Child Safe standards and the [REDACTED] organisation resources were discussed at a recent NS meeting, elaborating on how our centre promotes the standards and creates a protective culture. This coincided with our AP completing the Office of the Children's Guardian courses "Keeping children safe in organisations" and "Responding to Reportable Allegations". From this, the NS has registered to attend a SAFE Series workshop to better support educators to teach these concepts to children.*

- *Child Protection is included in our induction modules for new staff and is an agenda at every meeting to reflect current practice. Existing staff are reinducted into our Service, including our Child Protection policies [Policy 3.1 Child Protection - Child Safe Organisation and Mandatory Reporting] to remind them of the Service's policies and their obligations to keeping children safe. We share this information on [REDACTED] with families and educators throughout the year.*

76. Evidence of practice that was observed or discussed specific to Standard 2.2 is also documented in the assessment evidence summary. This includes:

- *Large tyres are placed approximately 20cm from movable climbing equipment including a trestle and wooden plank that measure more than 600mm above ground level. The nominated supervisor explained that children move the tyres around themselves. Rectified immediately with tyres moved to allow 1500mm impact zone around the movable equipment and nominated supervisor will reflect on an alternative area for children to move the tyres. (Minor Adjustment Offered).*
- *Educator puts sunscreen on children as they transition outdoors and some children who did not put sunscreen on are asked to go to educator to put some on. The service's SunSafe policy states 'Apply SPF30+ (or higher) broad-spectrum water resistant sunscreen 20 minutes before going outside.' Nominated supervisor explained educators usually apply sunscreen 20 minutes before going outdoors.*
- *Children and educators wear hats.*
- *Educators follow safe sleep procedures, posters displayed, and cot room checks recorded.*
- *Cot rooms have air-conditioning and temperature is 22 degrees in one room and another room does not have air-conditioning on yet as no infants are sleeping. Educators not aware of recommended cot room temperatures. Cot rooms have monitors with a coloured light which approved provider states is a temperature indicator and educators ensure children are dressed appropriately for the temperature and check they are not too hot. Educator asked is not aware of the purpose of the coloured light on the monitor.*
- *Educator says to child eating morning tea, "Can you sit on your bottom please".*
- *Educators scan areas as they engage with children, move if required and inform each other if they go inside.*
- *A parent's concerns about child going to school, school bathrooms and strangers led to parent sharing the Safe series books for educators to read with children, nominated supervisor attending training and purchasing the books for the service.*
- *Surf life savers visited this year as part of a pilot program to support children to be safe and provided a sensory experience of being at the beach exploring sand and shells.*

77. In the (draft) rating outcome summary, the authorised officer included the following analysis note in relation to Standard 2.2:

The children are adequately supervised, and precautions are taken to protect children from potential hazards. Systems are in place to ensure emergencies are rehearsed and educators are able to respond to children at risk of abuse and neglect.

Standard 2.2: Provider's feedback on the draft report

78. The provider submitted an assessment and rating feedback form and supporting evidence in response to the draft report. They stated:

This document is in response to the draft outcomes summary and contains further evidence to meet exceeding themes, demonstrating why our service should be reassessed in the above stated Standard. Please read this in-line with our self-assessment and other noted evidence found by our Assessment Officer.

79. Supporting evidence submitted by the provider highlighted evidence specific to the authorised officer's pre-visit review of documents and evidence of practice documented in the assessment evidence summary. This included the provider's response to the authorised officer's comments about evacuation rehearsals, the placement of tyres near climbing equipment, cot room temperatures, the display of emergency evacuation instructions and floor plans, and an educator's inability to explain their child protection obligations.

Standard 2.2: Final report

80. In finalising the rating for Standard 2.2, the authorised officer noted that the provider's evidence had been considered in conjunction with the draft report and there had been no change to the rating. This was documented in the assessment and rating feedback form with officer comments. The following comments were also included:

Not embedded compliance visits [redacted] numerous hazards. Lockdowns not conducted after [redacted]. [Evidence] is positive that child is able to move tyres around, space available however is small & created a hazard with the two planks & two trestles-need to consider safety & maybe no trestles included in space. [Evidence] Sunscreen not applied 20 minutes before going outdoors as outlined in service policy, [Evidence] AP states cot room lights indicate temperature & ed not aware.

81. The final rating outcome summary included the same analysis note in relation to Standard 2.2 as documented in the draft report.
82. The rating for Standard 2.2, as documented in the final rating outcome summary, was Meeting NQS.

Standard 2.2: First tier review

83. The provider applied for first tier review, seeking a review of Quality Areas 2 and 7, as noted previously.
84. Specific to Standard 2.2, the provider resubmitted supporting evidence provided with their assessment and rating feedback form.

85. At first tier review, the panel considered evidence gathered at assessment and rating and first tier review and provided the following conclusion in the first tier review decision notice:

- *The panel considered the contents of the assessment and rating report and found that the officer confirmed some examples of good practice occurring, specifically the panel commented on child protection being included in induction modules for educators, attending training relating to risky play and protected spaces as well as having [REDACTED] [REDACTED] for educators. However, the panel placed weight on the compliance history information contained within the report that occurred recently relating to emergency evacuation plans and fans being accessible to children.*
- *The panel also discussed the inconsistent practice in relation to sunscreen application and the evidence regarding cot room temperatures. The panel acknowledged that the service has procedures in place to support children's sleep, rest, and comfort, and acknowledged the services response relating to cot room temperatures and agreed that the safe sleeping recognised authority states that there is no recommendation of cot room temperature. However, the panel highlighted the intent behind the officer's evidence was regarding the approved provider's claims that educators use the coloured light monitors to ensure children are dressed appropriately for the temperature and are not too hot. The educator asked during the visit was unaware of the purpose of the coloured light, demonstrating that not all educators have clear, consistent understanding of this practice.*
- *Additionally, the panel discussed the emergency and evacuation rehearsal documentation reviewed prior to the visit noting that no lockdown occurred between [REDACTED] failing to meet the requirement to ensure that both emergency and evacuation rehearsals are conducted at least once every 3 months as required by Regulation 97. The panel agreed that although there is evidence of positive practice occurring the service's recent compliance history identified in [REDACTED] 2021 and the inconsistent rehearsals of emergency and evacuation procedures demonstrates practices are not yet embedded.*
- *The panel reviewed the information contained in the provider's submission both at draft and first tier. The panel acknowledged the claims and supporting evidence supplied demonstrating the service have put processes in place to mitigate the reoccurrence of the non-compliance identified in prior monitoring and compliance visits, as well as the additional evidence addressing evidence collected by the officer.*
- *The panel noted the approved provider's response to the breach in relation to Regulation 97 and acknowledge that Regulation 97(3)(a) does not prescribe the amount of times procedures are to be rehearsed each year. However, the panel agreed that Regulation 97(3)(a) does state that both emergency and evacuation rehearsals are required to be rehearsed every three months which are to include procedures related to the service's identified potential emergencies. Additionally, the panel also noted the evidence provided was insufficient in demonstrating how moving forward both will be conducted.*

- *The panel recognised the service's efforts in ensuring that all educators had regular and up to date child protection training and that the service has internal procedures when addressing child protection matters. However, the panel noted that during the pre-visit document review the service's child protection policy did not reflect current information and procedures as recommended by the Department of Communities and Justice demonstrating that practice is not embedded.*
- *The panel acknowledge the services efforts to reflect on how to support children's behaviour guidance needs through the implementation of [REDACTED]. However, the panel felt that these practices were more supportive of Theme 2 for Standard 5.2 which has already been attained. Further, the panel discussed that the tyre referred to in the evidence summary, which was moved by children, demonstrated that the risk of its placement by children was not considered by educators at the time and as part of any prior risk assessments demonstrating that supervision and safety practices are not yet consistent.*
- *Additionally, the panel consulted the guide to the national quality framework and noted that a service compliance history can be taken into consideration when determining a services rating. The panel agreed that given the recent occurrence of the non-compliance identified the panel agreed with the rating made by the officer and determined the evidence was insufficient in demonstrating practice is embedded.*

86. In the first tier review decision notice, the panel concluded that there was insufficient evidence to support attainment of Exceeding theme 1 for Standard 2.2 and decided to confirm the assessment of this theme as No.

87. Following first tier review, the rating for Standard 2.2 remained as Meeting NQS.

Standard 2.2: Second tier review

88. At second tier review, the provider sought a review of the ratings for Standard 2.2.

89. The provider made several statements in their second tier review application form specific to Standard 2.2 and Exceeding theme 1, with supporting evidence provided. The provider stated:

- *The Tier 1 panel incorrectly states that the AP claimed that educators used the coloured light monitors in the cot room.*
- *Regulation states "THE" emergency and evacuation procedures are rehearsed every 3 months, not ""BOTH". There is no requirement for specific types of rehearsals to be performed in Regulation 97.*
- *We have never been notified of a recorded "breach" regarding the regulation and items mentioned in point 17.*
- *Future evacuations are diarised at the time of the drill and included in the Centre diary - refer attached.*
- *Significant focus was given to wording in our Child Protection Policy when it would not have an effect on a child's health and safety. Our program of refreshing all current*

educators' child protection training and induction processes was not given enough consideration.

- *A risk assessment for the particular purpose of using tyres in play, was established in 2020 and reviewed in ██████████ 2021. The Assessing Officer did not ask to see our risk assessment.*
 - *Weight was given to a personal interpretation by the Compliance Officer on the adequacy of our Emergency Evacuation Plans. Our plans had been certified and checked, see attached. They were also unchanged from our licensing visit and subsequent compliance visits. Following her visit, we did add additional plans as we were instructed we would be in breach otherwise.*
 - *Weight was given to unplugged fans that were in a classroom. The large industrial fan was awaiting collection from our landlord. It was used the weekend prior to dry a section of the wet carpet. Although unattractive, it posed no hazard to the health and safety of the children. None were in operation, with both having standard safety features.*
 - *The Authorised Officer observed that sunscreen was applied to children less than 20 minutes before leaving their classroom. No consideration was given to the fact that children were not exposed to direct sunlight and were engaged in play in filtered light, underneath a permanent shade covering.*
 - *As per the Evidence Summary detailed in our Draft Report, emergency rehearsals have been conducted at least every 3 months. It is an embedded practice.*
 - *No consideration has been made in reference to the ONE emergency evacuation where we decided that for the safety of the children, we would delay it slightly due to extreme heat until it was safer to do so.*
90. As noted previously, the provider submitted an additional statement and supporting evidence at second tier review in response to the panel's deliberations at first tier review.
91. Specific to Standard 2.2 and Exceeding theme 1, the provider referenced the following text from the tier one decision notice:

The panel considered the contents of the assessment and rating report and found that the officer confirmed some examples of good practice occurring, specifically the panel commented on child protection being included in induction modules for educators, attending training relating to risky play and protected spaces as well as having test your skills week for educators. However, the panel placed weight on the compliance history information contained within the report that occurred recently relating to emergency evacuation plans and fans being accessible to children.

92. In response, the provider stated:

In relation to weight being placed on our compliance history, we reiterate point 11 above and confirm our belief that no weight should be placed on compliance history.

In relation to the emergency evacuation plans contained in the report, we advise that these were prepared by an external specialist and our building is compliant with our

evacuation plans. We have had other assessing officers attend the service previously, including a licensing visit, and this has never been brought to our attention before as an issue, and we believe it is an individual interpretation.

The large fan was of an industrial style but was not dirty, and like the smaller fan, was not plugged in, had a safety guard on it and proved no risk to children. They had been used in the classroom over the weekend after a significant amount of rain and a section of the carpet had become wet. The industrial fan was due to be picked up by the landlord around the time of the assessor's visit. No photos of the industrial fan can be provided as it was collected by the landlord.

93. The provider referenced the following text from the tier one decision notice specific to this standard and Exceeding theme 1:

The panel also discussed the inconsistent practice in relation to sunscreen application and the evidence regarding cot room temperatures. The panel acknowledged that the service has procedures in place to support children's sleep, rest, and comfort, and acknowledged the services response relating to cot room temperatures and agreed that the safe sleeping recognised authority states that there is no recommendation of cot room temperature. However, the panel highlighted the intent behind the officer's evidence was regarding the approved provider's claims that educators use the coloured light monitors to ensure children are dressed appropriately for the temperature and are not too hot. The educator asked during the visit was unaware of the purpose of the coloured light, demonstrating that not all educators have clear, consistent understanding of this practice.

94. In response, the provider stated:

The Assessing Officer watched an educator applying sunscreen to children to play outside their classroom without it being 20 minutes prior to exposure. It should be noted that the outdoor area used is not in direct sunlight, but rather it is filtered light only. Refer to the attached photo for reference.

In relation to cot room temperatures, we note the panel's agreement with there not being a recommended cot room temperature.

We do not agree with the statement "the approved provider's claims that the educators use the coloured light monitors". This was not said by the approved providers, the AP's only acknowledged the Assessing Officer when asked whether we knew the function of the light, however the AP maintained that they weren't used for that purpose. I understand that there was conversation between the assessing officer and an educator about checking the temperature in the rooms. I believe that the educators felt that they were doing something wrong because of the ongoing questioning from the officer for a specific temperature range.

Stating that our educators were unaware of the purpose of the coloured light is irrelevant and not an example of our educators not having a "clear, consistent understanding of this practice". The lights are not used for that purpose and do not form

part of our Sleep policy. As cot room temperatures are not recommended, we are unsure why this point has been mentioned in our draft report and again in our first tier review.

Our educators follow our "Sleep and Rest for Children and Infants" policy whereby they check children's appearance every 15 minutes to ensure they are not overheating. Educators are further reminded to check children are not overheating as this check appears on the Safe Sleeping Check Record. Policy and record attached.

95. The provider referenced the following text from the tier one decision notice specific to this standard and Exceeding theme 1:

Additionally, the panel discussed the emergency and evacuation rehearsal documentation reviewed prior to the visit noting that no lockdown occurred between [REDACTED] failing to meet the requirement to ensure that both emergency and evacuation rehearsals are conducted at least once every 3 months as required by Regulation 97. The panel agreed that although there is evidence of positive practice occurring the service's recent compliance history identified in [REDACTED] 2021 and the inconsistent rehearsals of emergency and evacuation procedures demonstrates practices are not yet embedded.

96. In response, the provider stated:

*In relation to Regulation 97, I note that the wording in the regulation states "**the** emergency and evacuation procedures are rehearsed every 3 months", rather than "**both** emergency and evacuation rehearsals are conducted at least every 3 months" which is the wording that has been written in the First tier review. We have not been able to find the word "lockdown" in the Regulations.*

We note that the dates listed in our Evidence Summary show that the emergency and evacuation procedures have been rehearsed every 3 months, except for between [REDACTED] where we delayed the rehearsal slightly as we were experiencing very high temperatures. We reflected on the weather and felt that it would be better for the children's health and safety to conduct the rehearsal when the weather had cooled. Evidence of the high temperatures was provided when we submitted our feedback to the draft report.

We do not believe that delaying one evacuation rehearsal for health and safety considerations by 2 weeks is evidence of "inconsistent rehearsals" as noted in the First tier review.

97. The provider referenced the following text from the tier one decision notice specific to this standard and Exceeding theme 1:

The panel noted the approved provider's response to the breach in relation to Regulation 97 and acknowledge that Regulation 97(3)(a) does not prescribe the amount of times procedures are to be rehearsed each year. However, the panel agreed that Regulation 97(3)(a) does state that both emergency and evacuation rehearsals are required to be rehearsed every three months which are to include procedures related to the service's identified potential emergencies. Additionally, the panel also noted the

evidence provided was insufficient in demonstrating how moving forward both will be conducted.

98. In response, the provider stated:

We were unaware of a "breach" in relation to Regulation 97, therefore had no opportunity to respond to any concerns.

*We reiterate that the wording in Regulation 97 states "**the** emergency and evacuation procedures", rather than "**both** emergency and evacuation rehearsals" which is the wording that has been written in the First tier review. Additionally, we note that Regulation 97(3)(a) does not state that "**both** emergency and evacuation rehearsals are required to be rehearsed every three months **which are to include procedures related to the service's identified potential emergencies**". We agree that Regulation 97(2) states that a service needs to ensure that a risk assessment is conducted to identify potential emergencies that are relevant to the service. We have completed a risk assessment satisfying this Regulation (attached) and every 3 months we rehearse the emergency and evacuation procedures, ensuring a variety of scenarios are rehearsed throughout the year*

It is our usual practice to rehearse the emergency and evacuation procedures twice in a week to capture as many children and educators as possible in a 3 month period.

99. The provider referenced the following text from the tier one decision notice specific to this standard and Exceeding theme 1:

The panel recognised the service's efforts in ensuring that all educators had regular and up to date child protection training and that the service has internal procedures when addressing child protection matters. However, the panel noted that during the pre-visit document review the service's child protection policy did not reflect current information and procedures as recommended by the Department of Communities and Justice demonstrating that practice is not embedded.

100. In response, the provider stated:

In relation to our child protection practices, the panel recognised our efforts to ensure all educators have regular and current child protection training and that we have internal procedures to address child protection matters, however, more weight was placed on the fact that we had not deleted a few unnecessary lines in our [REDACTED] child protection policy. I note that nothing was missing from our policy, the policy included wording about the Child Wellbeing Unit which needed to be deleted (attached for comparison). The deletions did not affect the process that an educator would need to follow should they need to refer to this policy.

We also note that the child protection policy provided to the assessing officer in the pre-visit documentation was created by our [REDACTED] and is therefore used by other [REDACTED] services. Other [REDACTED] services have recently been through the Assessment & Rating process and have not had this issue pointed out by an assessing officer. In fact, other [REDACTED] services have been rated as Exceeding in Quality Area 2 with this policy.

101. The provider referenced the following text from the tier one decision notice specific to this standard and Exceeding theme 1:

The panel acknowledge the services efforts to reflect on how to support children's behaviour guidance needs through the implementation of [REDACTED]. However, the panel felt that these practices were more supportive of Theme 2 for Standard 5.2 which has already been attained. Further, the panel discussed that the tyre referred to in the evidence summary, which was moved by children, demonstrated that the risk of its placement by children was not considered by educators at the time and as part of any prior risk assessments demonstrating that supervision and safety practices are not yet consistent.

102. In response, the provider stated:

The children were using loose parts, which, by definition, are portable. We had prepared a Risk Benefit Assessment for wooden and plastic crates, tyres, and tree stumps (attached). Children were supervised at all times, so these loose parts represented no climbing risk etc.

103. The provider referenced the following text from the tier one decision notice specific to this standard and Exceeding theme 1:

Additionally, the panel consulted the guide to the national quality framework and noted that a service compliance history can be taken into consideration when determining a services rating. The panel agreed that given the recent occurrence of the non-compliance identified the panel agreed with the rating made by the officer and determined the evidence was insufficient in demonstrating practice is embedded.

104. In response, the provider stated:

*The panel noted "that a service's compliance history **can** be taken into consideration when determining a service's rating" [our emphasis added]. This shows that the guide to the national quality framework allows for an officer to make a decision as to whether a compliance history **must** be taken into consideration. We say that as our compliance history was not transparent to us, we were not aware that our service had been deemed to be non-compliant, nor were we given an opportunity to appeal or respond to the issues. For these reasons, we believe no weight should be given to our "compliance history".*

105. The provider made an additional submission after reviewing material provided by the regulatory authority at second tier review, highlighting their concern about the compliance and assessment and rating process. General comments included in this submission have been documented previously.

106. The provider submitted further evidence after reviewing evidence submitted by the regulatory authority at second tier review. An additional document details the provider's submissions and corresponding evidence.

107. Specific to Standard 2.2 and Exceeding theme 1, the provider commented on the authorised officer's response to their assessment and rating feedback form regarding lockdowns not conducted after [REDACTED]. They stated:

This is incorrect. Lockdowns were conducted between these dates and shown to the Assessing Officer along with another lockdown which had come loose from the folder they were kept in when originally scanning them over in the pre-visit documents. Assessing Officer sighted these during our visit.

The practice of completing lockdown and fire drills is embedded within our practice. The number of drills completed over the year is well above recommended amount.

Panel considerations

108. In deliberating on whether the service demonstrated Exceeding theme 1 for Standard 2.2, the panel highlighted examples of high quality practice demonstrating embedded practice specific to children's safety. For example, the panel noted the service's [REDACTED] practice, to test educators' responses to scenarios relating to incident and emergency management, the service's induction training processes, which includes child protection modules, and ongoing health alerts and updates communicated to families.
109. The panel commented on the provider's concerns about the weighting given to the services' compliance issues in determining their ratings, again noting that all issues in the assessment evidence summary were recorded as having been rectified. In particular, the panel remarked on comments about monitoring cot room temperatures and the rehearsal of emergency and evacuation procedures.
110. Specific to the cot room temperature, the panel agreed that there is no specified room temperature for cot rooms noted in the Regulations or in recommended guidance by the recognised national authority on safe sleeping, Red Nose. Further, the panel was unable to source evidence to indicate that coloured light monitors were used, or intended to be used, to check room temperature.
111. Specific to the rehearsal of emergency and evacuation procedures, the panel noted the impact of the COVID-19 pandemic and extreme temperatures on the service's capacity to rehearse emergency and evacuation procedures in a timely manner, most notably [REDACTED] in 2020, as documented in the evidence provided.
112. The panel also commented on the discrepancies in the interpretation of regulation 97 between the provider and the regulatory authority and the requirement to practice *both* emergency and evacuation procedures every three months. The panel referred to the [Guide to the NQF](#) and [AECCQA guidance](#), which states that where a service has more than one emergency and evacuation procedure, all procedures must be rehearsed every three months.
113. The panel concluded that there was sufficient evidence to determine that Exceeding theme 1 should be amended to Yes to support an overall higher rating for Standard 2.2.

Panel decision

114. The panel decided, by consensus, to amend the rating for Standard 2.2 to Exceeding NQS.

Standard 7.1

115. Standard 7.1 is:

Governance supports the operation of a quality service.

116. Exceeding theme 1 is:

Practice is embedded in service operations.

117. Exceeding theme 3 is:

Practice is shaped by meaningful engagement with families and/or the community.

Standard 7.1: Assessment and rating

118. Following the assessment and rating visit, the regulatory authority assessed the service as Meeting NQS for Standard 7.1, with Exceeding theme 2 confirmed as 'Yes' but not Exceeding themes 1 and 3.

119. In the assessment evidence summary, the authorised officer set out the following notes, which were sighted, observed, or discussed, specific to the service's compliance history and previous rating:

- *For the purposes of section 174(4) of the Law, the approved provider failed to ensure notice be provided to the Regulatory Authority within 24 hours of a complaint. On [REDACTED] 2021, the approved provider received a complaint from a parent about child coming home from the service [REDACTED] and no incident report received. The regulatory was not notified of the complaint until [REDACTED] 2021. Approved provider explained that she was wanting to ascertain all information and speak to the parent in person before notifying the Regulatory Authority. The approved provider explained she initially thought the parent's email was just a question about [REDACTED] and responded immediately to the parent's email. After a few emails over the next couple of days, it became apparent parent was not happy with service's response and was making a complaint. The approved provider notified as soon as she realised this. Officer sighted that approved provider has previously made notifications to the regulatory authority within prescribed time frames.*
- *A statement of philosophy is regularly reviewed by educators and staff and is consistently evident in all aspects of the service's operations.*
- *Condition on Service Approval: Does the service have any conditions on their Service Approval? No.*
- *Waiver: The service has received approval to operate with service waiver for R108 Space requirements - outdoor space and NQA3.*

120. In the same summary report, the authorised officer set out the following notes, which were sighted, observed, or discussed, specific to the service's self-assessment.

- *Holding a dual role of NS and H&S officer allows the NS to have a clearer picture of the service as a whole, ensuring compliance and health & safety are at the forefront of our minds when considering the children, educators and families. Our NS schedules time each week to walk through environments to complete checklists while discussing*

compliance & reflecting on best practice with teams. From here, relevant parties are contacted, or findings are shared with management to support operations.

- *Recently, we added phrases relating to the Reggio Emilia approach & renewing professional commitment through pedagogical dialogue with other professionals through early childhood and educational networks into our centre philosophy. These were identified values to the team after a centre wide action research project. We continue to be active participants in [REDACTED] meetings and ensure our interactions, documentation and learning environments encapsulate Reggio Emilia principles.*
- *Having a large management team with different responsibilities, we created a "roles and responsibilities" list which is displayed in the office & programming room to guide educators in knowing who to speak to when making decisions, asking questions, or sharing information. At the beginning and during each year, we share management profiles with families which describe our roles so that families can also contact the most relevant person with matters that affect them e.g., our AP for CCS questions.*
- *When establishing our philosophy, [REDACTED], we were supported to embody [REDACTED] philosophy to ensure a strong foundation is set. This has since been carefully tailored to recognise all key stakeholders including educators, families, children, and the wider community/society. We have curated a subsequent service philosophy with this guideline, reflecting on the values which are important to our centre context.*
- *The philosophy is often revisited by the team, the revisions produced reflect the growing knowledge and values of the children, educators, families, and wider community. We are currently underway in a review process and have challenged ourselves to consult intentionally with individual educators, families (see family survey) and are considering how best to capture children's voices within this process. The educators have consulted with other services as to how they have done so meaningfully.*
- *In an aim to have our philosophy visible in practice, last year we began visiting one statement within our philosophy & discussing between room leaders how we were still upholding these values in our teaching practices and curriculum. This was an initiative started by the EL to gauge whether these statements are still embedded and relevant and include educators in reflective thinking on how we can continue ensuring these values are visible in our practice.*
- *Families & educators will sometimes ask about particular policies we follow. From this, our NS started sharing a 'Policy [REDACTED] on [REDACTED] These are selected due to relevance e.g., updating them of our illness & exclusion policies or child protection when educators share that a family has approached them to baby sit. These are shared as per yearly schedule e.g., Sun Smart policy during the warmer months, or when requested by families e.g., if their child has an allergy.*
- *After only working part time, our NS & EL now have full non-contact roles, working alongside one another and closely with our AP's. This allows them to support teams in classrooms by guiding practice and curriculum planning, share operational requirements*

and conduct meetings with team members and families. Management utilise communication channels through [REDACTED] and also have frequent meetings to discuss and action items regarding the overall operation of the centre.

- *In need of timely repairs, we replaced our maintenance contractor with a local contractor. Most of the work is completed out of hours or over the weekend to reduce the impact on children's play and learning. On induction, educators are shown how to use [REDACTED] as a maintenance log which ensures all actions completed by the contractor are transparent to the team and keeps all parties accountable for risk management if required e.g., revising nappy change procedure when indoor sink was blocked.*
- *[REDACTED], we are a part of a larger network with an [REDACTED] [REDACTED] meetings as our support system. This network ensures that efficient [REDACTED] systems are in place, updates to policies & procedures are current & that information is shared in the centre if changes occur. If families or educators request, they will liaise with other organisations e.g., asking Tresillian nurses to speak at a conference.*
- *New team members must complete online induction modules explaining our policies & procedures before employment. To build knowledge, during COVID we added 2 modules relating to illness/COVID management. Once starting with us we conduct formal inductions to discuss the modules & their responsibilities in areas such as child protection, medical management etc. The EL then conducts a 1:1 meeting for a programming induction, giving them the opportunity to ask questions relating to centre operations.*
- *With no set 'roles', the EL devised & shared role descriptions for leadership roles created to promote growth in key areas. The NS and EL held formal meetings with interested parties to elaborate on the roles & allow educators to share their vision for working in this additional position. The leaders are given rostered time out of the classroom each week to conduct research and to support curriculum development. The NS and EL remain updated on their progress through meetings, [REDACTED]*
- *Information regarding the management structure is shared during tours and upon enrolment where families are introduced to the members of the team and their associated role, it is also included in the Family Handbook, which is amended and shared annually so families are kept up to date. We adjusted the contracts and shifts of the management team in response to family feedback sharing that they would feel more supported with familiar and regular faces in the office at all times.*
- *In using an emailing system between us, some messages were missed by management. From this we introduced the use of [REDACTED] as a communication tool. This enables management to maintain consistent conversations with each other across the week & identify and note subsequent actions. Additional channels are created as required e.g., a private channel to document grievances & conversations held with staff & families, and, in response to COVID, a channel to note if/when families are preparing to travel.*

- *The educational leader explained that she reflected on what was not working, researched various IT platforms, and implementing new online communication systems has improved communication management, [REDACTED] and educators with individual channels for different areas including notifications when items are action or require follow-up.*
 - *A candidate's personal philosophy is discussed during their interview to determine alignment to our centre's values. These values are visible to candidates, families & visitors during tours & visits, & continue to remind the team of these statements with the provision of the philosophy in the employment pack & around the centre. Having a large team, we are now working with class teams to create room philosophies to highlight how different values create an inclusive environment.*
121. Evidence of practice that was observed, sighted, or discussed specific to Standard 7.1 is also documented in the assessment evidence summary. This includes:
- *Provider approval is not displayed as required in Section 172. Rectified immediately. (Minor Adjustment Offered).*
 - *Some of the prescribed information is not clearly visible to anyone from the main entrance to the service as required in Section 172 of the Law. The information is aesthetically displayed in a frame further down the hallway on a wooden sideboard and approved provider explained the glass at the front made it difficult to attach the frame. The rating certificate is displayed at the entrance. Rectified immediately with the prescribed information removed from the frame and attached to the glass near the entrance. (Minor Adjustment Offered).*
 - *Compliance visit [REDACTED] 2021 found the documents provided for [REDACTED] 2020 showed incorrect ratios. However, this was an issue with the online report printing system not including all educators in the report. Management consulted with the IT company, and this has now been rectified and an improved and clearer layout of the records sighted. Improved systems are now in place to accurately reflect educational leader, nominated supervisor and relief staff daily records.*
 - *A [REDACTED] doctor reviewed the handwashing policy and suggested that service include sanitiser points outdoors for educators to use instead of going indoors to wash their hands when required such as wiping a child's nose.*
 - *Educators reflected on how to make the service philosophy more accessible to families. This led to displaying service values in each room, asking families which values they felt were important. A parent shared a poem about one of the values [REDACTED] which further informed and strengthened educators' practices in outdoor play and slowing down to [REDACTED]. Educators are now discussing how to create a visual philosophy for families and children.*
 - *The philosophy review involved asking families about what they value most, and what they hope their children will gain at the service. Family feedback included valuing educators, child's safety, and sense of belonging. This led educators to reflect on how to incorporate this feedback into practices.*

- *Management team reflected on the varying roles of the [REDACTED] approved providers, nominated supervisor and educational leader and that parents were unsure who to speak to. This led to creating a detailed table listing each management member's roles and sharing this with families for clearer communication.*
 - *Complaints are managed by either the nominated supervisor or approved providers, documented, investigated, and resolved in consultation from the management team.*
122. In the (draft) rating outcome summary, the authorised officer included the following analysis note in relation to Standard 7.1:

Organisational structures and administrative systems are in place to ensure effective management of the service. Educator's critical reflection of the philosophy supports the educators' decisions and daily practices at the service.

Standard 7.1: Provider's feedback on the draft report

123. The provider submitted an assessment and rating feedback form and supporting evidence in response to the draft report. They stated:

This document is in response to the draft outcomes summary and contains further evidence to meet exceeding themes, demonstrating why our service should be reassessed in the above stated Standard. Please read this in-line with our self-assessment and other noted evidence found by our Assessment Officer.

124. Supporting evidence submitted by the provider highlighted evidence specific to comments in the service's assessment evidence summary in relation to compliance history, previous rating, self-assessment, and evidence of practice. This included the provider's response to the authorised officer's comments about failure to notify the regulatory authority of a parent complaint, and not displaying provider approval. Information about the service's management systems, networking systems, staff induction processes, and roles and responsibilities lists are also provided.

Standard 7.1: Final Report

125. In finalising the rating for Standard 7.1, the authorised officer noted that the provider's evidence had been considered in conjunction with the draft report and there had been no change to the rating. This was documented in the assessment and rating feedback form with officer comments.

126. Specific to Exceeding theme 1, the authorised officer noted:

Not embedded practices. [Evidence] recent compliance visit [REDACTED] inaccurate staff records including EL, NS & relief staff working directly with children. Angle of photo of displayed information looks like it is close to entrance but is not. [Evidence] & [Evidence] Provider Approval not displayed-is S172 requirement & positioned visible to anyone from main entrance. Minor adjustment provided. Sunsafe policy, maintenance procedures, safety checks, lock downs see 2.1 & 2.2 shows not all systems embedded.

127. Specific to Exceeding theme 3, the authorised officer noted:

Centrelink training & management system training, information provided by Gov. Depts is not sufficient evidence for meaningful engagement with community to inform practices. [REDACTED] is a management system rather than informed by community. Aps training, [REDACTED] conducted week before A&R has not shaped practice as yet. [REDACTED] organise conference & communication tools used not sufficient for theme 3. Supports 4.2, 6.1, 6.2.

128. The final rating outcome summary included the same analysis note in relation to Standard 7.1 as documented in the draft report.
129. The rating for Standard 7.1, as documented in the final rating outcome summary, was Meeting NQS.

Standard 7.1: First tier review

130. The provider applied for first tier review, seeking a review of Quality Areas 2 and 7, as noted previously.
131. Specific to Standard 7.1, the provider resubmitted supporting evidence provided with their assessment and rating feedback form.
132. At first tier review, the panel considered evidence gathered at assessment and rating and first tier review.
133. Specific to Standard 7,1 and Exceeding theme 1, the panel provided the following conclusion in the first tier review decision notice:

The panel considered evidence contained within the authorised officer's report. The panel commented that the evidence demonstrates that the service's governance structure provides direction and guidance which support the effective management of the service. However, the panel noted that these practices were more at a higher organisational level and did not demonstrate how these are being driven by the service.

The panel reviewed the information contained with the provider's submission at draft and additional information provided at first tier. The panel acknowledged, the evidence in relation to the range of systems such as, [REDACTED] used by the service to streamline procedures. However, the panel could not determine that the use of these systems contributed to high quality practice in the service.

Additionally, the panel acknowledged the evidence submitted that demonstrates the services' efforts to streamline internal communication systems with the use of Facebook, [REDACTED] but agreed this did not demonstrate educator's deep understanding of the requirements of this standard.

Further, the panel acknowledged the services efforts to support new and returning educators through mandatory training modules and an extensive induction process. However, the panel agreed that ongoing practice into the reflection of roles and responsibilities mostly referenced management staff, rather than roles and responsibilities of all staff across the service.

134. The panel concluded that there was insufficient evidence to support attainment of Exceeding theme 1 for Standard 7.1 and decided to confirm the assessment of this theme as No.
135. Specific to Standard 7.1 and Exceeding theme 3, the panel provided the following conclusion in the first tier review decision notice:

The panel considered the authorised officer's notes and evidence contained within the report. The panel noted some examples of practice informing families of service operation via tours, upon enrolment and information provided in the family handbook. As well as where educators have reflected on how to make the service philosophy more accessible to families which led to displaying service values in each room, and that one parent shared a poem further informing educators' practice in outdoor play. However, the panel agreed that while some engagement with families is occurring, the evidence was limited in demonstrating how holistically, engagement with families and or the community is shaping practice in relation to this standard.

The panel reviewed the information contained in the provider's submission both at draft and first tier. The panel acknowledged the evidence provided demonstrating that families are provided with opportunities to comment on policies, procedures and given consistent information regarding service operation. Further, the panel acknowledged the service's approach to engaging with families via surveys, feedback, and utilisation of systems such as Facebook and [REDACTED]. However, the panel agreed that the evidence provided was insufficient in demonstrating how engagement with families has shaped, enhanced, or influenced practice.

Additionally, the panel considered the services evidence of communication with their families which demonstrate connections with the families and acknowledge family comments. However, the panel agreed that these are more of a social nature rather than meaningful engagement related to shaping practice.

Further, the panel reviewed the approved provider's claim that states, professional discussion held in [REDACTED] with other services within their larger organisation is used to better practice, however there was no evidence provided to support this claim.

136. The panel concluded that there was insufficient evidence to support attainment of Exceeding theme 3 for Standard 7.1 and decided to confirm the assessment of this theme as No.
137. Following first tier review, the rating for Standard 7.1 remained as Meeting NQS.

Standard 7.1: Second tier review

138. At second tier review, the provider sought a review of the ratings for Standard 7.1.
139. The provider made several statements in their second tier review application form specific to Standard 7.1 and Exceeding theme 1, with supporting evidence provided. The provider stated:

A range of systems including [REDACTED] are used to streamline management procedures, as these systems interface with each other,

minimising data transfer and therefore potential errors. These systems provide a seamless experience for families from waitlist through to attendance and fee processing, staff from rostering through to payroll and are embedded in everything we do.

Further evidence is provided to demonstrate how these foster high-quality practices across the service.

Further evidence of educator collaboration shared via embedded [REDACTED], supporting continued high quality teaching practices.

Assessor did not request to see Facebook, [REDACTED] EL showed the Assessor her [REDACTED] briefly, upon her own initiative. There was not a lot of depth in discussion in relation to this standard when addressing these tools. Further evidence is provided.

Panel suggested the evidence only demonstrated reflection on roles and responsibilities of management staff.

However, roles and responsibilities of additional leadership positions provided in Self-Assessment document, Draft Report Feedback, and was relayed to the Assessor.

Extensive induction process ensures that responsibilities are discussed and adjusted according to individual strengths and interests and needs of the service.

140. The provider also made several statements in their second tier review application specific to Standard 7.1 and Exceeding theme 3, with supporting evidence provided. The provider stated:

Evidence not previously expanded on in relation to family and child input into service's recruitment process.

Further evidence provided on family posts which impact on the teaching practices within the room.

Professional discussions held through [REDACTED] has propelled improvements in teaching practice and supported informed decisions made by the NS and EL. Collaborative discussions continue from past exchanges via [REDACTED].

Weight was not given to unique value of the NS and EL attending a number of meetings with their peers in the [REDACTED] network each year. These contribute to professional discussions around programming and practice and feed into management and classroom. Evidence has been provided as to the link between these discussions and practice in previous submissions.

Further evidence as to the depth of discussion provided.

Engagement with the wider community was somewhat impacted due to COVID restrictions and guidelines, and our ability to stay connected should be considered.

Prior to COVID restrictions, meaningful engagement through a family member sparked a connection with a local nursing home which is still strong today.

Change to Booking Policy

When we first opened our service, we had a consecutive days booking policy, primarily to ensure the sustainability of our new and growing business as it allowed us to best align ratios and rostering as we managed our expansion.

After receiving feedback from families who required more flexibility with their child's enrolled days to best suit their work and other commitments, we amended our booking policy and allowed existing families to change their child's enrolled days. This change better aligned with our philosophy to support families through their parenting journey as much as we could.

Relaunch of our new [REDACTED] Email

When surveying families on their induction experience, we found that some of the additional services we offered were not clear to all families, despite being included in our Family Handbook which is sent to all families joining our Centre.

This year we drafted a summary [REDACTED] Email" to send to all new families when they join us to make sure they don't miss any important invitations to apps that we use (such as [REDACTED]) or subscriptions we have paid for (such as [REDACTED])

Conversations about Parenting Challenges led us to Happy Families

We have an open door policy at the Centre which we are very proud of, and we believe it contributes to families' accessibility to the management team. Through very open and honest relationships built over time, and as parents of older children ourselves, we are often on the receiving end of many questions relating to parenting challenges. Due to the need identified, we purchased a premium subscription for all of our families to join [REDACTED]

Our educators also participate in the [REDACTED] webcasts to ensure that they have comprehensive knowledge of strategies that the families might be using at home.

Specific consideration should be made on our incorporation of the [REDACTED] approach in our programming practice.

Embedding meaningful Indigenous perspectives across the service forms part of our philosophy and we aim to build our knowledge in respectful practices, particularly as we have a number of Indigenous children who have joined our service. In doing so we sought permission from [REDACTED] Council to use the [REDACTED] [REDACTED] which has had a profound impact on our programming approach and language.

Encouraged by our new approach, [REDACTED] friends of an enrolled child led a NAIDOC project in the program sharing their art techniques and culture through storytelling and symbols.

Reflecting the needs of the community and feedback relating to families focus on successful transitions to school, our [REDACTED] program develops confidence for both children and families as they prepare for Primary School.

141. As noted previously, the provider submitted an additional statement and supporting evidence at second tier review in response to the panel's deliberations at first tier review.

142. Specific to Standard 7.1 and Exceeding theme 1, the provider referenced the following text from the tier one decision notice:

The panel considered evidence contained within the authorised officer's report. The panel commented that the evidence demonstrates that the service's governance structure provides direction and guidance which support the effective management of the service. However, the panel noted that these practices were more at a higher organisational level and did not demonstrate how these are being driven by the service.

143. In response, the provider stated:

We do not understand what is meant by the statement "the panel noted that these practices were more at a higher organisational level and did not demonstrate how these are being driven by the service" so are unable to respond.

144. Specific to Standard 7.1 and Exceeding theme 1, the provider referenced the following text from the tier one decision notice:

The panel reviewed the information contained with the provider's submission at draft and additional information provided at first tier. The panel acknowledged, the evidence in relation to the range of systems such as, [REDACTED] used by the service to streamline procedures. However, the panel could not determine that the use of these systems contributed to high quality practice in the service.

145. In response, the provider stated:

As noted in the first tier decision notice we use a range of interconnected systems to streamline procedures. These systems also allow us to have access to accurate data at all times, the data is password protected for security and the systems are environmentally sustainable. These systems are embedded in everything we do at the service.

146. Specific to Standard 7.1 and Exceeding theme 1, the provider referenced the following text from the tier one decision notice:

Additionally, the panel acknowledged the evidence submitted that demonstrates the services' efforts to streamline internal communication systems with the use of Facebook, [REDACTED] but agreed this did not demonstrate educator's deep understanding of the requirements of this standard.

147. In response, the provider stated:

Further evidence has been provided and we are confident of our embedded practices relating to leadership and governance.

148. Specific to Standard 7.1 and Exceeding theme 1, the provider referenced the following text from the tier one decision notice:

Further, the panel acknowledged the services efforts to support new and returning educators through mandatory training modules and an extensive induction process.

However, the panel agreed that ongoing practice into the reflection of roles and responsibilities mostly referenced management staff, rather than roles and responsibilities of all staff across the service.

149. In response, the provider stated:

The reflection of roles and responsibilities is embedded in our practice for all staff. All staff are asked about their goals and preferences during the annual performance review. In addition, our open door policy allows staff to easily approach the Approved Providers, Nominated Supervisor and Educational Leader with any ideas, feedback or concerns they have.

Most recently, [REDACTED] has a passion for health and wellness, so a new role was created for her to share this with her colleagues [REDACTED]. The role, like our other Champion roles, has a job description which was developed collaboratively with the educator and signed.

Opportunities for the educator to review role descriptions are provided and evidence of this is attached.

150. Specific to Standard 7.1 and Exceeding theme 3, the provider referenced the following text from the tier one decision notice:

The panel considered the authorised officer's notes and evidence contained within the report. The panel noted some examples of practice informing families of service operation via tours, upon enrolment and information provided in the family handbook. As well as where educators have reflected on how to make the service philosophy more accessible to families which led to displaying service values in each room, and that one parent shared a poem further informing educators practice in outdoor play. However, the panel agreed that while some engagement with families is occurring, the evidence was limited in demonstrating how holistically, engagement with families and or the community is shaping practice in relation to this standard.

The panel reviewed the information contained in the provider's submission both at draft and first tier. The panel acknowledged the evidence provided demonstrating that families are provided with opportunities to comment on policies, procedures and given consistent information regarding service operation. Further, the panel acknowledged the service's approach to engaging with families via surveys, feedback, and utilisation of systems such as Facebook [REDACTED]. However, the panel agreed that the evidence provided was insufficient in demonstrating how engagement with families has shaped, enhanced, or influenced practice.

Additionally, the panel considered the services evidence of communication with their families which demonstrate connections with the families and acknowledge family comments. However, the panel agreed that these are more of a social nature rather than meaningful engagement related to shaping practice.

151. In response, the provider stated:

The very nature of the industry is based on personal connections. In many instances, the connections with the families we have may appear social in nature, but it's these

interactions that allow us to really know the families we are caring for and adapt our practices to best meet their needs. These engagements let us know what is going on for them which allows us to support their children and their family.

For example, whilst having a conversation with a mother recently, she disclosed that she has been [REDACTED]. She asked for advice on speaking to her children about [REDACTED]. From this we sought guidance from [REDACTED] and our Educational Leader found resources from the [REDACTED]. We were able to order these resources for the family and the classroom so that they are equipped to support the child while the family is experiencing this [REDACTED] event.

We have provided additional evidence demonstrating how our meaningful engagement has shaped practice. As this relates strongly with Quality Area 6.1 and 6.2, this Standard 7.1 should be reviewed in conjunction with the evidence previously provided for Quality Area 6.

152. Specific to Standard 7.1 and Exceeding theme 3, the provider referenced the following text from the tier one decision notice:

Further, the panel reviewed the approved provider's claim that states, professional discussion held in [REDACTED] with other services within their larger organisation is used to better practice, however there was no evidence provided to support this claim.

153. In response, the provider stated:

Evidence of conversations in [REDACTED] with other services was provided to support this claim. We have attached it again here.

154. The provider made an additional submission after reviewing material provided by the regulatory authority at second tier review, highlighting their concern about the compliance and assessment and rating process. General comments included in this submission have been documented previously.

155. The provider submitted further evidence after reviewing evidence submitted by the regulatory authority at second tier review. An additional document details the provider's submissions and corresponding evidence.

156. Specific to Standard 7.1 and Exceeding theme 1, the provider commented on the authorised officer's response to their assessment and rating feedback form regarding "inaccurate staff records". They stated:

It has been proven that there was never an inaccuracy in staffing records as there was a printing error with our [REDACTED] system. This was discussed with our Assessing Officer but not taken into consideration.

157. Specific to Standard 7.1 and Exceeding theme 1, the provider commented on the authorised officer's response to their assessment and rating feedback form regarding provider approval not displayed. They stated:

Our foyer is our entrance point to the centre. There are no other access points. The Provider Approval is visible to everyone entering our foyer and there was no 'trick photography' used to appear this way. The Provider Approval has been in this location in

our entrance foyer since we began operating, having spots checks and another Assessment & Rating in that time frame. It has always been easily located by all Authorised Officers who have entered the foyer.

158. The provider also submitted additional evidence for Standard 7.1 specific to Exceeding theme 3, after reviewing evidence submitted by the regulatory authority. This included:
- *Family Surveys and their impact on our practices. (Survey Data relating to 7.1 highlighted).*
 - *Family engagement to inform practice is also noted within a previous attachment showing how a [REDACTED] helped us to shape our Asthma procedures and how we use a video shared by [REDACTED] doctor, at every team meeting to ensure consistent practice.*
 - *Looking at the demographic of families in our community based off the 2016 Census results, from increasing waitlist requests and tours of new families we began planning to increase spaces in our infant rooms to meet the needs of the local community.*
 - *Family and community members are often called upon, to help shape and inform our practices including risk management and policy making.*
 - *Community social issues and their impact on our enrolment processes.*
 - *Compliance history with additional notes.*

Panel considerations

159. In deliberating on whether the service demonstrated Exceeding theme 1 for Standard 7.1, the panel remarked on the numerous systems in place to support the management and operation of the service, as reflected in the evidence provided.
160. The panel discussed whether these systems were actually enabling the effective management and operations of the service in all instances and, potentially, impacting the provider's ability to embed practice specific to this standard at the service.
161. The panel reiterated that embedded practice as it relates to Exceeding theme 1 requires that 'usual' high quality practice is demonstrated consistently and frequently across the service by all educators, regardless of the staffing or situation on a given day. They added that they were unable to locate clear and relevant evidence specific to this standard demonstrating the ongoing and consistent application of these systems in practice.
162. The panel noted the creation of specific roles provided as evidence of embedded practice, for example, the [REDACTED] and [REDACTED]. They noted that while the provider stated these roles emerged from team reflections when developing the service's QIP, they could not identify clear and relevant evidence to support this claim. The panel added that it was unclear from the evidence provided how these roles supported effective decision making and the operation of the service, or how they had emerged from team reflections.
163. The panel noted the provider's commentary that the leadership group, specifically the approved provider, nominated supervisor and educational leader, benefitted from being a

part of a broader [REDACTED] network through the use of [REDACTED]. The panel agreed that such benefits were important and of value. They were, however, unable to find clear and relevant evidence of how all educators were engaged in discussions with leadership on governance processes to support the operation of the service

164. The panel concluded that there was insufficient evidence to determine that Exceeding theme 1 was demonstrated at the required level to be amended to Yes.
165. In deliberating on whether the service demonstrated Exceeding theme 3 for Standard 7.1, the panel commented on several examples of high quality practice shaped by meaningful engagement with families and/or the community specific to the governance of the service.
166. Examples noted by the panel included making changes to the service's enrolment process in response to the growing need of support for vulnerable families, drawing on the expertise of parents to shape asthma management procedures and inform staff induction training, using Census data to inform decisions to create more spaces for younger children in response to community needs, and collaborating with the [REDACTED] of the local council to use the [REDACTED] to inform the service's educational program and practice.
167. The panel commented on the service's efforts to develop and sustain meaningful relationships with families to build confidence and trust, and support collaborative partnerships. They also noted the service's continued efforts to maintain communication and engagement with families during the COVID-19 pandemic using various communication apps. This included keeping families informed of health alerts and changes to policy and procedures during this time.
168. The panel also commented on the service's engagement with the local community, including relationships forged through family feedback and/or connections, for example, their connection with the local nursing home and the local primary school. The panel noted the impact of the COVID-19 pandemic on the service's ability to sustain these connections during this time.
169. The panel concluded that there was sufficient evidence to determine that Exceeding theme 3 was demonstrated at the required level to be amended to Yes.

Panel decision

170. The panel decided, by consensus, to confirm the rating for Standard 7.1 as Meeting NQS.