



Australian Children's
Education & Care
Quality Authority

Children's Health and Safety

An analysis of Quality Area 2 of
the National Quality Standard

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Overview

This occasional paper is the second in a series on the National Quality Framework (NQF). This paper offers detailed insights into education and care quality service ratings for Quality Area 2 of the National Quality Standard (NQS) – Children’s health and safety. Quality Area 2 focuses on supporting and promoting children’s health and safety while attending education and care services.

The NQS rating system

A service’s overall rating is based on the assessment of:

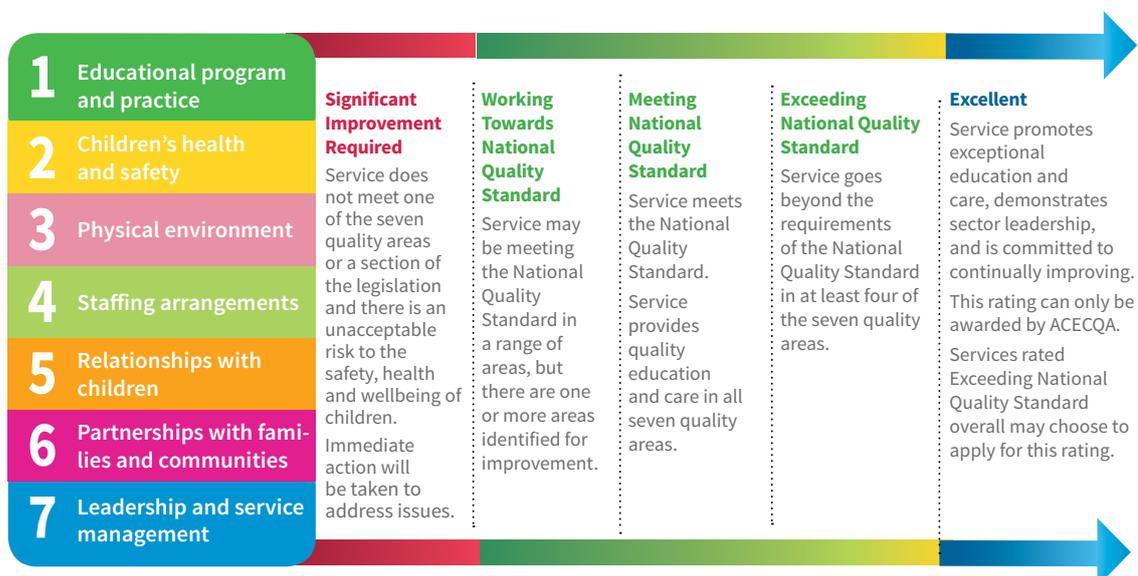
- **58 Elements**, which are assessed as Met or Not Met
- **18 Standards**, which are rated on the four point scale below
- **7 Quality Areas**, which are also rated on the four point scale below.

Standards, Quality Areas and the overall quality rating are assessed on a four point scale (**Figure 1**):

- **Exceeding NQS**
- **Meeting NQS**
- **Working Towards NQS**
- **Significant Improvement Required.**

In addition, a provider with a service that has an overall rating of Exceeding NQS may choose to apply to ACECQA to be assessed for the **Excellent rating**.

Figure 1: The NQS rating system



Quality Area 2 (Children's health and safety)

A primary objective of the NQF is to ensure the health, safety and wellbeing of children attending education and care services. Under the *Education and Care Services National Law* (the National Law), providers of these services have responsibility for ensuring the health, protection, safety and wellbeing of all children. Central to this objective is Quality Area 2 of the NQS, which reflects the principle that children have a right to be protected and kept safe.

Adequately supervising and taking reasonable precautions to protect children from harm and any hazards likely to cause injury are important factors in ensuring children's safety, health and wellbeing. This includes the right of children to experience quality education and care in an environment that promotes their wellbeing and provides for their health and safety. For example, encouraging physical and psychological development by participating in activities and experiences that are challenging, extend thinking and present manageable risks. Australia has committed to protecting and ensuring children's rights by agreeing to undertake the obligations of the United Nations Convention on the Rights of the Child. This includes Article 19 of the convention, which states that children have the right to be protected from being hurt and mistreated, physically or mentally.¹

Fundamental to providing for children's wellbeing is to ensure that routines, activities and experiences support children's individual requirements for health, nutrition, sleep, rest and relaxation. The key factors in Quality Area 2 that promote children's health, safety and wellbeing in services include:

- maintaining adequate supervision of children
- configuring groupings of children to minimise the risk of overcrowding, injury and illness
- monitoring and minimising hazards and safety risks in the environment
- effectively managing illness and injuries
- implementing effective hygiene practices
- providing for individual children's health, sleep, rest and relaxation requirements
- meeting children's nutrition requirements and promoting healthy food choices
- promoting children's physical activity
- encouraging and supporting childhood immunisation
- understanding obligations under state or territory child protection legislation.

¹United Nations (1989), United Nations Convention on the Rights of the Child.

Quality Area 2 comprises three standards:

- Each child's health is promoted (Standard 2.1)
- Healthy eating and physical activity are embedded in the program for children (Standard 2.2)
- Each child is protected (Standard 2.3).

A description of these standards, and the associated elements, is provided in **Table 1**.

The National Law and Education and Care Services National Regulations (the National Regulations) also set out the minimum requirements for the operation of education and care services, including children's health and safety. A full list of these requirements is at **Appendix A**.

This paper begins with a description of the operational requirements of the National Law and National Regulations for children's health and safety. In particular, it looks at the legislated responsibilities of the approved provider, nominated supervisor and family day care (FDC) educator to ensure children's health and safety, and the role of state and territory regulatory authorities in monitoring compliance with these responsibilities.

The paper then examines quality rating results for Quality Area 2, looking at differences across jurisdictions, management types, service sub-types, and socioeconomic and remoteness classifications. Analysis reveals that the least likely of the elements in Quality Area 2, and some of the least likely of all the 58 elements, to be assessed as Met are elements:

- 2.3.3 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- 2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- 2.1.3 Effective hygiene practices are promoted and implemented.

A series of case studies about Quality Area 2 are then provided. These case studies include examples of:

- evidence collected by authorised officers when assessing elements 2.3.3, 2.3.2 and 2.1.3
- jurisdictional information on incidents relating to children's health and safety that have led to compliance and enforcement action.

The paper culminates by examining patterns in the distribution of Quality Area 2 ratings and discusses possible explanations for these variations, as well as implications of the report findings and future directions.

The paper is intended to be of interest to people who deliver education and care services, families, people who provide training and professional development services to the sector, and to officers in the state and territory regulatory authorities who are involved in regulating education and care services.

Unless otherwise stated, the paper draws on data from the National Quality Agenda Information Technology System (NQA ITS) as at 31 March 2016. The NQA ITS is the national IT business system for service providers and regulatory authorities operating under the NQF.

The first paper in this series was on [Quality Area 1: Educational Program and Practice](#).

Background

Each week, some 1.2 million Australian children aged birth to 12 years attend NQF regulated education and care services. They span a range of ages, with 13% (152,615) of all children in Australia under the age of 2 years and 31% (364,462) of all 2 and 3 year olds regularly attending approved education and care services. For children attending long day care (LDC), FDC and vacation care, the average hours of attendance is over 25 hours per week.¹

A fundamental purpose of the NQF is to protect children from harm while they attend these services. Unless each child's basic needs for health, safety and wellbeing are assured they are unlikely to benefit from the longer lasting effects of educational and developmental programs. *The Early Years Learning Framework²* and *Framework for School Aged Care³* note that wellbeing supports learning; that when children feel well, happy, secure and connected to the broader social environment they are able to fully participate in and learn from daily routines, play, interactions and experiences in their early childhood setting.⁴ This aspect of the NQF is also important in assuring families that their child is safe, well and happy while attending an education and care service, through rigorous health and safety requirements and quality standards.

For the first time, the NQF has brought licensing, minimum enforceable standards and quality assessment under a single regulatory model. The NQF is underpinned by the National Law and the National Regulations, including the NQS. Ensuring children's health, safety and wellbeing is the focus of Quality Area 2 of the NQS and is reflected across the National Law through various enforceable minimum standards and the NQF's provider and service approvals system. The National Law and National Regulations prescribe a range of operational requirements for providers of education and care services, as well as approval processes, the assessment and rating system and the enforcement powers of state and territory regulatory authorities.

¹Productivity Commission (2016), Early Childhood Education and Care (Chapter 3), *Report on Government Services*, Melbourne.

²Australian Government Department of Education, Employment and Workplace Relations (2009). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*, DEEWR, Canberra.

³Australian Government Department of Education, Employment and Workplace Relations (2011). *My Time, Our Place: Framework for School Age Care in Australia*, DEEWR, Canberra.

⁴Owens, Angela (2012) *National Quality Standard Professional Learning Program, Health, safety and wellbeing*, NQS PLP e-Newsletter No. 29.

Operational requirements – children's health and safety

Under the National Law, the approved provider and their nominated supervisor share⁵ responsibility for ensuring the health, protection, safety and wellbeing of all children. In exercising their responsibilities under the National Law, these persons must take reasonable care to protect children from foreseeable risk of harm, injury and infection.

There is a range of guidance information, such as the *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations*,⁶ on what regulatory authorities consider when assessing how providers, nominated supervisors and educators are meeting their obligations under the National Law and National Regulations. In relation to children's health and safety, these resources note that:

- The National Law does not require services to eliminate all risk and challenge from children's play or environments. Some risks are acceptable because the benefit to children's learning and experience outweighs the risks. For example, authorised officers may look for evidence that approved providers, nominated supervisors and FDC educators have conducted a risk assessment and weighed the obligation to protect children from harm against the benefit of providing children with a stimulating play environment. Considerations such as the age of the children, their developmental needs and the manner in which they are being supervised may impact what is considered a hazard.
- While the National Law and National Regulations contain minimum requirements to support children's health, safety and wellbeing, they do not prescribe the use of any particular guidelines or standards for child safety. Safety measures, such as undertaking risk assessment and risk benefit analysis, should align with advice from recognised authorities such as [Standards Australia](#) and with local government, state, and territory compliance agencies. Other resources such as [Sids and Kids](#) and [Kidsafe](#) may provide helpful information on how to help keep children safe.

There are two requirements for operating an education and care service in the National Law that are fundamental to ensuring children's health, safety and wellbeing. These are:

- The approved provider, nominated supervisor and FDC educator must ensure all children being educated and cared for by the service are adequately supervised at all times (National Law: section 165)
- The approved provider, nominated supervisor and FDC educator must ensure that every reasonable precaution is taken to protect children from any harm and any hazard likely to

⁵Under the National Law, regulatory coverage varies according to duty holder type, for example liability does not extend to educators in long day care, preschool/kindergarten or outside school hours care services, but does extend to FDC educators in FDC services.

⁶Australian Children's Education and Care Quality Authority (ACECQA) (2014), *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, Sydney.

cause injury (National Law: section 167).

There is a range of guidance information intended to assist approved providers, nominated supervisors and FDC educators develop an understanding of what is required by sections 165 and 167 of the National Law. For example, guidance on what constitutes 'adequate supervision' includes that:

- Educator-to-child ratios alone do not constitute adequate supervision. Adequate supervision means that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation. It requires active involvement with children. It is not the intention of this requirement that educators 'stand back and watch'. Adequate supervision means knowing where children are at all times and monitoring their activities actively and diligently. Effective supervision requires a balance of engagement and observation, and involves educators using a range of skills and strategies such as positioning, peripheral vision, noting changes in the volume and tone of children's voices, and monitoring children's arrival and departure.⁷

In addition, guidance relating to section 167 of the National Law notes that many factors may contribute to a hazard, such as a poor program, inadequate supervision and worn equipment. Approved providers, nominated supervisors and FDC educators should develop, implement and monitor procedures for identifying, mitigating and preventing hazards.

The guidance information also emphasises the importance of considering challenge and risk when assessing children's environments. While children's safety is an important consideration, reducing all risks and challenges from children's play environments can limit the opportunities for learning and development and, most importantly, it can limit opportunities to learn how to take appropriate risks. This concept is discussed in more detail in several National Quality Standard Professional Learning Program (NQS PLP) resources⁸ and in the *Early Years Learning Framework* and the *Framework for School Age Care in Australia*, where it is noted that one way educators can help children to be confident and involved learners (Learning Outcome 4) is to plan learning environments with appropriate levels of challenge where children are encouraged to explore, experiment and take appropriate risks in their learning.^{9,10} A recent article about risk in the ACECQA Newsletter¹¹ highlights the link between the physical environment and risk taking, as described by Standard 3.2 of the NQS, and highlights sector leader views on this issue in more detail.

⁷Professional Support Coordinators Alliance (2012) 'Supervision policies in practice', [PSCA Fact Sheet](#).

⁸See, for example, *Talking about practice: Adventurous play-Developing a culture of risky play*, NQS PLP e-Newsletter No.58 2013; and *An environment for learning*, NQS PLP e-Newsletter No.30 2012.

⁹Australian Government Department of Education, Employment and Workplace Relations (2009). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. DEEWR, Canberra, pp. 35.

¹⁰Australian Government Department of Education, Employment and Workplace Relations (2011). *My Time, Our Place: Framework for School Age Care in Australia*, DEEWR, Canberra, pp. 21

¹¹Australian Children's Education and Care Quality Authority (2016), ACECQA Newsletter Issue 4 2016, *Risk – Testing boundaries*.

When assessing risk and challenge, it is important to make decisions about age and developmentally appropriate risks. For example, what is an appropriate risk for a child in Outside School Hours Care (OSHC) may not be for a child under school age. In determining what is 'adequate' in terms of supervision in OSHC settings it is important to balance the need for close supervision with respect for children's age, capabilities and developing independence. It is also important to recognise the links with section 167 of the National Law, in that providing adequate supervision is a strategy for protecting children from harm and hazard.

The National Regulations set out a range of other responsibilities of approved providers, nominated supervisors and FDC educators for children's health and safety. In particular, Part 4.2 of the National Regulations establishes requirements for services relating to children's health and safety across six areas:

- Health, safety and wellbeing of children
- Policies and procedures relating to incidents, injuries, trauma and illness
- Medical conditions policy and medication procedures
- Administration of medication
- Emergencies and communication
- Collection of children from premises and excursions.

The NQF is designed as a unified system, bringing together minimum enforceable standards and quality rating and accordingly, each of these parts of the National Regulations are relevant to Quality Area 2 of the NQS. For example, element 2.3.2 of the NQS (*every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury*) has a direct correlation with section 167 of the National Law, and element 2.2.1 of the NQS (*healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child*) correlates with the requirements of regulation 78 about food and beverages.

A full list of the responsibilities of the approved provider, nominated supervisor and FDC educator for children's health and safety, including the regulations that apply and the related NQS standards and elements, is at **Appendix A**.

Recent developments – child safe organisations

Requirements for child protection differ across states and territories as they are mandated by different legislation. The Australian Government and a number of state and territory governments have developed resources to assist education and care services to meet their child protection obligations and help them to become child safe organisations.^{12, 13, 14, 15, 16} Child safe approaches include education of paid and unpaid staff about appropriate and acceptable behaviours, and warning signs. The available resources share many common features, such as a focus on:

- leadership, governance and culture
- involving families and the community
- proactively engaging with staff and volunteers
- encouraging empowerment of children
- creating child friendly complaint processes.

¹² Australian Government Department of Social Services (2016) [Guidelines for Building the Capacity of Child-Safe Organisations website](#).

¹³ NSW Office of the Children's Guardian (2016) [Become a Childsafe Organisation website](#).

¹⁴ ACT Community Services Directorate (2016) [Child Safe Organisation website](#).

¹⁵ Victorian Department of Human Services (2016) [Creating Child Safe Organisations website](#).

¹⁶ Western Australia Commission for Children and Young People (2016) [Child Safe Organisations website](#).

■ ■ ■ Monitoring, compliance and enforcement under the National Law

State and territory regulatory authorities are responsible for the day to day administration of the NQF, including monitoring and enforcing compliance with the National Law and National Regulations. Regulatory authorities use a wide range of regulatory activities to influence compliance and further the objectives of the NQF to:

- ensure the safety, health and wellbeing of children
- improve children's educational and developmental outcomes
- promote continuous quality improvement in education and care services.

These regulatory activities include:

- **Quality assessment and rating** – the process of assessing and quality rating a service against the NQS, including conducting a service visit
- **Investigating complaints and incidents** – for example, through unscheduled visits (visiting services without prior notice) or scheduled visits (visiting services with prior notice)
- **Targeted campaigns** – education, monitoring and enforcement directed at a specific compliance issue or trend, or within a particular location or service type
- **Spot checks** – unscheduled visits outside of targeted campaigns and unrelated to specific incidents and complaints
- **Information and guidance** – in common with ACECQA, providing guidance on how to comply with requirements and improve compliance and quality by conducting forums, information sessions, publishing newsletters, factsheets, FAQs, web content, and other communications materials. Referring providers to helpful resources that support professional development, such as coordinators and inclusion support agencies.

Responsive compliance models such as the responsive enforcement pyramid at **Figure 2** show the wide range of methods and tools applied by regulatory authorities to enable appropriate and proportionate responses to non-compliance. Responsive regulation enables the regulator to respond strategically and in accordance with perceived risk. The responsive compliance model is consistent with the principle of earned autonomy and means that regulatory authorities will focus regulatory interventions on service providers that are less likely or able to comply. Tools range from information and guidance activities at the bottom of the pyramid to statutory sanctions and prosecutions at the top of the pyramid.

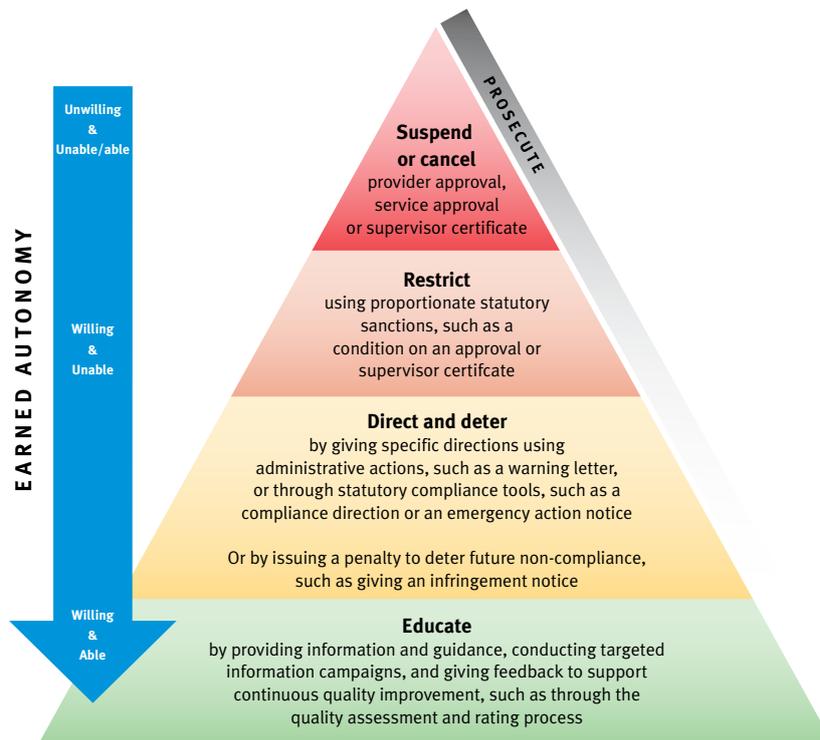
For example, towards the bottom of the pyramid, regulatory authorities will provide guidance and information to assist providers to understand their responsibilities and comply with their regulatory obligations, and to improve the quality of education and care at their services. Towards the top of the pyramid, regulatory authorities may use a range of methods and tools to address non-compliance, ranging from administrative actions such as a warning letter, to statutory sanctions such as a compliance direction or an emergency action notice, through to more stringent measures such as conditions on a service approval or suspension or cancellation of a provider or service approval. The full list of compliance tools available to regulatory authorities under the National Law is at **Appendix B**.

Regulatory authorities take into account the best practice principles of regulation when determining which tools to use. These principles apply to all regulatory work, from education and information giving, to quality rating, investigation and enforcement, and include the following:

- Outcomes focused
- Proportionality and efficiency
- Responsiveness and flexibility
- Transparency and accountability
- Independence
- Communication and engagement
- Mutual responsibility
- Consistency and cooperation across jurisdictions
- Awareness of the broader regulatory environment.

As an example, proportionality involves ensuring that regulatory measures achieve the desired outcome in the most efficient manner. For example, when deciding how to respond to an incident or issue, regulatory authorities will consider the circumstances of each case and the risk to children in both the short and long term. They may also take into account the compliance history of the provider or service.

Figure 2: Responsive enforcement pyramid¹⁷



The next section of the paper focuses on quality rating results for Quality Area 2 according to a range of provider and service characteristics, including jurisdiction, service sub-type, management type, socioeconomic status and remoteness classification.

¹⁷Australian Children's Education and Care Quality Authority (2015), *Operational Policy Manual for Regulatory Authorities*, pp.13.

Children's health and safety (Quality Area 2) – differences according to jurisdiction, service sub-type, management type, socioeconomic status and remoteness classification

Quality Area 2 comprises three standards:

- Each child's health is promoted (Standard 2.1)
- Healthy eating and physical activity are embedded in the program for children (Standard 2.2)
- Each child is protected (Standard 2.3).

A description of these standards and the associated elements is provided in **Table 1**.

Table 1: Quality Area 2 standards and elements

Standard 2.1 Each child's health is promoted	
2.1.1	Each child's health needs are supported
2.1.2	Each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation
2.1.3	Effective hygiene practices are promoted and implemented
2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
Standard 2.2 Healthy eating and physical activity are embedded in the program for children	
2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child
2.2.2	Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child
Standard 2.3 Each child is protected	
2.3.1	Children are adequately supervised at all times
2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
2.3.3	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
2.3.4	Educators, coordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect

Quality Area 2 in context

The NQS comprises seven quality areas.

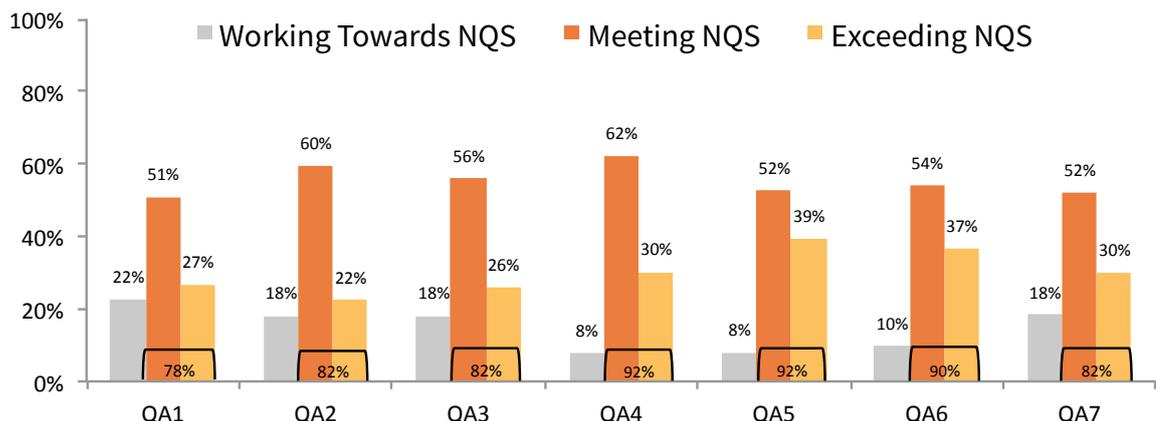
Table 2: NQS Quality Areas

QA1	Educational program and practice
QA2	Children's health and safety
QA3	Physical environment
QA4	Staffing arrangements
QA5	Relationships with children
QA6	Collaborative partnerships with children and families
QA7	Leadership and service management

Figure 3 compares the seven quality areas according to the proportion of services that have been rated as Working Towards, Meeting or Exceeding NQS. Similar analysis was included in an earlier paper produced by ACECQA on [Quality Area 1: Educational Program and Practice](#). It shows that 82% of services were rated as Meeting (60%) or Exceeding (22%) the NQS in Quality Area 2. This is comparable to the results for Quality Area 1, Quality Area 3 (*Physical environment*) and Quality Area 7 (*Leadership and service management*), but markedly lower than the results for Quality Area 4 (*Staffing arrangements*), Quality Area 5 (*Relationships with children*) and Quality Area 6 (*Collaborative partnerships with children and families*).

Of all seven quality areas, Quality Area 2 has the lowest proportion of services rated as Exceeding NQS. This may in part reflect that the focus of Quality Area 2 can be more upon achieving minimum standards.

Figure 3: Percentage of quality rated services at each quality area rating level



Quality Area 2 and jurisdictions

Figure 4 compares how services in each jurisdiction have been rated against Quality Area 2. Victoria had the highest proportion (90%) and the Northern Territory the lowest proportion (43%) of services rated as Meeting or Exceeding NQS in Quality Area 2. Significance testing at the 95% confidence level showed that:

- services in Victoria and Queensland were significantly more likely than services in other jurisdictions to be quality rated as Meeting or Exceeding NQS in Quality Area 2
- services in the Northern Territory, New South Wales and the Australian Capital Territory were significantly less likely than services in other jurisdictions to be quality rated as Meeting or Exceeding NQS in Quality Area 2.

A service's ability to support and promote children's health and safety may be influenced by contextual factors such as the:

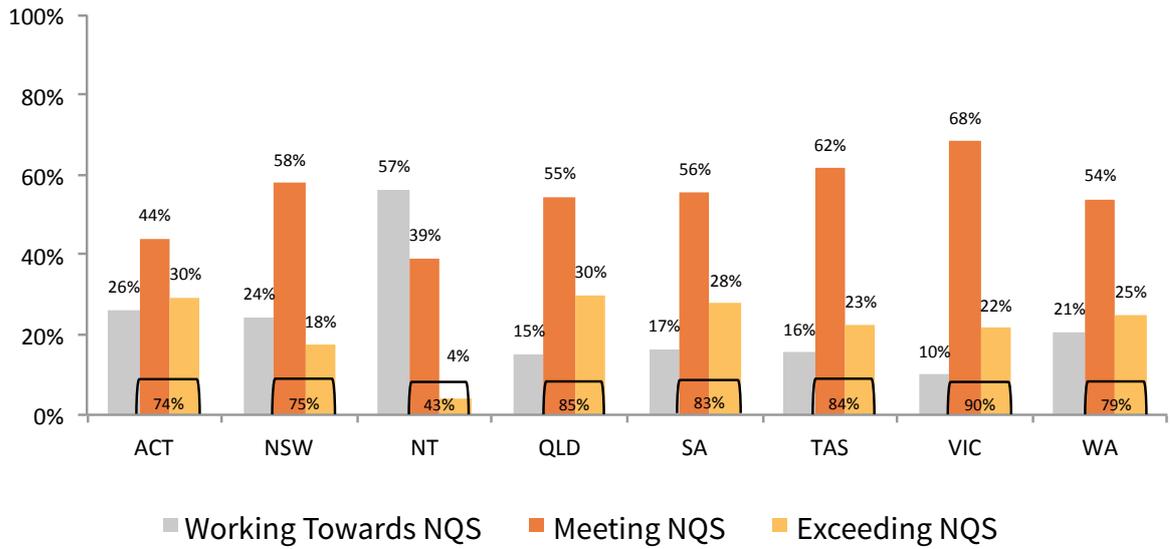
- age of children being educated and cared for
- hours of operation of the service
- operating contexts associated with different service types
- physical environment settings of the service, for example using shared spaces in OSHC services.

These factors, along with differences in the profile of service, provider types and the share of services that have been quality rated in each jurisdiction, may explain variation in quality rating results across jurisdictions.

For a more detailed examination of how these factors contribute to different patterns of quality rating, refer to **Appendix C**.



Figure 4: Percentage of quality rated services at each Quality Area 2 rating level by jurisdiction



Quality Area 2 and service sub-type

Under the NQF, service providers are granted approval from regulatory authorities to operate either a centre-based or FDC service. Although providers are not obliged to define the type of service any further, when applying for service approval, providers of centre-based services are asked to indicate the specific nature of education and care their service provides by selecting from a range of options. These services are counted in **Figure 5** using an ordered method:¹⁸

- long day care (LDC)
- preschool/kindergarten (stand alone or part of school)
- outside school hours care (before school care, after school care or vacation care) (OSHC).

Some services offer a combination of services or 'multiple programs' from the one venue (typically LDC offering another service such as OSHC).¹⁹ Services may also vary their service mix to suit the needs of families without indicating this to regulatory authorities.

Figure 5 compares how services in each service sub-type have been rated against Quality Area 2. Preschools/kindergartens had the highest proportion of services rated as Meeting or Exceeding NQS in Quality Area 2 (93%), while FDC services had the lowest proportion (70%).

Significance testing at the 95% level showed that preschools/kindergartens were significantly more likely than other service sub-types to be quality rated as Meeting or Exceeding NQS in Quality Area 2.

While this finding reflects the trends apparent for different service sub-types in overall quality rating results, it may also reflect the different model of service delivery in preschools/kindergartens compared to other service types. For example, children at preschool/kindergarten services are generally older and in attendance for a shorter time than children at a LDC service. These factors may influence a service's ability to implement and maintain a safe and healthy environment for children.

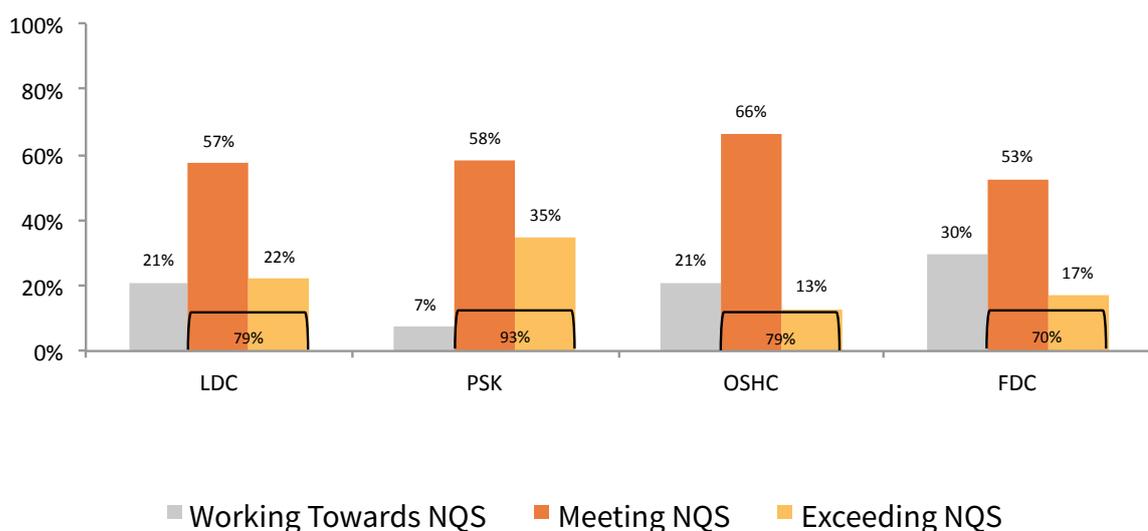
To better understand this finding, further analysis was conducted of services rated Working Towards NQS or Significant Improvement Required by service sub-type to see what factors may be driving this result below the overall quality area level. Of those services rated Working Towards NQS or Significant Improvement Required, the analysis reveals:

¹⁸The counting method applies a hierarchy to order services that offer more than one service type to enable a totalling of service sub types to add up to 100 %. That is; services which provide FDC in addition to any other service type are classified as FDC services; services which provide LDC in addition to Preschool/Kindergarten or OSHC services are classified as LDC services; services which provide Preschool/Kindergarten services as well as OSHC services are classified as Preschool/Kindergarten services; services which provide OSHC services only are classified as OSHC services.

¹⁹NQA ITS data collected on service sub-types is self-reported by providers when applying for service approval. Providers may choose multiple service sub-types when self-reporting. Reporting on service sub-types is not mandatory and therefore, may not be current.

- preschools/kindergartens have a higher proportion of services meeting element 2.2.1 (*healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child*) than other service sub-types. It's important to note that preschools/kindergartens often do not provide meals²⁰ and, as a consequence, are only required to meet the first part of this element
- preschools/kindergartens and OSHC services have a higher proportion of services meeting element 2.1.3 (*effective hygiene practices are promoted and implemented*) and element 2.2.2 (*physical activity is promoted through planned and spontaneous experiences and is appropriate for each child*) than other service sub-types
- LDC services have a lower proportion of services meeting element 2.1.2 (*each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation*) than other service sub-types
- FDC services have a much lower proportion of services meeting element 2.3.2 (*every reasonable precaution is taken to protect children from harm and hazard likely to cause injury*) than other service sub-types. This result may be influenced by the different operating environment in FDC services, which are provided in a home-based setting.

Figure 5: Percentage of quality rated services at each Quality Area 2 rating level by service sub type



²⁰ Preschool/kindergartens do provide drinks that are required to be nutritious, and in some instances, fruit platters might be provided by the service or parents for morning tea.

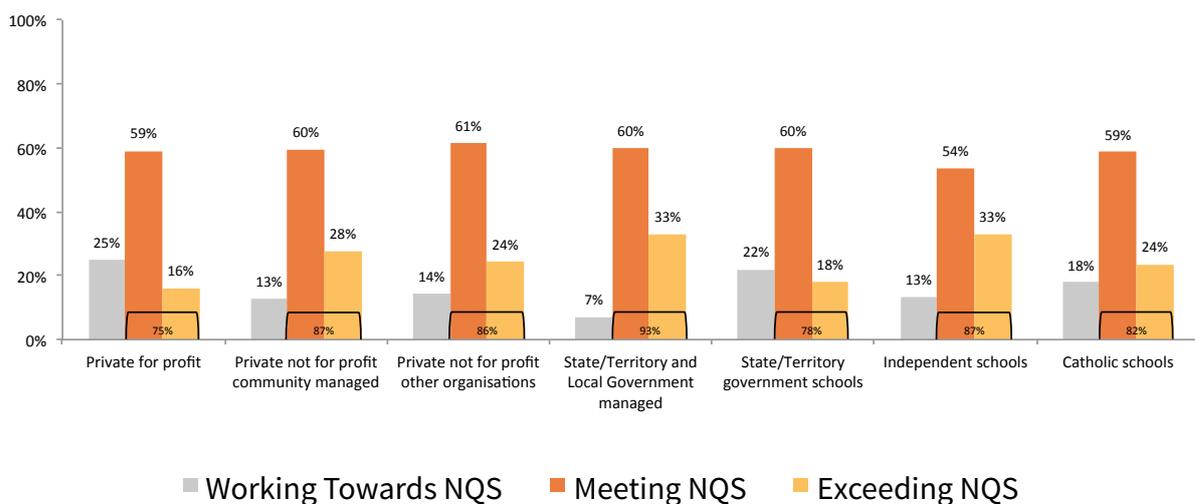
Quality Area 2 and provider management type

Education and care providers can be classified according to the eight different provider management types as defined in the Australian Bureau of Statistics National Early Childhood Education and Care Collection Data Collection Guidelines.²¹

Figure 6 compares how services in each provider management type have been rated against Quality Area 2. Significance testing at the 95% level showed that 'State/Territory and Local Government managed' (93%), 'Private not for profit community managed' (87%), 'Private not for profit other organisations' (86%) and 'Independent schools' (87%) were more likely than other provider management types to be quality rated as Meeting or Exceeding NQS in Quality Area 2, while 'Private for profit' (75%) and 'State/Territory government schools' (78%) were significantly less likely.

This finding may be partly attributable to the type of service operated by these providers. For example, half of all 'State/Territory and Local Government managed' services are preschools/ kindergartens, which, as mentioned above, were significantly more likely than other service sub-types to be quality rated as Meeting or Exceeding NQS in Quality Area 2. In contrast, preschools/ kindergartens make up only 1% of 'Private for profit' services.

Figure 6: Percentage of quality rated services at each Quality Area 2 rating level by provider management type



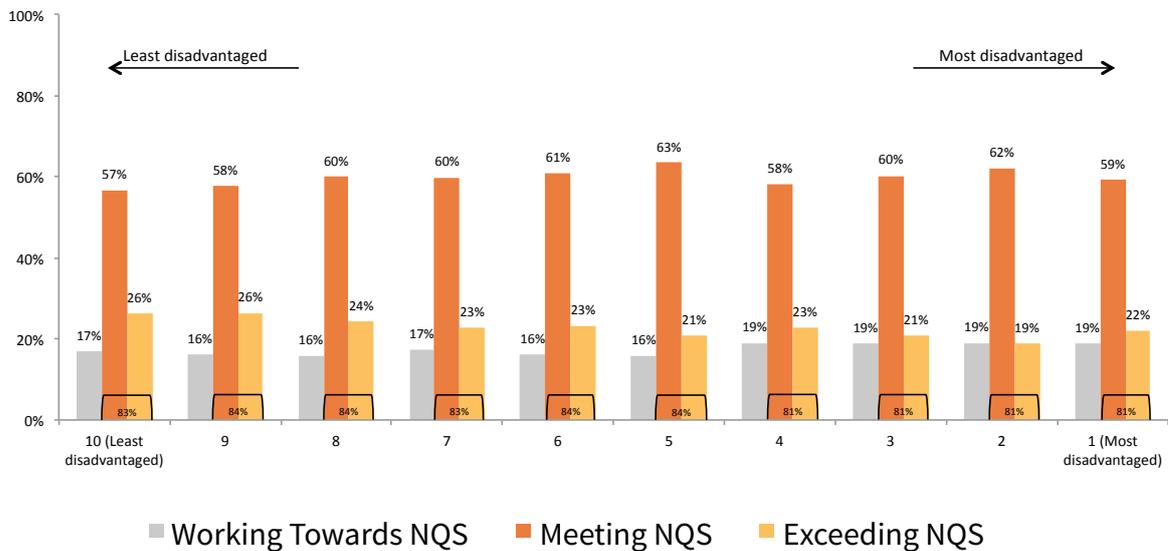
²¹ Providers are asked to specify their 'Provider Management Type' (or 'Sector Classification') as part of their application for provider approval following the ABS' (2014) National Early Childhood Education and Care Collection Data Collection Guidelines.

Quality Area 2 and SEIFA ranking

The Socioeconomic Index for Areas (SEIFA Index of Relative Disadvantage) is a tool that draws on census data to score socioeconomic advantage and disadvantage in localities across Australia. SEIFA deciles classify these scores into 10 equally sized groups, from 1 (most disadvantaged) to 10 (least disadvantaged).²²

Figure 7 compares the distribution of Quality Area 2 ratings according to the SEIFA decile. It shows minimal variation with more than 80% of services in all communities receiving a rating of Meeting or Exceeding NQS in Quality Area 2.

Figure 7: Percentage of quality rated centre based services²³ at each Quality Area 2 rating level by SEIFA decile



²² Census data that contribute to the SEIFA index include household income, employment status, occupation, community or non community housing, and other indicators of advantage and disadvantage.

²³ FDC services are excluded from the SEIFA and ARIA+ classifications because their approval is not specific to one location.

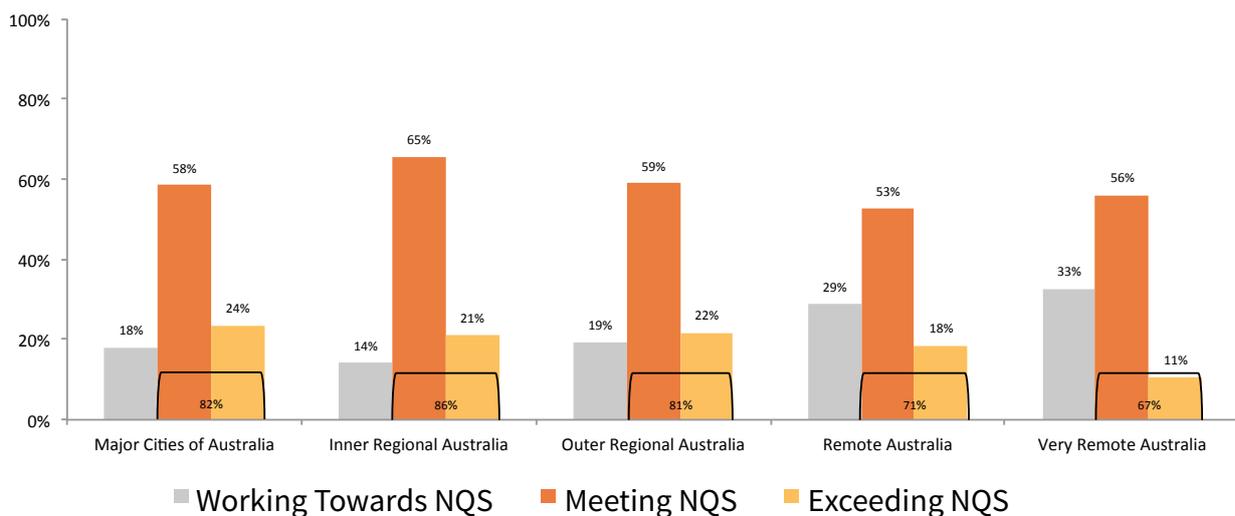
Quality Area 2 and remoteness

Figure 8 presents the distribution of Quality Area 2 ratings according to the Accessibility/ Remoteness Index of Australia (ARIA+).²⁴ The figure shows that 86% of services in 'Inner Regional Australia' were rated as Meeting or Exceeding NQS in Quality Area 2, compared to only 67% of services in 'Very Remote Australia'.

Significance testing at the 95% level showed that services in 'Very Remote Australia' and 'Remote Australia' were less likely to be rated as Meeting or Exceeding NQS in Quality Area 2 compared to services in all other areas.

This finding suggests that services in remote areas could be better supported to understand and comply with the requirements for children's health and safety.

Figure 8: Percentage of quality rated centre based services²⁵ at each Quality Area 2 rating level by remoteness classification



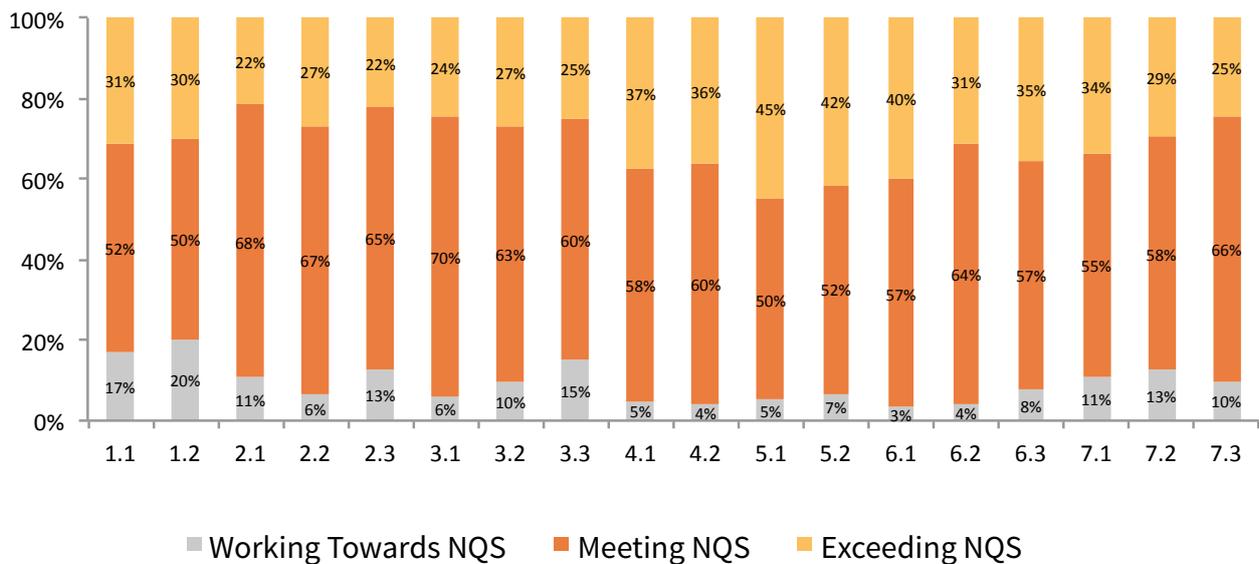
²⁴ The Australian Bureau of Statistics (ABS) Remoteness Structure uses the Accessibility/Remoteness Index of Australia (ARIA) to develop a standard classification and index of remoteness, based on road distances between populated localities and general Service Centres (not Early Childhood Education and Care services). The index can be used in policy development, implementation and evaluation to assist in targeting of programs to the various regions of Australia.

²⁵ FDC services are excluded from the SEIFA and ARIA+ classifications because their approval is not specific to one location.

Quality Area 2 - Standards

Figure 9 shows that standards 2.3 and 2.1 are among the most challenging for services to meet. As can be seen, 87% of services were rated as Meeting or Exceeding NQS for Standard 2.3 and 89% were rated as Meeting or Exceeding NQS for Standard 2.1.

Figure 9: Percentage of quality rated services at each standard rating level



Quality Area 2 - Elements

As can be seen in **Table 1**, Standard 2.1 comprises four elements, Standard 2.2 comprises two elements and Standard 2.3 comprises four elements. All elements must be assessed as Met for a service to be rated as Meeting NQS or Exceeding NQS in that standard. In turn, at least two of the three standards must be rated as Exceeding NQS for the service to receive an overall rating of Exceeding NQS in Quality Area 2.

Further insight into the standards that services are more or less likely to meet is provided by examining how the elements that underpin the standards are assessed.

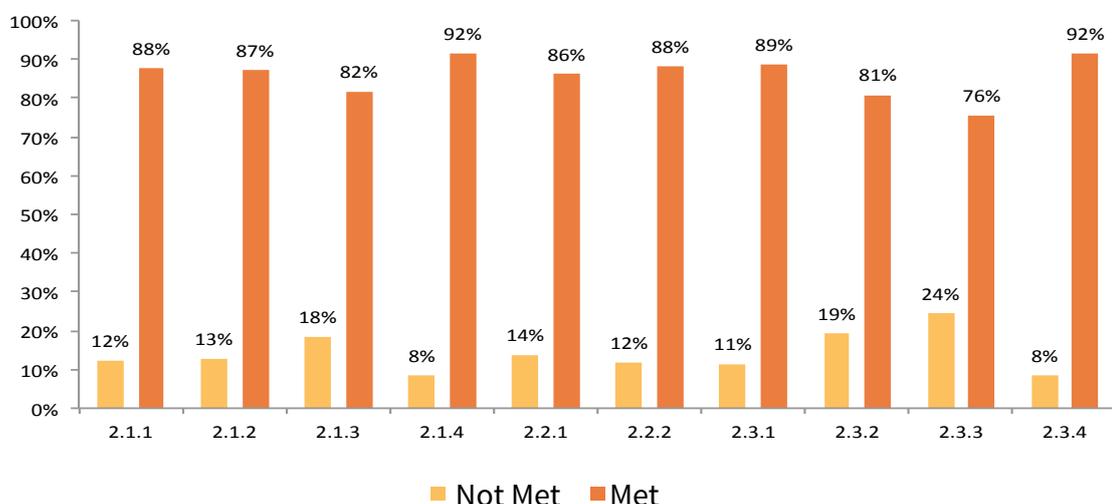
As can be seen in **Figure 10**, the elements most likely to be assessed as Met are:

- **Element 2.1.4:** Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines (92%)
- **Element 2.3.4:** Educators, coordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect (92%).

Figure 10 also shows that the least likely of the elements to be assessed as Met are:

- **Element 2.3.3:** Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented (76%)
- **Element 2.3.2:** Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury (81%)
- **Element 2.1.3:** Effective hygiene practices are promoted and implemented (82%).

Figure 10: Percentage of Quality Area 2 elements assessed as Not Met or Met for services rated Working Towards NQS or Significant Improvement Required²⁶



²⁶Only services receiving an overall quality rating of Significant Improvement Required or Working Towards NQS are counted in these figures as services with an overall quality rating of Meeting NQS, Exceeding NQS or Excellent must have all elements assessed as Met.

Case studies

Given the requirement for services to meet all the elements of Quality Area 2 to be rated as Meeting NQS for this Quality Area as a whole, it is useful to explore why some services are falling short and others are meeting the elements. It is particularly pertinent to examine elements 2.3.3, 2.3.2 and 2.1.3 as these are the elements that services are least likely to meet.

The next section of the paper provides case studies relating to Quality Area 2. There are two types of case studies provided:

- **Examples of evidence collected by authorised officers when assessing elements 2.3.3, 2.3.2 and 2.1.3** – discusses elements 2.3.3, 2.3.2 and 2.1.3 in terms of their contribution to quality education and care and what evidence authorised officers look for when assessing the elements. It draws on accounts from authorised officers' assessment visits to highlight both practice that does not meet the NQS and higher quality practice for these elements.
- **Jurisdictional information on compliance and enforcement actions** – provides jurisdictional information on compliance and enforcement actions, including examples of incidents relating to children's health and safety that have led to enforcement actions, and the associated outcomes and steps taken.

■ ■ ■ Examples of evidence collected by authorised officers

The reports from authorised officers highlight why some services have been assessed as having Met elements 2.3.3, 2.3.2 and 2.1.3, while others have Not Met these elements. The examples and excerpts on the following pages represent a cross-section of jurisdictions and sub-service types.

The case studies overleaf are only examples of evidence collected by the authorised officer when assessing services against these elements. They are not a 'checklist' of standard practice which should be applied at all services. The examples are listed under the following headings:

- **Observation** – the authorised officer observes what children, families, educators, coordinators and staff members are doing (for example, carrying out safety procedures, safe storage of hazardous material, application of sunscreen before going outdoors, promoting safe play).
- **Discussion** – the authorised officer and approved provider, nominated supervisor, educators, coordinators, FDC educators or staff members engage in a discussion about why and how particular practices occur at the service.
- **Documentation** – the authorised officer refers to documentation provided as evidence to support particular practices at the service (for example, indoor and outdoor safety checklists, excursion policy and risk assessments).

Element 2.3.3

Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

Rationale

Planning to manage incidents and emergencies assists services to protect children and adults, by maintaining children's wellbeing and a safe environment that meets the requirements of relevant work health and safety legislation. Having a clear plan for the management of emergency situations assists educators to handle these calmly and effectively, reducing the risk of further harm or damage. Services consult with relevant authorities, such as the regulatory authority or fire and rescue service in their jurisdiction, to ensure that their emergency management plans comply with regulations.

As described in the *Early Years Learning Framework*²⁷ and *Framework for School Aged Care*,²⁸ children's wellbeing can be affected by all of their experiences within and outside the setting, and it is therefore essential that educators and coordinators attend to children's wellbeing by providing warm, trusting relationships and predictable and safe learning environments.

Educators can discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.

When visiting a service, authorised officers may look for:

- emergency procedures being displayed prominently
- educators having ready access to a working telephone or other similar means of communication
- emergency telephone numbers being displayed
- educators and coordinators having ready access to emergency equipment, such as fire extinguishers and fire blankets, and knowing how to use them.

²⁷ Australian Government Department of Education, Employment and Workplace Relations (2009). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. DEEWR, Canberra, pp. 30.

²⁸ Australian Government Department of Education, Employment and Workplace Relations (2011). *My Time, Our Place: Framework for School Age Care in Australia*. DEEWR, Canberra, pp. 29.

Authorised officers may also seek information on:

- how the service communicates information to families about the service's emergency procedures and plans to manage incidents
- how the service ensures that educators, coordinators, FDC educator assistants and staff members (including relief educators) are informed about and understand the service's emergency procedures and plans
- how the service discusses and practises emergency drills with children
- the provision of training for educators, coordinators, FDC educator assistants and staff members in the use of emergency equipment.

Authorised officers may also wish to sight:

- procedures for managing incidents and emergencies, and providing a child-safe environment
- records of children's attendance on the day of their visit
- records of emergency drills and evaluations of these drills
- a current, portable record of children's emergency contacts that can be carried by educators in case of emergencies and/or evacuations
- written emergency and evacuation procedures that include instructions for what must be done in the event of an emergency and an emergency evacuation floor plan (for example, a plan for a bushfire in a bushfire-prone area)
- written plans to manage an emergency that may be likely to affect individuals at the service (for example, the management of an asthma attack, anaphylactic reaction or epileptic fit)
- written communication with families about the service's emergency procedures and plans to manage incidents
- evidence that emergency equipment is tested as recommended by recognised authorities.

Services meeting element 2.3.3

Observation

At an FDC service, the authorised officer observed *ready access to telephone and fire blankets*.

At a preschool/kindergarten service, the authorised officer observed that the *emergency and evacuation floor plans and instructions were prominently displayed near each exit at the education and care service premises*.

At an FDC service, the authorised officer observed that *emergency evacuation backpacks in each room contained staff and children's contact details, children's medications, risk minimisation and medical management plans including a list of children's dietary, allergy and medical condition needs*.

Discussion

At a preschool/kindergarten service, the educator described the service's participation in a workshop conducted by officers from the fire brigade. Educators were shown how to operate the fire extinguishers, and the officers provided advice about the placement of furniture in the playrooms and hanging of art/craft displays from the ceiling.

At an OSHC service, the educator explained to the authorised officer that the service has conducted four emergency evacuation practices within the last 12 months. The educator also explained that the service has a process for quickly getting children to congregate at a meeting point, by using a whistle or code word that children understand to mean they must assemble immediately.

Documentation

At an OSHC service, the authorised officer noted that emergency evacuation and lock down plans and procedures were prominently displayed at each exit and in the kitchen with a site plan.

At an FDC service, the authorised officer sighted emergency and evacuation plans at all educators' premises, and that the diagrams displayed the location of exits from the premises and meeting points.

At an OSHC service, the authorised officer observed that emergency evacuation drills are held regularly and discussed with children prior to practices occurring. In addition, the authorised officer observed *a fire blanket and extinguishers located in the kitchen*.

Services not meeting element 2.3.3

Observation

At an LDC service, the authorised officer observed that *educators did not have ready access to the fire extinguisher as there was a table in front of it at the time of the visit.*

Discussion

At an LDC service, the authorised officer learned through discussion with the educator that evacuation plans were not developed in consultation with relevant authorities. Furthermore, discussions with the approved provider and nominated supervisor identified that *evacuation plans had not been updated in line with the new legislation or in consultation with relevant authorities.*

Documentation

At an LDC service, the authorised officer found inconsistent evacuation procedure documentation. For example, *an evacuation floor plan was on display in the foyer but there was no evacuation procedure. A different procedure was on display in the birth to 2 year age group room with no evacuation floor plan.*

At an OSHC service, the authorised officer noted that *emergency evacuation plans did not show where the emergency exits were.*

At an LDC service, the authorised officer noted that *there was no evidence that emergency management plans are developed in consultation with relevant authorities.* Furthermore, there was a *five month gap between evacuation drills which was not consistent with the service's policy which stated emergency drills would be carried out at least every three months.*

At an FDC service, the authorised officer noted that *at the time of the visit a risk assessment for outdoor play was not observed and a copy was not included in the service's policy. Therefore potential emergencies which may be relevant to the service cannot be determined.* Furthermore, the authorised officer could not establish whether emergency and evacuation procedures had been practised every three months.

Element 2.3.2

Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Rationale

The focus of element 2.3.2 is on the right of children to be protected from possible or potential hazards and dangers posed by products, plants, objects, animals and people in the immediate and wider environment.

Reasonable precautions to protect children from harm and any hazards likely to cause injury are relevant to every aspect of the operation of the service, not just health and safety requirements. The service must have policies and procedures in place to support the protection of children from harm and hazards, including health and safety matters.

When visiting a service, authorised officers may observe:

- the consistent implementation of safety checks and the maintenance of buildings
- the consistent implementation of the service's policy and procedures regarding the use and storage of dangerous products
- the removal of identified hazards and immediately securing the area to prevent children from accessing the hazard
- the supervision of every person who enters and leaves the service premises in areas where children are present
- educators and coordinators talking with children about safety issues and correct use of equipment and the environment and, where appropriate, involving children in setting safety rules
- educators and coordinators discussing sun safety with children and implementing appropriate measures to protect children from overexposure to ultraviolet radiation
- safe sleep practices being implemented and ensuring that cots, other bedding equipment and accessories meet Australian Standards.

They may discuss:

- how daily safety checks of buildings, equipment and the general environment are conducted and what action is taken as a result of the checks
- the service's approach to sun protection
- how safety is maintained when children are involved in food preparation/cooking activities
- how the service ensures that children are not left alone with visitors to the FDC residence or venue.

Authorised officers may also seek:

- written procedures for conducting safety checks and identifying and undertaking the maintenance of buildings and equipment
- completed safety checks of buildings, equipment and the general environment
- the service's policy and procedures on excursions that include evidence of a written risk assessment undertaken prior to conducting an excursion
- evidence of detailed information contained in a risk assessment for excursions, including the destination, mode of transport, educator-to-child ratios and the number of adults in attendance, as well as written authorisation for children to be taken outside the service premises, including for excursions or routine outings (except during emergency situations)
- the service's policy and procedures on sun protection and evidence that information about the service's approach to sun protection is shared with families
- evidence that information about the service's approach to safe sleep is documented and shared with families.

Services meeting element 2.3.2

Observation

At an FDC service, the authorised officer observed *child proof locks, power point protection plugs, storage of chemicals making them inaccessible to children, and curtain cords hung out of reach of children* that contributed to a safe environment for children. Furthermore, educators transporting children were observed to follow policies and procedures of the service that ensure *suitable car seats and restraints are fitted in accordance with Australian Standards*.

At a preschool/kindergarten service, the authorised officer observed educators following the policies and procedures that were in place. For example, *children were reminded to wear hats outside. Classrooms and play areas were tidily maintained and free from hazard*. The officer also observed, when moving between the preschool building and the school library, *children held hands and walked with a partner. Children were familiar with this routine*. The authorised officer also observed that all chemicals and dangerous goods were locked in child proof cupboards and labelled with warning signs.

At an LDC service, the authorised officer observed that *every child had sunscreen applied before going outdoors and at least twice per day and were familiar with this routine*.

Discussion

At a preschool/kindergarten service, the educator described the excursion policy to the authorised officer. *The excursion to the Wildlife Park involved conducting a risk assessment and seeking permission from parents. The service also takes a trolley bag on all excursions consisting of first aid, spare clothes, any required medication, attendance records, emergency contacts and a mobile phone*.

At an OSHC service, the authorised officer learned through discussion with educators that each day they are *required to complete a safety check of the service both indoors and outdoors, document the results, and report any hazards to the Director*. The educators also mentioned that *health and safety topics are discussed during educators' meetings to ensure issues are being addressed in a timely manner and reported through their online hazard identification and risk assessment checklist*.

At an LDC service, the cook explained to the authorised officer the process used to ensure that the dietary requirements of the children were met at all times, specifically in relation to children who were not to be given certain foods due to allergies or cultural reasons.



Documentation

At a preschool/kindergarten service, the authorised officer reviewed indoor and outdoor safety checklists which were completed daily. The service also had *a collection permission book* detailing the parents and guardians who were permitted to collect each child from the service. This collection permission book was placed *on a table at the entrance to the service to be completed by families so that staff are aware of any changes.*

At an LDC service, the authorised officer noted that the service had *implemented risk minimisation plans for children enrolled at the service who had a specific health care need, allergy or relevant medical condition. The action plans were displayed in the kitchen as well as the children's rooms and the information required under the regulations was stored in the relevant enrolment records.* In addition, *hazards were documented in a maintenance book and regular safety audits were carried out and recorded.*

At an FDC service, the authorised officer noted that *educators used a checklist to identify safety issues and to record matters that needed to be rectified.* Risk assessments were completed for all excursions and educators followed the provider's policy and procedures which complied with the National Law. Furthermore, *all visitors to the homes were required to sign in and out.*

At an OSHC service, the authorised officer noted that *posters promoting sun smart practices, first aid procedures, and asthma and anaphylaxis management and emergency/lockdown procedures and practices were displayed throughout the service.*

Services not meeting element 2.3.2

Observation

At an OSHC service, the cupboard used for storing hazardous material was not locked during the assessment and rating visit which meant that *children potentially had access to hazardous material.*

At an FDC service, the authorised officer observed that a number of fences were in a state of disrepair and were hazardous to children. For example, *at one residence parts of the fence were missing palings, with some sheets of corrugated iron nailed over the top. The corrugated iron did not cover all areas that were exposed and had very sharp edging.* The officer also noticed that the educator left adult sized scissors on the outside table accessible to children. *A young child held the scissors by one handle and banged the sharp edge on the table near another child's hands.* The educator did not respond immediately when informed of the issue by the officer, instead finishing what they were doing before removing the scissors from the child.

At an LDC service, the authorised officer observed that educators did not talk to children about the risks of touching power switches when it occurred. The authorised officer also found an unlabelled chemical spray bottle under the sink in the children's bathroom. In addition, *the birth to 2 age group cot room was located out of sight and sound of educators, there was no electronic baby monitor to alert educators of waking or distressed children and educators did not maintain regular checking of the cot room.*

Discussion

At an OSHC service, the authorised officer explained to the nominated supervisor that according to the roster a sole educator worked the closing shift and did not hold a first aid qualification. The nominated supervisor stated that the Branch Manager or Branch Administration Officer was on site, however documentation could not be provided to confirm this.

At a preschool/kindergarten service, the authorised officer discovered through discussions with educators at the service that some *were unaware of the severity of a child's allergy to eggs and did not communicate with one another regarding the child's anaphylactic reaction.*

At an LDC service, the authorised officer explained to the educator that the *risk assessments and permission notes for excursions did not reflect required regulatory information.* The approved provider has recently revised procedures to ensure future risk assessments contain the appropriate information.



Documentation

At an LDC service, the authorised officer noted that the service's policies on excursions did not include undertaking a risk assessment prior to the excursion.

At an OSHC service, the authorised officer noted no evidence that parents had authorised their child to leave the premises to participate in a *trick or treat* excursion. There was also no evidence that a risk assessment had been completed for this excursion.

At an FDC service, the authorised officer noted that the risk assessment *did not demonstrate evidence that the proposed route of the excursion, the proposed activities, the transport to and from the proposed destination for the excursion and the number of adults and children involved in the excursion had been considered.*

Element 2.1.3

Effective hygiene practices are promoted and implemented.

Rationale

The focus of element 2.1.3 is that effective hygiene practices are promoted and implemented, which is essential in preventing the spread of infectious diseases and ensuring good health. Effective hygiene practices assist significantly in reducing the likelihood of children becoming ill due to cross infection or as a result of exposure to materials, surfaces, body fluids or other substances that may cause infection or illness.

As described in the *Early Years Learning Framework*²⁹ and *Framework for School Age Care*,³⁰ educators facilitate effective hygiene practices in their settings by engaging children in *experiences, conversations and routines that promote healthy lifestyles and good nutrition*. This includes promoting the *continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community*.

When visiting a service, authorised officers may observe:

- hygiene practices that reflect best practice and advice from relevant health authorities
- safe and hygienic storage, handling, preparation and serving of all food and drinks consumed by children, including foods brought from home
- educators and coordinators implementing the service's health and hygiene policy and procedures consistently
- educators and coordinators actively supporting children to learn hygiene practices (including hand washing, coughing, dental hygiene and ear care)
- clean toileting and nappy-changing facilities
- educators, coordinators and children implementing appropriate hygiene practices for hand washing, toileting, nappy changing and cleaning of equipment
- fresh linen and sheeting for each child using cots or mattresses.

²⁹ Australian Government Department of Education, Employment and Workplace Relations (2009). *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. DEEWR, Canberra, pp. 32.

³⁰ Australian Government Department of Education, Employment and Workplace Relations (2011). *My Time, Our Place: Framework for School Age Care in Australia*. DEEWR, Canberra, pp. 31.

They may discuss:

- how the service accesses information on current hygiene practices
- how service cleanliness is consistently maintained
- the maintenance of a regular regime of washing children's toys and equipment.

Authorised officers may also seek:

- health and hygiene policy and procedures
- written procedures and schedules for maintaining a regular regime of washing children's toys and equipment
- evidence that families are provided with information and support that helps them to follow the service's hygiene procedures
- nappy-changing and toileting procedures displayed in toilet and nappy-changing areas
- information about correct hand-washing procedures displayed in relevant areas of the service such as bathrooms, nappy change areas and food preparation areas.

Services meeting element 2.1.3

Observation

At a preschool/kindergarten service, the authorised officer observed that *hygiene practices were consistently promoted and children were familiar with the procedures*. Educators were seen consistently washing their hands at appropriate times and reminding children to wash their hands after going to the toilet. The bathroom was also observed to be clean and maintained hygienically throughout the assessment visit.

At an FDC service, the authorised officer observed *effective nappy change procedures and thorough hand washing by educators and children*. For example, when one educator said it was afternoon tea time, one girl jumped up and said *we have to wash our hands*. The authorised officer also observed *wipes for hands at a paint table encouraged children to clean the paint from their hands before moving on to another activity*.

At an LDC service, the authorised officer observed *educators in one room using tongs when serving food*. Meanwhile, *educators in another room wore gloves when serving food, and babies' hands and faces were cleaned with baby wipes after meals*.

At an OSHC service, the authorised officer observed educators cleaning the tables prior to and after meal times. They also saw *food being prepared and served by educators wearing gloves which was stored hygienically in individual air tight containers in the refrigerator or pantry*.

Discussion

At a preschool/kindergarten service, the educator informed the authorised officer that the service *employs a cleaner who performs general cleaning duties including a thorough toilet clean at the end of each day*.

At an LDC service, the educator informed the authorised officer that the service has received a *five star excellent rating following a food hygiene assessment* in their city. The educator went on to explain other processes such as the use of *colour coded cloths and buckets for cleaning duty, weekly washing of linen for bedding unless soiled and providing daily clean facial cloths for each child*.



Documentation

At an FDC service, the authorised officer noted that *cleaning checklists were available in all homes.*

At a preschool/kindergarten service, the authorised officer noted that the service had a *laundry and toy washing roster with parents volunteering to take items home for cleaning.*

At an LDC service, the authorised officer noted posters on display near the hand washing basin encouraging people to *cover their mouth and nose when coughing and sneezing and to wash hands regularly. Photos of children engaged in the hand washing routine were also displayed.* The authorised officer went on to note the service's *toileting procedure, and dealing with soiled clothes/bed linen, blood and other bodily fluid procedures* that were on display in the bathrooms of the service. There was also a sign displayed in the entrance, above the hand sanitiser, encouraging families to use this on arrival and departure from the centre.

At an OSHC service, the authorised officer noted *effective hygiene practices were promoted throughout the service and outlined in posters, policies and procedures and children's artwork.*

Services not meeting element 2.1.3

Observation

At an OSHC service, the authorised officer observed that children were left unsupervised as they washed their hands. More importantly, *soap was not available at all of the hand washing facilities*. Other children were observed *walking away from the sink and wiping their hands on their clothes to dry them or rubbing their wet hands over each other on their way to the kitchen*. The authorised officer also observed one occasion where children were *sitting directly on the unswept concrete and playing with debris while eating their food*.

At an FDC service, the authorised officer observed an educator *hand watermelon to a toddler without washing her own hands or supporting and encouraging the child to wash their own hands before and after the food*. Meanwhile at another residence, the authorised officer observed the educator *putting the teat of a baby's bottle in her [own] mouth while she picked up a child. The educator then proceeded to feed the child the bottle*.

At a preschool/kindergarten service, the authorised officer observed inconsistent hygiene practices among the educators. One educator was observed to *wear the same gloves to handle morning tea and perform other duties, for instance, tidying the room*.

At an LDC service, the authorised officer observed that *educators did not remove their gloves until after they had re-dressed the children which could have contaminated the children's clean nappies and clothing*.

Discussion

At a preschool/kindergarten service, when educators were asked about the bottle sterilisation process, their response was they were *unaware of the service practice. Only the food safety supervisor was able to explain the process*.

At an LDC service, the authorised officer discussed inconsistencies in the nappy change procedure with the nominated supervisor. In response, the nominated supervisor explained that *children's hands are not usually washed after nappy changes*.

Documentation

At an OSHC service, the authorised officer noted that *daily cleaning checklists were evident but were not completed on the day of the visit*.

■ ■ ■ Jurisdictional information on compliance and enforcement actions

The NQF aims to continually drive quality improvement through a national approach to the regulation and quality assessment of education and care services. It primarily does this through monitoring and enforcement of a range of minimum operational requirements for education and care services (set out in the National Regulations) and quality assessment and rating of services against the NQS. Regulatory authorities in each state and territory are responsible for administering the NQF, including approving, monitoring and quality assessing services. Approved providers and nominated supervisors are responsible for complying with the requirements of the National Law and National Regulations, while regulatory authorities are responsible for helping providers understand their obligations and promoting compliance through a broad range of regulatory activities.

Formal enforcement action by a regulatory authority may be determined to be the most effective response when non-compliance is identified. Identification of non-compliance can occur through observations and evidence gathered in the course of investigations, quality assessment visits, spot checks or targeted campaigns. Identification of non-compliance on the part of an approved provider or nominated supervisor may also arise from complaints made to the regulatory authority.

Regulatory authorities may publish information about enforcement actions taken under the National Law, including information about compliance notices, prosecutions, enforceable undertakings, and suspension or cancellation of approvals or certificates. **Table 3** contains examples of published information obtained from regulatory authority websites³¹ on incidents relating to children's health and safety that have led to enforcement actions.

As can be seen in **Table 3**, while many of the enforcement actions relate to multiple sections of the National Law and National Regulations, more than half of the examples of incidents relating to children's health and safety involve breaches of section 165 (*Offence to inadequately supervise children*) or section 167 (*Offence relating to protection of children from harm and hazards*) of the National Law. This reflects the fundamental role of these two parts of the National Law in ensuring children's safety, health and wellbeing.

³¹ Accessed from regulatory authority websites on 2 May 2016.

The examples provided show that incidents of a serious nature can result in formal enforcement action which in turn may lead to publication on a regulatory authority website. Of the nine examples of incidents provided, five relate to a child leaving the service or being left unsupervised and four relate to other forms of serious non-compliance. Notable is the extent to which the type of enforcement action taken is contextual to each particular circumstance. For example, of the five examples provided for incidents relating to a child leaving a service or being left unsupervised:

- four different types of enforcement action were taken, including prosecution, application to state tribunal for disciplinary action, imposing conditions on the service approval and issuing a compliance notice
- the outcome varies according to the steps taken by the provider in response to the incident.

While it is difficult to draw meaningful conclusions from the published information on incidents without more detailed research into the underlying circumstances of each case, it does reflect that regulatory authorities consider a range of factors when applying the National Law and National Regulations and determining an appropriate regulatory response to non-compliance. Regulatory authorities use a range of sources of information to help assess risk, including:

- the provider and the service's history of compliance
- the service's quality rating
- characteristics of the service
- information obtained from other sources, such as complaints or notifications
- information gathered from other monitoring activities or regulatory activities, including investigations
- the service's quality improvement plan
- analysis of broader sector or regional compliance trends
- other regulatory systems with relevant or overlapping requirements and/or compliance monitoring.

Collecting and analysing a range of information supports a responsive regulatory approach and assists the regulatory authority to consider all associated risks when addressing non-compliance. It also reinforces the underlying reasons why regulatory authorities and ACECQA are regulating in the first place, which are to:

- further the objectives of the National Law
- influence the behaviour of providers, nominated supervisors and educators in ways that are consistent with these objectives, and improve outcomes for children
- fulfil their obligations under the National Law and National Regulations.

Table 3: Examples of incidents that have led to enforcement action and the outcome

Incident	National Law (section) and National Regulations (regulation) reference	Type of enforcement action taken	Detail of outcome/steps taken
Child left unattended at the service after all the staff had left the premises	s167 Offence relating to protection of children from harm and hazards s162 Offence to operate education and care service unless responsible person is present	Compliance notice	<ul style="list-style-type: none"> The approved provider had already taken proactive steps in response to the non compliance The approved provider subsequently provided evidence of compliance with the notice
Unacceptable risk to the safety, health and wellbeing of children due to the serious nature of non-compliance	s19 Conditions on provider approval s51 Conditions on service approval s163 Offence relating to appointment or engagement of FDC coordinators s168 Offence relating to required programs s269 Register of FDC educators	Cancellation of provider approval	<ul style="list-style-type: none"> Cancellation of provider approval
Two children left the service alone and unsupervised without the service noticing their absence	s165 Offence to inadequately supervise children	Application to state tribunal for disciplinary action	<ul style="list-style-type: none"> At mediation; in principle agreement reached to resolve the application

Incident	National Law (section) and National Regulations (regulation) reference	Type of enforcement action taken	Detail of outcome/steps taken
Serious and ongoing non-compliance by the service	Including: s167 Offence relating to the protection of children from harm and hazard s165 Inadequate supervision r99 Child exiting the service r176 Failure to notify Regulatory Authority	Imposed conditions on service approval	<ul style="list-style-type: none"> Imposed conditions on service approval
Serious and immediate risks to the safety, health or wellbeing of children, and serious and ongoing non-compliance by the service	s165 Offence to inadequately supervise children s167 Offence relating to the protection of children from harm and hazard r103 Ensure premises, equipment and furniture was safe, clean and in good repair	Suspension of service approval	<ul style="list-style-type: none"> Suspension of service approval
A two year old child left the service alone and unsupervised without the service noticing their absence	s165(1) The approved provider must ensure that all children being educated and cared for by the service are adequately supervised at all times that the children are in the care of that service	Application to state tribunal for disciplinary action	<ul style="list-style-type: none"> Provider ordered to pay a penalty for the breach of section 165(1) plus legal costs



Incident	National Law (section) and National Regulations (regulation) reference	Type of enforcement action taken	Detail of outcome/steps taken
Serious nature of non-compliance identified at an assessment and rating visit	r97 Emergency and evacuation procedures s166 Offence to use inappropriate discipline	Conditions on service approval	<ul style="list-style-type: none">Imposition of conditions on service approval under s55
Serious nature of non-compliance	s166 Offence to use inappropriate discipline r170 Policies and procedure to be followed	Conditions on service approval	<ul style="list-style-type: none">Imposition of conditions on service approval under s55
Child was able to leave the residence of the FDC educator without the knowledge of the educator. The child was later found by a member of the public in a nearby street and returned to the residence unharmed	s165(3) Prosecution for offence of inadequate supervision of children under section 165(3)	Prosecution	<ul style="list-style-type: none">Educator convicted of offence and fined

Conclusion

This paper has highlighted the importance of the NQF's design as a single, unified regulatory model in achieving the objective of ensuring children's health and safety.

Ensuring the safety, health and wellbeing of children attending education and care services is a central objective of the NQF. This objective is a fundamental right for children attending education and care services, and a reasonable expectation of families. It is critical in ensuring children participate in and benefit from the educational and developmental programs in the longer term and helps reassure families that their children are safe and healthy while attending an education and care service.

In particular, the interaction between monitoring, compliance and enforcement alongside quality assessment and rating assists regulatory authorities to organise their regulatory activity in the most efficient and effective way, and to respond to the level of risk in line with the principles of best practice regulation.

Analysis of quality rating results shows that Quality Area 2 is one of the most difficult quality areas to meet, and the least likely to be rated Exceeding NQS.

Variations in results for Quality Area 2 were evident according to a range of provider and service characteristics – in particular jurisdiction, service sub-type, provider management type and remoteness. While some results reflect the trends apparent in overall quality rating results, there are some other factors that may explain variation in quality rating results for this specific quality area, including contextual factors such as the age of children being educated and cared for, the hours of operation of the service, the operating contexts associated with different service types and the physical environment settings of the service.

The case studies from authorised officer reports highlight why some services have been assessed as having Met or Not Met elements 2.3.3, 2.3.2 and 2.1.3. These give examples of evidence that authorised officers have either observed, discussed or sighted during an assessment and rating visit.

Examples of jurisdictional information on incidents relating to children's health and safety highlight the central role that sections 165 and 167 of the National Law have in guiding regulatory authorities' monitoring, compliance and enforcement activities in relation to children's health and safety.

■ ■ ■ Implications and future directions

Children's health and safety is a fundamental feature of the NQF. Much of the focus of Quality Area 2 is on the minimum standards. There are a wide range of resources available for providers and services to help understand their obligations under the National Law and National Regulations, particularly guidance and information from recognised authorities. This paper has highlighted the importance of this quality area not only to children attending approved services, but also to families in providing assurance that their children are healthy, safe and well while away from their care.

The findings of this paper highlight that some providers and service types are performing better than others, and that factors such as unique operating contexts may influence a service's ability to implement and maintain a safe and healthy environment for children.

Secure and respectful relationships between children and educators, and among educators, combined with educators who are observant and responsive to children's needs, go a long way to bringing health and safety policies to life.

This paper has noted that services in remote and very remote areas may benefit from more support to understand and comply with the requirements for children's health and safety. ACECQA will continue to work with providers, regulatory authorities and other support agencies to raise awareness of the requirements of the NQS, and provide access to guidance and support materials. ACECQA will also provide more support to educators in remote and very remote services to attend sector conferences and access professional development, and highlight and celebrate remote and very remote services that exceed the requirements of the NQS.

In addition to these targeted initiatives, ACECQA, in conjunction with the state and territory regulatory authorities and the Australian Government, continues to be active in raising community awareness across Australia about the importance of quality education and care, to promote improved quality outcomes for children and their families.

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Appendix A - Responsibilities of the approved provider, nominated supervisor and FDC educator for children's health and safety

Table 4 shows each requirement for children's health and safety under the National Law and National Regulations along with the following associated information:

- the related standard/element
- the person to whom the requirement is attached, such as the approved provider, nominated supervisor or FDC educator
- the penalty, if any, that attaches to the requirement
- whether a waiver may be applicable to the requirement.

Table 4: Responsibilities of the approved provider, nominated supervisor and FDC educator for children's health and safety³²

Standard / Element	Requirement	Approved provider	Nominated supervisor	Family day care educator	Offence	Infringement notice	Compliance direction	Waiver*
2.1.2, 2.3.1, 2.3.2	Offence to inadequately supervise children (section 165)	✓	✓	✓	✓			
2.3.2	Offence relating to protection of children from harm and hazards (section 167)	✓	✓	✓	✓			
2.1.3, 2.1.4, 2.2.1	Health, hygiene and safe food practices (regulation 77)	✓	✓	✓	✓		✓	
2.2.1	Food and beverages (regulation 78)	✓	✓	✓	✓		✓	
2.2.1	Service providing food and beverages (regulation 79)	✓	✓	✓	✓		✓	
2.2.1	Weekly menu (regulation 80)	✓	✓	✓	✓		✓	
2.1.2	Sleep and rest (regulation 81)	✓	✓	✓	✓		✓	
2.3.2	Tobacco, drug and alcohol free environment (regulation 82)	✓		✓	✓		✓	
2.3.2	Staff members and FDC educators not to be affected by alcohol or drugs (regulation 83)	✓	✓	✓	✓		✓	

³²Australian Children's Education and Care Quality Authority (ACECQA)(2015), *Operational Policy Manual for Regulatory Authorities*, pp. 167-168.

Standard / Element	Requirement	Approved provider	Nominated supervisor	Family day care educator	Offence	Infringement notice	Compliance direction	Waiver*
2.3.4	Awareness of child protection law (regulation 84)	✓			✓		✓	
2.1.4, 2.3.3, 2.3.4	Incident, injury, trauma and illness policies and procedures (regulation 85)	✓						
2.1.4, 2.3.3, 2.3.4	Notification to parents of incident, injury, trauma and illness (regulation 86)	✓			✓	✓		
2.1.4, 2.3.3, 2.3.4	Incident, injury, trauma and illness record (regulation 87)	✓		✓				
2.1.4	Infectious diseases (regulation 88)	✓			✓			
2.1.4	First aid kits (regulation 89)	✓		✓	✓		✓	
2.1.1, 2.1.4, 2.3.2	Medical conditions policy (regulation 90)	✓						
2.1.1, 2.1.4, 2.3.2	Medical conditions policy to be provided to parents (regulation 91)	✓					✓	
2.1.1, 2.1.4	Medication record (regulation 92)	✓		✓				
2.1.1, 2.1.4	Administration of medication (regulation 93)	✓	✓	✓	✓			
2.1.1, 2.1.4	Exception to authorisation requirement – anaphylaxis or asthma emergency (regulation 94)	✓	✓	✓				
2.1.1, 2.1.4	Procedure for administration of medication (regulation 95)	✓						
2.1.1, 2.1.4	Self-administration of medication (regulation 96)	✓						
2.3.3	Emergency and evacuation procedures (regulation 97)	✓			✓		✓	
2.3.3	Telephone or other communication equipment (regulation 98)	✓			✓		✓	



Standard / Element	Requirement	Approved provider	Nominated supervisor	Family day care educator	Offence	Infringement notice	Compliance direction	Waiver*
2.3.2	Children leaving the education and care service premises (regulation 99)	✓	✓	✓	✓			
2.3.1, 2.3.2	Risk assessment must be conducted before excursion (regulation 100)	✓	✓	✓	✓			
2.3.1, 2.3.2	Conduct of risk assessment for excursion (regulation 101)	✓	✓	✓				
2.3.1, 2.3.2	Authorisation for excursions (regulation 102)	✓	✓	✓	✓			

* waivers do not apply to any of these requirements.

Appendix B - Summary of compliance tools

Table 5: Summary of compliance tools

Person	Compliance tools available	Description
Approved provider	Infringement notice	A fine for minor breaches of the National Law or the National Regulations (section 291)
	Emergency action notice	Direction to remove an immediate risk to children (section 179)
	Compliance direction	Instruction to comply with regulation (section 176)
	Compliance notice	Instruction to comply with any section (section 177)
	Enforceable undertaking	Agree to an undertaking from a person to take certain actions or refrain from certain actions to comply with the National Law and the National Regulations (section 180)
	Direction to exclude inappropriate persons from service premises	Instruction to exclude a person from education and care service premises (section 171)
	Impose a condition on service approval	A requirement in respect of a specific service that the approved provider must comply with to avoid committing an offence under the National Law (section 51)
	Impose a condition on provider approval	A requirement that the approved provider must comply with to avoid committing an offence under the National Law (section 19)
	Prosecution	Bringing any offence against the National Law or the National Regulations for decision by a court or tribunal
	Notice to suspend education and care by family day care educator	Prevent a family day care educator from providing education and care to children as part of a family day care service (section 178)
	Suspension of service approval	Temporarily prevent a provider from operating a specific service (section 70)
	Cancellation of service approval	Permanently prevent a provider from operating a specific service (section 77)
	Suspension of provider approval	Temporarily prevent a provider from operating any services (section 25)
	Cancellation of provider approval	Permanently prevent a provider from operating any service (section 31)

Person	Compliance tools available	Description
Nominated supervisor	Infringement notice	A fine for minor breaches of the National Law or the National Regulations (section 291)
	Enforceable undertaking	Agree to an undertaking from a person to take certain actions or refrain from certain actions to comply with the National Law and the National Regulations (section 180)
	Direction to exclude a person from education and care service premises	Direction to exclude inappropriate persons from service premises (section 171)
	Prosecution	Bringing any offence against the National Law or the National Regulations for decision by a court or tribunal
	Suspension or cancellation of a supervisor certificate	Temporarily or permanently prevent a person from being placed in charge of a service (section 123)
Family day care educator	Infringement notice	A fine for minor breaches of the National Law or the National Regulations (section 291)
	Enforceable undertaking	Agree to an undertaking from a person to take certain actions or refrain from certain actions to comply with the National Law and the National Regulations (section 180)
	Direction to exclude a person from education and care service premises	Direction to exclude inappropriate persons from service premises (section 171)
	Prosecution	Bringing any offence against the National Law or the National Regulations for decision by a court or tribunal
Certified supervisor	Suspension or cancellation of a supervisor certificate	Temporarily or permanently prevent a person from being placed in charge of a service (section 123)
Staff member, educator or volunteer	Enforceable undertaking	Agree to an undertaking from a person to take certain actions or refrain from certain actions to comply with the requirement not to use inappropriate discipline (section 180)
	Prosecution	Bringing an offence to use inappropriate discipline under the National Law for decision by a court or tribunal
Any person in any way involved in an education and care service	Prohibition notice	Prohibit a person from being involved in an education and care service in any way (sections 182–188)
	Prosecution	Bringing any offence against the National Law or the National Regulations for decision by a court or tribunal

Appendix C - Progress of assessment and rating

The NQS rating system applies to over 15,000 education and care services and is administered by authorised officers appointed by eight state and territory regulatory authorities.

Authorised officers from state and territory regulatory authorities review a service's compliance history and Quality Improvement Plan (QIP) before visiting the service for one to two days or longer for larger services. During the visits, authorised officers spend time observing and discussing practice, speaking with educators, managers, providers and other staff, and reviewing documentation. Since quality rating started in mid-2012, more than 11,000 education and care services have been rated, representing over three-quarters of all approved services in Australia.

Table 6 provides a breakdown of the number of approved services in each jurisdiction, and the number and proportion of these that have been assessed and rated.

Table 6: Progress of assessment and rating by jurisdiction

Jurisdiction	Number of approved services	Number of services with quality rating	Proportion of services with quality rating
ACT	353	305	86%
NSW	5,301	3,917	74%
NT	218	191	88%
QLD	2,850	2,371	83%
SA	1,169	592	51%
TAS	229	212	93%
VIC	4,068	3,529	87%
WA	1,145	610	53%
TOTAL	15,333	11,727	76%

As at 31 March 2016, of the 11,727 services with a quality rating:

- 29% are rated at Exceeding NQS
- 40% are rated at Meeting NQS
- 30% are rated at Working Towards NQS
- 45 are rated as Excellent (by ACECQA)
- Seven are rated at Significant Improvement Required.

Appendix D - Summary table of quality areas, standards and elements

Table 7: Summary table of quality areas, standards and elements

QA1	Educational program and practice
1.1	An approved learning framework informs the development of a curriculum that enhances each child's learning and development.
1.1.1	Curriculum decision making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
1.1.2	Each child's current knowledge, ideas, culture, abilities and interests are the foundation of the program.
1.1.3	The program, including routines, is organised in ways that maximise opportunities for each child's learning.
1.1.4	The documentation about each child's program and progress is available to families.
1.1.5	Every child is supported to participate in the program.
1.1.6	Each child's agency is promoted, enabling them to make choices and decisions and influence events and their world.
1.2	Educators and coordinators are focused, active and reflective in designing and delivering the program for each child.
1.2.1	Each child's learning and development is assessed as part of an ongoing cycle of planning, documenting and evaluation.
1.2.2	Educators respond to children's ideas and play and use intentional teaching to scaffold and extend each child's learning.
1.2.3	Critical reflection on children's learning and development, both as individuals and in groups, is regularly used to implement the program.
QA2	Children's health and safety
2.1	Each child's health is promoted.
2.1.1	Each child's health needs are supported.
2.1.2	Each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation.
2.1.3	Effective hygiene practices are promoted and implemented.
2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
2.2	Healthy eating and physical activity are embedded in the program for children.
2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.

2.2.2	Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child.
2.3	Each child is protected.
2.3.1	Children are adequately supervised at all times.
2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
2.3.3	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.3.4	Educators, coordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect.
QA3	Physical environment
3.1	The design and location of the premises is appropriate for the operation of a service.
3.1.1	Outdoor and indoor spaces, buildings, furniture, equipment, facilities and resources are suitable for their purpose.
3.1.2	Premises, furniture and equipment are safe, clean and well maintained.
3.1.3	Facilities are designed or adapted to ensure access and participation by every child in the service and to allow flexible use, and interaction between indoor and outdoor space.
3.2	The environment is inclusive, promotes competence, independent exploration and learning through play.
3.2.1	Outdoor and indoor spaces are designed and organised to engage every child in quality experiences in both built and natural environments.
3.2.2	Resources, materials and equipment are sufficient in number, organised in ways that ensure appropriate and effective implementation of the program and allow for multiple uses.
3.3	The service takes an active role in caring for its environment and contributes to a sustainable future.
3.3.1	Sustainable practices are embedded in service operations.
3.3.2	Children are supported to become environmentally responsible and show respect for the environment.
QA4	Staffing arrangements
4.1	Staffing arrangements enhance children's learning and development and ensure their safety and wellbeing.
4.1.1	Educator-to-child ratios and qualification requirements are maintained at all times.
4.2	Educators, coordinators and staff members are respectful and ethical.
4.2.1	Professional standards guide practice, interactions and relationships.
4.2.2	Educators, coordinators and staff members work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships.
4.2.3	Interactions convey mutual respect, equity and recognition of each other's strengths and skills.

QA5	Relationships with children
5.1	Respectful and equitable relationships are developed and maintained with each child.
5.1.1	Interactions with each child are warm, responsive and build trusting relationships.
5.1.2	Every child is able to engage with educators in meaningful, open interactions that support the acquisition of skills for life and learning.
5.1.3	Each child is supported to feel secure, confident and included.
5.2	Each child is supported to build and maintain sensitive and responsive relationships with other children and adults.
5.2.1	Each child is supported to work with, learn from and help others through collaborative learning opportunities.
5.2.2	Each child is supported to manage their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.
5.2.3	The dignity and rights of every child are maintained at all times.
QA6	Collaborative partnerships with families and communities
6.1	Respectful supportive relationships with families are developed and maintained.
6.1.1	There is an effective enrolment and orientation process for families.
6.1.2	Families have opportunities to be involved in the service and contribute to service decisions.
6.1.3	Current information about the service is available to families.
6.2	Families are supported in their parenting role and their values and beliefs about child rearing are respected.
6.2.1	The expertise of families is recognised and they share in decision making about their child's learning and wellbeing.
6.2.2	Current information is available to families about community services and resources to support parenting and family wellbeing.
6.3	The service collaborates with other organisations and service providers to enhance children's learning and wellbeing.
6.3.1	Links with relevant community and support agencies are established and maintained.
6.3.2	Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.
6.3.3	Access to inclusion and support assistance is facilitated.
6.3.4	The service builds relationships and engages with their local community.

QA7	Leadership and service management
7.1	Effective leadership promotes a positive organisational culture and builds a professional learning community.
7.1.1	Appropriate governance arrangements are in place to manage the service.
7.1.2	The induction of educators, coordinators and staff members is comprehensive.
7.1.3	Every effort is made to promote continuity of educators and coordinators at the service.
7.1.4	Provision is made to ensure a suitably qualified and experienced educator or coordinator leads the development of the curriculum and ensures the establishment of clear goals and expectations for teaching and learning.
7.1.5	Adults working with children and those engaged in management of the service or residing on the premises are fit and proper.
7.2	There is a commitment to continuous improvement.
7.2.1	A statement of philosophy is developed and guides all aspects of the service's operations.
7.2.2	The performance of educators, coordinators and staff members is evaluated and individual development plans are in place to support performance improvement.
7.2.3	An effective self-assessment and quality improvement process is in place.
7.3	Administrative systems enable the effective management of a quality service.
7.3.1	Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements.
7.3.2	Administrative systems are established and maintained to ensure the effective operation of the service.
7.3.3	The Regulatory Authority is notified of any relevant changes to the operation of the service, of serious incidents and any complaints which allege a breach of legislation.
7.3.4	Processes are in place to ensure that all grievances and complaints are addressed, investigated fairly and documented in a timely manner.
7.3.5	Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Appendix E - Limitations of the findings

A number of limitations of the analyses provided in this paper should be acknowledged.

Firstly, given that around one-quarter of approved services are yet to be quality rated, caution should be applied before generalising findings to all services. Although over 75% of services have been quality rated nationally, in South Australia and Western Australia the proportion is around 50%.

A second limitation stems from service sub-type and provider management type data. While data quality testing undertaken by ACECQA suggest a reasonably high level of accuracy in these variables, there may be some degree of inaccuracy.

Table 8: Number of approved services, and number and percentage of services with a quality rating by service sub-type

Sub service type	Total approved services	Number services with quality rating	% services with quality rating
Long day care	6,859	5,712	83%
Preschool/kindergarten	3,124	2,676	86%
Outside school hours care	4,252	2,929	69%
Family day care	1,089	406	37%
Unreported service type	9	4	44%
TOTAL	15,333	11,727	76%

Table 9: Number of approved services, and number and percentage of services with a quality rating by provider management type

Provider management type	Total approved services	Number services with quality rating	% services with quality rating
Private for profit	6,980	4,861	70%
Private not for profit community managed	3,762	3,231	86%
Private not for profit other organisations	1,850	1,538	83%
State/Territory and Local government managed	1,315	972	74%
State/Territory government schools	771	627	81%
Independent schools	447	332	74%
Catholic schools	197	157	80%
Other	4	3	75%
Not stated	7	6	86%
TOTAL	15,333	11,727	76%

Table 10: Number of approved centre based services,³⁰ and number and percentage of centre based services with a quality rating by SEIFA

SEIFA ranking	Total approved services	Number of services with quality rating	% services with quality rating
10 (least disadvantaged)	1,126	856	76%
9	1,233	930	75%
8	1,324	1,028	78%
7	1,263	1,001	79%
6	1,328	1,038	78%
5	1,323	1,047	79%
4	1,451	1,182	81%
3	1,417	1,163	82%
2	1,618	1,349	83%
1 (most disadvantaged)	1,636	1,350	83%
N/A (inc. FDC)	1,614	783	49%
TOTAL	15,333	11,727	76%

Table 11: Number of approved centre based services, and number and percentage of centre based services with a quality rating by remoteness classification

ARIA	Total approved services	Number services with quality rating	% services with quality rating
Major cities of Australia	10,113	7,787	77%
Inner regional Australia	2,476	2,191	88%
Outer regional Australia	1,194	1,028	86%
Remote Australia	198	146	74%
Very remote Australia	134	95	71%
N/A (inc. FDC)	1,218	480	39%
TOTAL	15,333	11,727	76%

³⁰ FDC services are excluded from the SEIFA and ARIA+ classifications because their approval is not specific to one location.

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