

# National Quality Standard Assessment and Rating Report

Service name	Kids Club Dalby		
Service approval number	SE-00002215		
Provider name	Hoopert Custom Cutters Pty L Family Trust	td and Elisha Pedler a	s Trustee for Pedler
Provider approval number	PR-00001069		
Assessment & rating number	ASR-00022645		
Report Status	Final	Date report completed	07/06/2018

# Assessment and rating visit details

Type of service		
[ ] Long Day Care	[ X ] Outside School Hours Care (OSHC)	
] Family Day Care (FDC) [ ] Preschool / Kindergarten		
Nominated supervisor		
Kylie Houlder		
Educational leader		
Kylie Houlder, Elisha Pedler		
Responsible person		
Kylie Houlder, Elisha Pedler		
Primary contact for assessment & rating		
Kylie Houlder, Elisha Pedler, Sandra Hoopert		
Quality Improvement Plan date received		
26/03/2018		
Visit		
Date         Arrival         Departure           9/04/2018         8:30 AM         5:00 PM           10/04/2018         7:30 AM         10:00 AM	No. of children in attendance 37 40	
Authorised officer		
Name Rebecca Hughes	Name Sheree Currie	
Further information (if applicable)		

# **Quality Area 1 – Educational program and practice**

Standa	ard 1.1	The educational program enhances each child's learning and development.	
1.1.1	Approved learning framework	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.	Met
1.1.2	Child-centred	Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.	Met
1.1.3	Program learning opportunities	All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.	Not Met

Demonstration of Exceeding themes for Standard 1.1	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 1.1 is rated

### **Working Towards National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 1.1**

### APPROVED LEARNING FRAMEWORK

- The program development and delivery reflected the practices and principles of the school age care framework My Time Our Place (MTOP). The weekly program was recorded in a diary that listed the MTOP Outcomes and educators ticked to indicate which of these had been considered in the development of the program.
- Children were observed to have a range of opportunities to work collaboratively with others. For example, children were frequently engaged in group games at which time older children were observed to show younger children how to play by the rules.
- The service used monthly group discussions to record children's ideas for future planning with these referenced in the development of the weekly plan. The Coordinator confirmed that these discussions occurred over the course of a few days to ensure that all children's ideas were captured. The sheet that recorded children's ideas was displayed at the service and children were able to contribute further ideas if they wished.

### CHILD-CENTRED

- Throughout the visit, children were observed to have opportunities to engage in play and leisure for periods of uninterrupted time.
- Educators' current understandings of individual children's knowledge strengths, ideas, culture, abilities and interests have been developed through verbal conversations with children. For example, the Coordinator discussed the running of the after school care program including which resources were taken to the outdoor play area such as the 'rip toys' that have been a favourite amongst children in the group. Children have been very

- interested in group games including 'Bull Rush' and these have been included as daily experiences at their request.
- Program delivery is generally flexible to ensure that experiences are relevant and engaging. For example, during
  the morning and afternoon sessions, children were provided with a range of play and leisure experiences to
  engage in such as block construction, dramatic play area, craft experiences, active group games such as
  dodgeball, and card and board games. Children were observed to move freely between these activities.

### PROGRAM LEARNING OPPORTUNITIES

• Children were provided with some opportunities to undertake leadership roles during routine times. For example, a small group of children assisted an educator to prepare the sandwiches for lunch time while another group set the chairs at the table.

### However:

• On several occasions, children were observed to wait for periods of time before transitioning between activities and routine times. Some examples included; children being required to line-up and wait to access the bathroom to wash their hands prior to meal times; during lunch time there were 37 children present with one educator who served sandwiches to children one at a time during which time children sat and waited; and when transitioning from the outdoor area where children had lunch to the hall area, children were required to line up and wait until educators were ready to return to the hall area.

On 28 May 2018, the Approved Provider provided the following feedback to the draft assessment and rating report as follows:

As explained in the exit interview regarding this issue, waiting is a fact of life. During life people are expected to wait in line, in traffic and day to day living. By guiding the children through this life skill, we are educating the children to wait patiently and without expectations of immediate assistance. A comment was made during the exit interview of 'You are lucky there was no pushing and shoving'!. Our children are aware of expected behaviour and are quite happy to line up patiently – this was not 'luck'.

At Kids Club Dalby, we like the children to mix of all ages, to have mealtimes together and with staffing arrangements this is the best arrangement for supervision and safety of the children. With the 37 children that were present on that day, one educator was standing at the entrance of the toilets, whilst another was in the kitchen preparing the sandwiches to serve. The other educator was at the tables monitoring the children as they sat down. The children were being served their sandwiches as they sat down gradually. We did not wait until all of the children were sitting down to start serving.

With today's society of impatience and instant gratification through instant receiving of 'wanted' things, life issues like road rage, lining up in fast food restaurants and activities, we strive to give our children life skills to cope with these adversities that will challenge them later on in life. Also, this will give the child self control and self regulation and instil the idea that acting out impatiently isn't the answer to get what you want/need.

Life is not instantaneous and unfortunately, things don't happen immediately, when we want them to. Kids Club Children hopefully, will learn this through the examples shown through their day to day life at Kids Club Dalby and also show them that its ok to wait and they will still receive the same outcome that they are wishing for (whether it be a meal, destination or a desired 'thing').

Even though there was no discussion with the children on the subject of waiting, does not mean that this has not taken place in the past. As the Accreditors could see, the children were very comfortable with waiting and quite used to that practice. Kids Club Dalby will not be changing our practice regarding this issue.

### Rationale and outcome

The feedback statement provided by the Approved Provider does not provide further evidence to demonstrate how the service is meeting the NQS.

### Therefore element 1.1.3 will remain as Not Met.

Therefore standard 1.1 will remain as Working Towards NQS.

Standard 1.2		Educators facilitate and extend each child's learning and development.	
1.2.1	Intentional teaching	Educators are deliberate, purposeful, and thoughtful in their decisions and actions.	Not Met
1.2.2	Responsive teaching and scaffolding	Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.	Not Met
1.2.3	Child directed learning	Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.	Not Met

Demonstration of Exceeding themes for Standard 1.2	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 1.2 is rated

### **Working Towards National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 1.2**

### INTENTIONAL TEACHING

- Educators were generally observed engaging with children throughout the visit as the children moved between play and leisure experiences of their interest.
- Children were provided with large amounts of uninterrupted time to develop their chosen play and leisure activities.
- Evidence gathered during the visit demonstrated that intentional teaching opportunities were limited to recent exploration of growing seeds.

### However:

- While there were some purposeful areas in the indoor environment that provided opportunities for children's learning, educators were not observed to support these opportunities through thoughtful and challenging conversations with children. For example, a deconstruction table which included a selection of old electronic equipment such as hand mixers and telephones was provided with screw drivers to offer a new challenge to children. However, a child was observed to bang on the lens of a camera with a screw driver. An educator observed this and responded by walking over to the area and told the child to stop banging and to do it softly with no further conversation to extend the children's learning and engagement in the experience.
- Throughout the visit, educators were not observed to use open-ended questions to encourage thinking and conversation. For example, a child was using the electronic keyboard and commented to the educator nearby that he can play the piano. A peer also commented that he too can play the piano however, the educator

responded only by acknowledging what the children had said without any further questions or conversation to extend the play and learning further.

### RESPONSIVE TEACHING AND SCAFFOLDING

• Educators were sometimes observed to respond to children's requests. For example, a group of children wanted to play soccer and an educator opened the storage shed and supported them to locate the equipment needed.

### **However:**

• On several occasions, educators were observed to either not respond to children's play or provide limited response to children's communications. For example, a small group of children approached the mat area and pulled out a game from the shelf. When opening the game to set it up, they noticed that the dice was missing and went to tell the educator sitting close by that there was no dice. A peer commented that he thought that it may have been left in the music room however, the educator was observed not to respond to the children. The children placed the game back on the shelf and walked away. On another occasion, an educator was leading a craft experience to build a target for a nerf gun. The educator gave them opportunities to assist such as using the sticky tape under the direction of the educator. During the construction children were observed to ask the educator questions about the project however there was no response from the educator. Once the project was complete, a child asked if they could try out the new target and the educator responded by telling them that noone had a nerf gun before thanking them for their help and sending the children off to play.

### CHILD DIRECTED LEARNING

• Children were provided with opportunities to contribute their ideas for the program through monthly discussions and a recent survey.

### However:

- While children were able to engage in activities of their choosing, on some occasions, educators requested that all children participate in one large group activity regardless of individual interests, age and ability and requests. For example, an educator arranged a group game of 'Bull Rush'. After approximately 10 minutes, some of the younger children in the group approached an educator and requested that they be able to do something else. However, the educator responded by requesting that the children sit and watch their peers to cheer them on. The children were observed to sit and wait for approximately 30 minutes.
- Experiences such as the planned craft experiences were adult led providing minimal opportunity for children to
  have choice and explore their creativity. During an activity where children were to create beetles the younger
  children became frustrated as they struggled to copy the instructions that were given. This resulted in one
  young child attempting to throw his beetle in the rubbish bin as he couldn't follow the expectations for creating
  the beetle.

On 28 May 2018, the Approved Provider provided the following feedback to the draft assessment and rating report as follows:

1. The Deconstruction table had been erected for the children the week before the visit as a child had indicated that he would like the opportunity to deconstruct and reconstruct items. Sandra had sat with the children and had discussions around the breakdown of the equipment and to encourage them to rebuild. She has stated that this was running smoothly the week before and the children had shown a great interest and were very inquisitive to this activity.

Elisha had also sat with the children on that day for a length of time, explaining the different parts i.e. the speaker of the clock radio. The mix master was a new addition to the table and was unable to be pulled apart as it had specific electronic screws for electricians, of which we were unaware at the time. As Elisha could see that this activity had run its course, it was packed up after the first day of the accreditation visit.

Kylie did observe (as Elisha was busy with Accreditors) a child banging a screw driver and did go over to ensure the safety of the other children at the table and asked the child to proceed in a more gentle manner.

This was explained in the exit interview and I am unsure why this would still be an issue in this report.

2. Whilst no conversation had taken place for the piano playing, acknowledgment is a big part of childrens development. The educator did not ignore the children and her attention was not taken away from the other children. She had been observing the

children at the time. In previous times, we have held mini concerts for the children to display their talents i.e. dancing, singing, playing an instrument. Because it did not take place that day, does not mean it hasn't in the past. We call it 'Kids Club Has Talent' and this can be found on our facebook page and through photos taken in the past. Parents often stay longer to watch when this is in progress.

- 3. We have taken the evaluation regarding the mat games and the dice on board and have raised it with the Educators. We have placed this on the agenda for our next staff meeting. We acknowledge that nerves would have been a factor in the responses from the Educator at these activities. This is a learning curve for both the centre and Educators alike.
- 4. Kids Club Dalby have planned our program around the childrens requests and also Kids Club led activities. The physical Kids Club activities such as 'bull rush' are to extend the physical movement of all the children, expecially those that like to sit all day, if we were to allow it. For the health of the children, ALL children are expected to take part in the physical activity and once they have 'had enough' they are expected to 'cheer' and support the children who are still playing. This is to encourage the children to support each other in a positive manner. Bull Rush is a physical game that all of the children are enjoying (obsessed with) at the moment and therefore it encourages all children to partake. The children regularly request this game every day, sometimes multiple times a day.

Our Program is based on Children ideas and also extending the children with new experiences for adult led craft activities. The staff research many activities for the children and then will have a group discussion and suggest the ideas researched. Out of these suggestions the children will pick those that interest them. The Lady Beetle was one of those suggestions which was chosen by the children. During this process Fine Motor skills and extensions of those skills are taken into account. I find the criticism of this activity exasperating as we are instructed to research, consult and carry out activities for the children. When we do, we are criticized for having an 'adult led activity'.

This activity was led with the children being told that they could use whatever colours they liked for the beetle, they could either draw the eyes on with a nikko or glue googly eyes on. The educator told the children that he was not very good at craft and that one of the older kids would be leading the activity and teaching him and the others with her skills. This child is one of our older children and by engaging her in this way, she still enjoys Kids Club and she revels in the level of trust and responsibility given to her at these opportunities given to her. The child which attempted to throw his activity out was stopped by the Educator and the Accreditor and asked why he wanted to throw it out and he expressed 'because its not a very good beatle' to which our Educator said 'but buddy, it looks to me, that you've created a new type of spider' The child then kept his creation and took it home.

Throughout this process, this particular Educator and Management, felt that this Accreditor at the time, was constantly looking at this Educator and was constantly criticising his actions. When, as Management, Parents and children alike, have nothing but complimentary discussions about this Educator. I feel this is an unfair judgement on this activity.

### **Rationale and outcome**

The feedback statement provided by the Approved Provider does not provide further evidence to demonstrate how the service is meeting the NQS.

### Therefore elements 1.2.1, 1.2.2 and 1.2.3 will remain as Not Met

Therefore standard 1.2 will remain as Working Towards NQS.

Standard 1.3 Educators and co-ordinators take a planned and reflective approach the program for each child.		ementing	
1.3.1	Assessment and planning cycle	Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection.	Not Met

1.3.2	Critical reflection	Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.	Not Met
1.3.3	Information for families	Families are informed about the program and their child's progress.	Met

Demonstration of Exceeding themes for Standard 1.3	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 1.3 is rated

### **Working Towards National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 1.3**

### ASSESSMENT AND PLANNING CYCLE

The service has recently reviewed their process for documenting the program to align with changes to
legislative requirements. While the service no longer records any observations of group or individual children's
learning, a journal is used to record the program each week.

### However:

Program documentation consisted only of a brief weekly overview, some photos evidencing children's
participation in some activities, a monthly sheet recording children's ideas for programmed activities and some
reflection of the week. This program documentation did not demonstrate how it is used to enhance the
wellbeing, development and learning outcomes for children. For example, there was no evidence available to
support how educators understand all children's strengths and abilities across the learning outcomes and use
this as part of the planning cycle.

### **CRITICAL REFLECTION**

- Some reflection of aspects of the program was recorded on a weekly basis in the programming journal.
- Staff meetings and daily discussions between educators are used as opportunities to reflect on the daily
  happenings at the service including how planned activities might be implemented to reflect the dynamics of the
  group.

### **However:**

The weekly reflections were mainly on the children's activities and some future follow up activities. Program
documentation sighted did not include reflections on educators' own practice, family views, child views,
colleague views and theory to actively build and deepen their knowledge and understanding of the children, to
inform program planning and set goals.

### INFORMATION FOR FAMILIES

• Information about the program was available to families in a range of ways including displays of children's artwork, photos of children engaged in experiences, displayed program overview and updates using the service Facebook page. For example, photos of children participating in activities such as outdoor play and gardening

- were posted on Facebook providing an opportunity for families to be aware of their child's participation and provide feedback on the program.
- The service has considered the needs of families attending the service in how they share program information. Identifying that most families are time poor, they have opted to share much of this information electronically and have ensured that all families have electronic access.

On 28 May 2018, the Approved Provider provided the following feedback to the draft assessment and rating report as follows:

Each week our Educational Leader and Educators spend many hours developing the program and taking into account the childrens development, interests and the learning outcomes for the children. As explained in the exit interview, the parents show no interest in the planning of the programs as many times we have asked the parents through our Facebook group for ideas and suggestions and have an approximate interest of 1% and even then, we can see that approximately 80% have seen the post, there will be one or two 'likes' and no comments. But, having said that, when an activity has been a total success and enjoyed by the children, we will have a positive verbal response and many 'likes' to the photos/videos on facebook.

Our Learning Story book clearly shows many extensions of many activities. For example, we had a dad of one of the children come in and show the children how to play the digeridoo and the whole week was an extension of this visit. We purchased a map and displayed it, of the indigenous regions in Australia and one of our indigenous children was photographed showing his family's region on the map. The children then had craft activities, colouring in and indigenous games throughout that week. This was documented in our book and was there for the accreditors to sight.

### The following attachments have been provided as supporting documentation:

There were no supporting documents or further evidence provided

### Rationale and outcome

The feedback statement provided by the Approved Provider does not provide further evidence to demonstrate how the service is meeting the NQS.

### Therefore element 1.3.1 and element 1.3.2 will remain as Not Met

Therefore standard 1.3 will remain as Working Towards NQS.

# **Quality Area 1 summary**

QA 1 Minor Adjustment notes

QA 1 Quality Improvement Plan notes

How can educators further empower children to take a leading role in the planning and delivery the program?

How can routines be further developed to include a wide range of opportunities for children to assume leadership roles?

How can educators provide more scope in the documentation of critical reflection to ensure that what they are documenting is meaningful and

clearly identifies children's ideas and interests and how they relate to outcomes?

How can educators strengthen the cycle of planning process to ensure that each child has opportunity to influence the program with their own ideas and interests and capture their thoughts, ideas and suggestions which can be recorded and acted upon?

How can the Educational Leader continue to provide regular opportunities for the facilitation of reflective conversations, with individual educators, or whole teams and consistently provide rich documentation of educator reflections?

The following links have been provided for your consideration:

ACECQA, Involving children in decision making <a href="https://www.acecqa.gov.au/sites/default/files/2018-04/QA1\_SupportingAgencyInvolvingChildreninDecisionMaking.pdf">https://www.acecqa.gov.au/sites/default/files/2018-04/QA1\_SupportingAgencyInvolvingChildreninDecisionMaking.pdf</a>

ACECQA, Developing a culture of learning through reflective practice <a href="https://www.acecqa.gov.au/sites/default/files/2018-04/QA1">https://www.acecqa.gov.au/sites/default/files/2018-04/QA1</a> DevelopingaCultureofLearningThroughReflectivePractice 0.pdf

QA 1 Compliance notes

For Quality Area 1 – Educational program and practice, is there a significant risk to the health, safety and wellbeing of children? NO

Regulation 62(2) prescribes that an Exceeding National Quality Standard rating may only be given for Quality Area 1 for an education and care service that educates and cares for children who are in the year that is 2 years before grade 1 of school if the service either provides a preschool program or has a documented arrangement with an approved provider of another education and care service to provide a preschool program and informs parents of this arrangement.

Does the service educate and care for children who are in the year that is 2 years before grade 1 of school? : NO

Does the service have a preschool program? A preschool program means an early childhood educational program delivered by qualified early childhood teacher: N/A

# **QA 1: Working Towards National Quality Standard**

# Quality Area 2 - Children's health and safety

Standard 2.1 Each child's h		Each child's health and physical activity is supported and promoted.	
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.	Met
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.	Not Met
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.	Met

Demonstration of Exceeding themes for Standard 2.1	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 2.1 is rated

### **Working Towards National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 2.1**

### WELLBEING AND COMFORT

- Several areas designed to provide opportunities for rest and relaxation were positioned throughout the hall area such as the 'chill out zone' which contained a large shelf with books and games and beanbags. Children were observed to access these areas as they wished throughout the visit.
- Following lunch, children were invited to watch a movie with areas set up for younger and older children to provide them an additional opportunity to relax. It was discussed at the time of the visit that children were free to leave the area as they wished.
- Children's need for privacy during toileting times was respected and facilitated. Educators were observed to monitor the bathroom area as children accessed independent cubicles as needed.

### **HEALTH PRACTICES AND PROCEDURES**

- Hygiene practices that reflect current research were implemented across the service. For example, educators
  were observed to wipe tables prior to meal times and children were encouraged to wash their hands prior to
  eating.
- Review of the service illness and injury and medication records evidenced that appropriate strategies are in place to manage any instances that arise including notifying families.
- All permanent educators employed at the service have completed the required first aid training and review of the service roster reflects that there is a qualified staff member on duty at all times.

### **However:**

• A 'Medical Quick List' (dated 14/3/18) of approximately 45 children was sighted outlining children's individual

medical conditions and treatments. Approximately half of these indicated that the child had asthma as well as a number of allergies. This list was displayed in the kitchen and office areas for staff to reference along with one emergency allergy plan and four asthma plans. No risk minimisation plans were available for any of the children noted on the list and when discussed with the Approved Provider, it was advised that the list contained children who attended on a casual basis. Following the visit, the Approved Provider advised that the Medical Quick List' has been reviewed and those children who have identified medical conditions such as asthma, allergies and anaphylaxis have had risk minimisation and family communication plans prepared that are to be discussed with and signed by parents. Evidence demonstrating that these plans have been updated to reflect legislative requirements was provided on 19 April and 3 May 2018. A compliance caution letter was issued regarding this matter.

• Review of the service policies and procedures for the management of medical conditions demonstrated that the Anaphylaxis Approved Provider Policy did not appear to adequately cover aspects of r90 including the requirement to develop a risk minimisation plan in consultation with the child's family. Evidence demonstrating that these policies and procedures have been updated to reflect legislative requirements was provided on 30 April 2018. A compliance caution letter was issued regarding this matter.

### **HEALTHY LIFESTYLE**

- Posters promoting healthy eating and nutrition were displayed in the kitchen including the number of serves to
  be included daily and information about what a serving size is. During discussion it was advised that the
  Australian Dietary Guidelines are used to inform the development of the menu and children were observed to
  assist with the preparation of lunch and the guidance of educators.
- Educators were observed to talk to children during meal times using these as opportunities to discuss their food choices. For example, an educator observed a child eating a packet of chips and asked what else the child had eaten. The child opened their lunch box and the educator told the child that they needed to eat something healthy first reminding the child that chips are not a lunch time food.
- A water bubbler was located in the hall and children were observed to freely access this. Furthermore, educators were observed to offer reminders to children to drink water during breaks in active play.
- Children were observed to be engaged in a range of active play experiences such as basketball, dodgeball, duck-duck goose, sticks and bullrush. Many of these opportunities were educator led however, on some occasions children directed the play independently and had opportunities to involve their peers in games that they had developed. The service had a large variety of resources to enable children to engage in active games of their choosing such as ropes, balls and nets for games such as soccer.

On 28 May 2018, the Approved Provider provided the following feedback to the draft assessment and rating report as follows:

The quicklist has been reviewed and modified and Risk Minimisation Plans have been formulated. All parents were contacted via phone and their childrens 'health' issues have been reviewed. We have now put in place an annual review of the quicklist and childrens health issues.

### The following attachments have been provided as supporting documentation:

There were no supporting documents or further evidence provided

### Rationale and outcome

The feedback statement provided by the Approved Provider does not provide further evidence to demonstrate how the service is meeting the NQS.

### Therefore element 2.1.2 will remain as Not Met

Therefore standard 2.1 will remain as Working Towards NQS.

Standard 2.2	Each child is protected.

2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.	Met
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.	Met
2.2.3	Child protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.	Met

Demonstration of Exceeding themes for Standard 2.2	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 2.2 is rated

### **Working Towards National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 2.2**

### **SUPERVISION**

- Educators were observed to adjust their positioning throughout the environment to ensure that children remained within sight and sound.
- Educators were present during activities that may pose a higher risk of injury such as active group games however there was some variance in how educators responded in these situations. For example, during a game of dodge ball involving a mixed age group it was observed that the older children were 'pegging' the ball at their peers quite hard. A junior educator who was supervising the activity did not address the risk with the children. The Authorised Officer approached the Coordinator who discussed that although a soft ball is used, the rules that children were expected to follow were to ensure that the ball is kept under knee height. The Coordinator addressed the risk with the group and the children moved off to another activity.
- The service policy and procedure for sun safety was guided by the Cancer Council recommendations and involved the monitoring of the UV rating to inform if children and educators were required to wear hats and sunscreen while outdoors. Children and educators were observed outdoors without hats and sunscreen during afternoon tea, however, review of the UV rating supported that this practice reflected the service policy and recommendations from the Cancer Council.
- The service had policies and procedures in place to manage excursions. Documentation sighted during the visit evidenced that all regulated requirements were met such as the preparation of risk assessments and completion of family consent forms.

### INCIDENT AND EMERGENCY MANAGEMENT

- Emergency evacuation maps were displayed at the front entry and other exit and entry points at the service. It was discussed that these were developed to align with the procedures in place at the school.
- Regular emergency evacuation and lock down drills were completed at the service. A log documenting these rehearsals was sighted during the visit confirming that the last evacuation drill was completed in February 2018.
- Emergency equipment was located throughout the service and reflected that this had been checked as required.

It was discussed that the school ensures that these checks are undertaken.

### CHILD PROTECTION

The service had a policy and procedure for child protection that reflects the current mandatory reporting requirements. The Responsible Person was able to clearly discuss the process that is followed at the service however it was advised that no formal child protection training had been undertaken by the Nominated Supervisor or Coordinator. A minor adjustment was offered and applied to this area. On 19 April 2018, confirmation that all staff have completed relevant child protection training was provided.

### Quality Area 2 summary

QA 2 Minor Adjustment notes On 10 April 2018 a minor adjustment was offered in relation to

element 2.2.3. At the time of the visit, it was advised that no formal child protection training had been undertaken by the nominated supervisor or coordinator. On 19 April 2018, confirmation that all staff

have completed relevant child protection training was provided.

QA 2 Quality Improvement Plan notes What opportunities are there to engage children in experiences that support an awareness of child protective behaviours?

> How can the service explore strategies to actively raise family and community awareness of child protection issues?

How can the service continue to ensure that individual medical management plans and risk minimisation plans for all children with diagnosed medical conditions are relevant in content and provide clear instructions in the event of an emergency?

How do educators adjust their levels of supervision depending on the area of the service and the skills, age mix, dynamics and size of the group of children they are supervising?

How can educators strengthen their supervision to be more alert to and aware of risks and hazards and the potential for accidents and injury throughout the service, not just within their immediate area?

QA 2 Compliance notes On 14 May 2018, a compliance caution letter was issued in relation to

r90 and r170 regarding the matters noted involving the service medical conditions policy and development of risk minimisation plans

for all children who were identified as requiring these.

For Quality Area 2 – Children's health and safety, is there a significant risk to the health, safety and wellbeing of children? NO

# **QA 2: Working Towards National Quality Standard**

# Quality Area 3 – Physical environment

Standard 3.1		The design of the facilities is appropriate for the operation of a service.	
3.1.1	Fit for purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.	Met
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.	Met

Demonstration of Exceeding themes for Standard 3.1	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 3.1 is rated

### **Meeting National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### Evidence for Standard 3.1

### **FIT FOR PURPOSE**

- The service is located on the school grounds in the hall and provides access to administrative space, kitchen space, a large indoor area to cater to active and quiet activities. Service resources are stored in a storage shed in this space including large trolleys and shelves that are able to be wheeled into the hall area each afternoon. These resources and areas remain in place during the vacation care period.
- The bathrooms were located within the hall and catered for children's right to privacy.
- Children had specific areas to store their personal belongings and had access to these at any time.
- Indoor spaces were well ventilated with adequate natural light.
- The service is wheel chair accessible with a ramp that leads from the hall to the outdoor play areas that had well
  established lawns and large trees that provided ample shade. The outdoor areas included climbing forts and
  open spaces that provided additional opportunities for children to actively engage in a range of active games and
  sporting activities.

### **UPKEEP**

- Procedures were in place for undertaking building and equipment maintenance at the service and educators
  perform daily safety checks of both the indoor and outdoor areas. Should any matters be identified for
  maintenance, these are communicated with the school and arrangements made to address these.
- Risk assessments were developed in consultation with staff at the service to ensure that all potential risks were
  identified and minimisation strategies developed. For example, the use of the school play equipment had been
  considered including the use of the fort area for the mixed ages in the group to ensure that all children are able
  to access this safely.

Standard 3.2		The environment is inclusive, promotes competence, independent exploration and learning through play.	
3.2.1	Inclusive environment	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.	Met
3.2.2	Resources support play-based learning	Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.	Met
3.2.3	Environmentally responsible	The service cares for the environment and supports children to become environmentally responsible.	Met

Demonstration of Exceeding themes for Standard 3.2	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 3.2 is rated

### **Meeting National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 3.2**

### **INCLUSIVE ENVIRONMENT**

- The main hall area of the service was well utilised to provide a range of spaces to engage children in play and leisure experiences that were of interest to them. A large open space was designated for active play while the opposite end of the hall and perimeter areas were used to create spaces for dramatic play, construction, craft, reading, drawing and board games.
- A range of natural and man-made resources were available to children for play and leisure experiences. Natural
  materials provided in the main hall area included the use of sand troughs with props such as cars and the natural
  resource creation table that included a range of natural elements that children had collected such as leaves,
  pebbles, bark, twigs and pine cones that children had used for collage.

### RESOURCES SUPPORT PLAY-BASED LEARNING

- Children had access to a variety of resources, materials and equipment such as a well-stocked craft area,
  dramatic play resources such as dress up materials and props, nature and science resources, games, blocks and a
  broad range of sports equipment. Resources were presented to children in an engaging manner with additional
  materials stored in a large storage shed that educators were observed to access as children requested specific
  items needed to further their play.
- A wide variety of resources were available to children that reflected the age ranges and interests of the group. For example, Little Pet Shop dogs and accessories were observed to be used by younger children engaged in imaginative play while many of the older children demonstrated interest in active games.
- A deconstruction table which included a selection of old electronic equipment such as hand mixers and telephones was provided with screw drivers to offer a new challenge to children as they problem solved how to approach each item and examined what was contained within.

### **ENVIRONMENTALLY RESPONSIBLE**

- While sustainable practices observed during the visit were limited to the use of recycled resources in the program, discussion with the service contacts and additional documented evidence provided demonstrated that a range of strategies have been used at the service to support children to be environmentally responsible. For example, the Coordinator and Approved Provider discussed the children's involvement in planting the gumboots and vegie garden located at the front of the service. Photographic evidence provided illustrated children's involvement in the process and the Approved Provider discussed that food grown in the vegie garden, such as cherry tomatoes, was used for afternoon tea. Furthermore, it was discussed that the old boots that had been used as planters were donated by families of children attending the service.
- Review of service program documentation demonstrated that opportunities for children to develop awareness
  of practices such as recycling had been provided. For example, the children had a visit from the local regional
  council to discuss recycling.
- Planned experiences were provided to support children to further develop their knowledge about the natural world. For example, a science area had been established in the main room which contained the children's science experiments of sprouting plants from different items such as beans, seeds and potatoes. Program documentation evidenced that this had been an area of interest for the group for a number of weeks and that they had been experimenting as to what had been successful.

On 28 May 2018, the Approved Provider provided the following feedback to the draft assessment and rating report as follows:

Our Centre is committed to the cleanliness, and aesthetic appeal to the physical Environment for our children. We are fortunate to have use of the school facilities and have a very good working relationship with the school. We also strive to have our main room stimulating and interesting for the children and parents. Showcasing the children's experiences and our Kids Club Family with all of the children and their names on the wall.

We also have available a range of resources and information available to families in our Kids Club Room.

### The following attachments have been provided as supporting documentation:

There were no supporting documents or further evidence provided

### Rationale and outcome

The feedback statement provided by the Approved Provider does not provide further evidence to demonstrate how the service is exceeding the NQS.

Therefore standards 3.1 and 3.2 will remain as **Meeting NQS**.

# **Quality Area 3 summary**

QA 3 Minor Adjustment notes

QA 3 Quality Improvement Plan notes

How can the service further develop each educator's capacity to identify opportunities for embedding sustainable practices such as the re-use of water on garden beds? What opportunities exist to involve children in conversations about these practices as they occur?

How the service can continue to support the children, families and educators to contribute to a sustainable future within the service and within the wider community?

For Quality Area 3 – Physical environment, is there a significant risk to the health, safety and wellbeing of children? NO

# **QA 3: Meeting National Quality Standard**

# Quality Area 4 – Staffing arrangements

Standard 4.1		Staffing arrangements enhance children's learning and development.	
4.1.1	Organisation of educators	The organisation of educators across the service supports children's learning and development.	Met
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of educators at the service.	Met

Demonstration of Exceeding themes for Standard 4.1	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 4.1 is rated

### **Meeting National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 4.1**

### **ORGANISATION OF EDUCATORS**

- Staff records sighted during the visit demonstrated educators met the qualification requirements at all times including first aid and Positive Notice blue cards. In addition to the educators rostered each day, one of the Approved Providers is always present to assist with administrative tasks enabling educators to engage with children and talk with families.
- Provisions are made for non- contact time for the Educational Leader to attend to tasks such as prepare the program, arrange the environment and meet with families.

### **CONTINUITY OF STAFF**

- The service employs a Coordinator and educators on a permanent basis who attend each morning and afternoon
  with one of the Approved Providers present each day for support and assistance. The current permanent staff
  have been at the service for several years and the Approved Provider discussed that strategies such as daily
  support and arrangement of end of year celebrations such as holidays paid by the Approved Provider assist with
  retaining staff.
- The service maintains a pool of relief educators and a trainee staff member who are familiar to children and
  used should there be staff absence or during the school holiday period.

Standa	ord 4.2	Management, educators and staff are collaborative, respectful and ethical	
4.2.1	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.	Met

4.2.2	Professional standards	Professional standards guide practice, interactions and relationships.	Not Met
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Demonstration of Exceeding themes for Standard 4.2	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 4.2 is rated

### **Working Towards National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 4.2**

### PROFESSIONAL COLLABORATION

- Educators and coordinators were observed to communicate positively with one another throughout the visit and share responsibilities for daily tasks. For example, educators were observed to briefly discuss what the afternoon program plans were and negotiate which areas each educator would supervise.
- The service holds monthly staff meetings that are used as opportunities to share knowledge and ideas such as the review of existing risk assessments for playground areas and suggestions to improve children's healthy eating habits during afternoon tea through the introduction of an apple slinky machine.
- Information about current recognised approaches and research on education and care is shared between the
  Approved Provider, coordinator and educators on a regular basis. For example, the Approved Provider discussed
  that she had recently located Staying Healthy in Childcare that she was unaware of and has introduced this
  resource to the team to support the existing resources used to inform health and hygiene practices at the
  service.
- Each educator's strengths, talents and interests were well utilised in the delivery of the program. For example, it
  was discussed that one educator was very active and fit and used this interest to lead active group games with
  children throughout the visit while another educator had an interest in art and craft and was observed preparing
  and leading these experiences.

### PROFESSIONAL STANDARDS

- Educators were made aware of professional standards and relevant guiding information such as the service
  code of conduct, position description, philosophy and service policies during the induction process. This is
  further supported by the Staff handbook which is provided to new staff members on commencement at the
  service.
- Educators are kept up-to-date with any changes or updates that impact upon practice. This was evident in a
  variety of ways including the use of the communication book and daily face to face conversations to
  communicate urgent matters and planned staff meetings to further discuss matters that related to changes in
  policies and practices.

### However:

The service did not have awareness of or access to the Early Childhood Australia's Code of Ethics. This was discussed with the Approved Provider during the visit who sourced the Code online to share with educators in the coming weeks.

On 28 May 2018, the Approved Provider provided the following feedback to the draft assessment and rating report as follows:

In response to standard 4.2 the Approved Provider submitted the following information to the draft assessment and rating report as follows –

Sandra and I (Management) are extremely fortunate to have our current team of staff. They are an asset to our centre, and are truly respected and loved by us, Parents and the children. We would not have the enrollments, and our reputation in this small town, without our team.

### The following attachments have been provided as supporting documentation:

There were no supporting documents or further evidence provided

### **Rationale and outcome**

The feedback statement provided by the Approved Provider does not provide further evidence to demonstrate how the service is meeting the NQS.

### Therefore element 4.2.2 will remain as Not Met

Therefore standard 4.2 will remain as Working Towards NQS.

# **Quality Area 4 summary**

QA 4 Minor Adjustment notes

QA 4 Quality Improvement Plan notes

How might the current practices for mentoring and supporting new educators and those who are studying be reviewed to improve practices?

What strategies can be used to develop the Approved Provider and each educator's awareness and knowledge of the Early Childhood Australia Code of Ethics?

How can service management continue to support and develop the professional capacity of each staff member in contributing to the overall running of the service?

QA 4 Compliance notes

For Quality Area 4 – Staffing arrangements, is there a significant risk to the health, safety and wellbeing of children? NO

# **QA 4: Working Towards National Quality Standard**

# Quality Area 5 – Relationships with children

Standard 5.1		Respectful and equitable relationships are maintained with each child.	
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.	Met
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.	Met

Demonstration of Exceeding themes for Standard 5.1	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 5.1 is rated

### **Meeting National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 5.1**

### POSITIVE EDUCATOR TO CHILD INTERACTIONS

- Educators were generally observed to interact positively with children throughout the duration of the visit. It was evident that the educators have developed positive relationships with the children who were observed to be confident and relaxed in the service environment.
- Children were observed to be greeted warmly by educators as they arrived for the day and supported to join play experiences of their choice.
- Educators were observed to provide some opportunities for children to develop relationships by teaching others. For example, during a craft experience an educator encouraged an older child to assist a younger peer with the activity as they were finding it challenging.

### DIGNITY AND RIGHTS OF THE CHILD

- It was discussed that the service has a proactive approach to bullying by addressing any concerns that arise either from children or families immediately through discussion and regular group discussions with children. It was discussed that during these group discussions children are encouraged to identify inappropriate behaviours and make suggestions on strategies that might be used to support their peers.
- Most interactions between children and educators were observed to be positive and respectful with children supported by educators throughout the day. For example, a child approached an educator holding their shirt over their pants and explained to the educator that they had ripped their shorts. The educator responded positively joking with the child that they must have been kicking the ball hard while taking the child to the administration area to arrange spare clothes.

Standard 5.2 Each child is supported to build and maintain sensitive and responsive relationships.		ationships.	
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other.	Met
5.2.2	Self-regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.	Not Met

Demonstration of Exceeding themes for Standard 5.2	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 5.2 is rated

### **Working Towards National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 5.2**

### **COLLABORATIVE LEARNING**

- A range of play and leisure experiences provided opportunities for collaboration such as card games, ball games such as soccer, dramatic play and construction areas. Children were observed to freely access these areas throughout the visit with older peers observed assisting younger children with complex rules. For example, a small group of children were playing UNO with an educator. At the end of a game, the educator moved off to another area and the older child explained to the younger child which cards to use commenting 'you don't have a red so you have to pick up'. The younger child listened and followed the older child's lead and they continued to enjoy their game.
- There were some opportunities for children to undertake leadership roles at the service such as assisting to prepare sandwiches for lunch and undertaking tasks such as setting up the tables for lunch time.

### **SELF-REGULATION**

- Educators have an awareness of the individual needs of children in the group including those who require support to regulate their behaviour. The Approved Provider discussed that open communications with families are used to support each child's needs with strategies implemented at the service that are consistent with those implemented at school and at home. For example, it was discussed that a parent had requested that the service use time out as a behaviour management strategy with a child who was experiencing challenges regulating their behaviour at school and home. The service has discussed this with the parent and adapted the time out request whereby an educator sits with the child until they are calm, discusses the incident with them and supports them to re-join play. Over time, the child has developed self-awareness and strategies to manage anger and retreats to a quiet area to chill out before returning in their own time.
- Educators were observed to use strategies such as counting backwards from five to gain children's attention prior to transition times. Children were observed to be familiar and responsive to these strategies.

### **However:**

While educators mostly responded to children's challenging behaviours in a respectful manner, this was an

inconsistent practice and there were several occasions where educators approached these situations using raised voices and direct language to enforce compliance with the request. For example, during transition from outdoors to indoors following afternoon tea an educator observed a child running into the hall area to return their lunch box. The educator responded in a raised voice calling the child by name and telling them they could come back to the end of the line. Another small group of children were observed to run and again were called loudly by name with the educator commenting to the children that they could 'come back here, excuse me, what are you doing?' The children eventually complied with the request and rejoined the group. On another occasion, an educator observed a child throw another child's orange skin all over the grass. The educator told the child to pick up the orange peel and put it into the bin however, the child ignored the request and the educator advised their colleague. The second educator responded by yelling out from their chair to the child telling them to pick up the orange peel and put it in the bin. The child responded by telling the educator that the crows will eat it however, the educator commented 'no they won't, pick it up please.'

On 28 May 2018, the Approved Provider provided the following feedback to the draft assessment and rating report as follows:

Kids Club Dalby foster great relationships with the children. When expected behaviour is not displayed, the children will be shown through instructions the expected behaviour. A child drops orange skin on the ground? Of course they will be instructed to pick it up. The second Educator yelled from her chair, as she was partaking in a conversation with the children beside her, and at times, a raised voice, is a choice made to gain the childs attention. This then also, displays to the other children, that expected behaviour will be upheld at all times.

There is no reason to have a 'discussion' each and every time this is done, and the child will be directed to the correct and expected behaviour. This is teaching the children life skills for their future and guiding them for adulthood. If a child has displayed unaccepted behaviour repeatedly, there is no need for a soft discussion each and every time. Life doesn't work that way. Authorities in adulthood, do not have a 'discussion' with adults when they have broken the law, or displayed poor choices. Surely this is now being shown with the generation of young adults of today and the risen crime rate. Maybe, if there were firmer consequences throughout their childhood for poor choices, they would now, be thinking more about their choices. And our crime rate would be less. Common sense would be more prevalent and their own thought process will be self regulated rather than depending on 'conversations' and being regulated at all times of their lives.

The children at Kids Club are constantly reminded not to run in the hall, unless there is a guided activity, requiring you to do so. This is how injuries occur. This has been the basis of many conversations in the past and at times, they need to be reminded that running to be 'first' is not accepted. A Consequence of this 'choice' is to go to the end of the line, so that they will then hopefully, in future have consideration for others and realise that in life, we are not always first and will still have the same outcome regardless.

At Kids Club, we believe that all children are 'good' children when they walk through the door and praise and compliments are given to all children when displaying accepted behaviour and there are consequences for poor choices and behaviour. In the past, over the Christmas Vacation Care period, we have purchased a \$100 prize and each day as the children walked in at the beginning of the day, they wrote their names on a sticky note and placed it on the wall. If/when a child was placed in 'time out' for the second time in a day, they then had to put their name in the bin and were not entered into the prize for that day. We found this was extremely successful, as the children displayed great choices and the consequence was 'real' to them and self managed. At the end of the day, all of the names left on the wall were placed in the box for the draw at the end of the Vacation Care Break. Please note: a child, who has behavioural management issues, won that prize at the holidays and a discussion was had with him about positive behaviour and the good consequences for it. So his 'good' days paid off and his mother was very supportive of this 'raffle'.

Just because the Accreditors, have not observed a 'conversation' does not mean they have not taken place in the past. We are told to carry on with our normal day to day activities for the Accreditors and yet, we are being unfairly judged when this occurs.

### The following attachments have been provided as supporting documentation:

There were no supporting documents or further evidence provided

### Rationale and outcome

The feedback statement provided by the Approved Provider does not provide further evidence to demonstrate how the service is meeting the NQS. Furthermore, consideration should be given by the Approved Provider to reviewing the current behaviour guidance strategies that have been outlined in the statement provided to ensure that these reflect the NQS.

### Therefore element 5.2.2 will remain as Not Met

Therefore standard 5.2 will remain as Working Towards NQS.

# **Quality Area 5 summary**

QA 5 Minor Adjustment notes

QA 5 Quality Improvement Plan notes

How can the service ensure that all educators are equipped with the skills and knowledge to positively guide children's behaviour?

How do educators challenge their own views and biases when responding to children's challenging behaviours and comments?

What strategies might be needed to further develop new educator's skills in responding to children's challenging behaviours to ensure that educators consistently respond in a way that is respectful and avoids language such as referring to a child's comments as 'silly'?

How can the service continue to develop each educator's capacity to engage in sustained conversations with children about their interests?

How do we model positive and respectful relationships for children?

How do we support children to form and maintain positive relationships with others?

How are plans to support individual behavioural needs communicated with all stakeholders to support consistency?

QA 5 Compliance notes

For Quality Area 5 – Relationships with children, is there a significant risk to the health, safety and wellbeing of children? NO

# **QA 5: Working Towards National Quality Standard**

# Quality Area 6 – Collaborative partnerships with families and communities

Standard 6 1		Respectful relationships are developed and maintained and families are su their parenting role.	upported in
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions.	Met
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.	Met
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.	Met

Demonstration of Exceeding themes for Standard 6.1	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 6.1 is rated

### **Meeting National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### Evidence for Standard 6.1

### **ENGAGEMENT WITH THE SERVICE**

- The service has an established enrolment and orientation process for all families. Prospective families are
  welcomed at the service to meet with educators and collect a copy of the service enrolment package that
  contains a copy of the parent handbook that they are encouraged to review and discuss any questions they may
  have prior to commencing care.
- Information was gathered from families to support continuity of care between the service, school and home. While verbal conversations are the preferred method of communication at the service, regular emails are also used to share information about how children are settling into the service.
- Families were encouraged to contribute to service decisions on a regular basis with strategies such as surveys, use of the service Facebook page and displays on the notice board used to seek feedback. For example, a photo of children's ideas for programming was posted on the service Facebook page with a request encouraging families to contribute any ideas that they may have for the program.

### PARENT VIEWS ARE RESPECTED

- Information about children's background experiences and interests is collected during the enrolment process
  and reviewed through regular verbal conversations with both children and families. This information is used to
  support the development of the program through planned activities such as the inclusion of Indian cooking and
  dancing to reflect the backgrounds of some children attending the service.
- Families are invited to be involved in the delivery of the program to share their knowledge, skills and family culture. For example, the mother of a child attending the service shared her family's cultural background by

- doing Lebanese cooking with the children.
- The service values the relationships developed with families and actively works with families to support individual parenting beliefs and needs. For example, a family discussed their challenges with supporting their child to learn the skills to regulate their behaviour with service staff requesting that time out be used as a consequence at the service. In response, the service negotiated a strategy to be used with the child at the service involving the child taking time out with an educator to discuss what was happening at the time. Over time, the child has begun to identify when they are becoming angry and withdraws to a designated quiet area at the service until they are ready to discuss their problem with educators who support the child to address these.

### **FAMILIES ARE SUPPORTED**

- The service uses a range of strategies to provide families with current information about the service including
  displays on notice boards, service website, emails, Facebook page and regular verbal conversations. Printed
  copies of the service Quality Improvement Plan and previous Assessment and Rating reports are available to
  families to view in the parent information area.
- Families are provided with information about local community groups and services, such as an upcoming sensory
  centre being held in town, through displays in the service environment and service Facebook Page. Further
  information and support that is relevant to the needs of the family is provided by the service as the need arises.
   For example, the parent of a child who was recently diagnosed with ADHD was provided with a resource book
  from the service and provided with the details of the local support group.

Standard 6.2 Collaborative partnerships enhance children's inclusion, learning and wellbeing.		ing.	
6.2.1	Transitions	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.	Met
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.	Not Met
6.2.3	Community engagement	The service builds relationships and engages with its community.	Met

Demonstration of Exceeding themes for Standard 6.2	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 6.2 is rated

### **Working Towards National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 6.2**

### **TRANSITIONS**

• The service had well developed strategies in place to support children's positive transitions within and between the service, home, school and other venues. An established relationship between the service and the school facilitates the inclusion and care of children attending the service. For example, staff at the school share

- information about children who may be experiencing challenges at school to enable educators to support the child during the afternoon and share this information with the child's family.
- The service has a procedure in place to support children who attend extra-curricular activities in the local community. Families are required to sign consent acknowledging the days and times that children attend these activities and children are dropped off using the service bus during the afternoon bus run.
- A range of strategies are in place at the service to support Prep children who are attending school and the
  service for the first time. During the first 6 months of the school year, educators accompany children to and
  from the service each day and an older peer is assigned as a buddy to support them as they settle in.
  Furthermore, educators contact families of Prep children to advise them that their child has arrived safely and
  has settled into after school care for the day.

### **ACCESS AND PARTICIPATION**

- The service has a collaborative approach between parent, the service and school to support the individual needs of children attending who have diagnosed additional needs and challenging behaviours. Identified strategies are communicated verbally through regular discussions.
- The service had a clear policy and procedure to support the inclusion of children with additional needs.

### **However:**

- There was limited evidence to support how the service actively engages with relevant support agencies and specialists to develop individual support plans for children who have diagnosed additional needs. During the visit it was discussed that while there are a number of children who have additional needs such as hearing impairment, ADHD and Autism there were no documented support plans developed to support educator practices. It was discussed that strategies that are used to support the inclusion of these children are communicated verbally between the school, service and parents only.
- The service did not have a Strategic Inclusion Support plan in place at the service to support the inclusion of all children. This was discussed with the Approved Provider and coordinator at the time of the visit who advised that they will seek further advice on how to develop this from the local inclusion support agency.

### **COMMUNITY ENGAGEMENT**

- Children were supported to develop an understanding of their social and cultural heritage and that of the
  broader community, including Aboriginal and Torres Strait Islander people through the use of resources and
  displays at the service. The service has continued to seek opportunities to provide children with a range of play
  and leisure experiences to explore their understandings through connecting with their families and local
  community. For example, a parent of a child attending the service visited to play the Didgeridoo with children to
  further broaden their understandings of the local Indigenous community.
- Regular incursions and excursions that are provided to children in the program provide opportunities for children to strengthen their understanding of the local and broader community and their place in it. For example, a police officer visited the service to discuss road safety with the children following road safety accidents that had occurred in the local community.

On 28 May 2018, the Approved Provider provided the following feedback to the draft assessment and rating report as follows:

Through our Facebook page, we are constantly sharing information to our families from a local ASD group, Waminda, Chamber of Commerce and other community groups activities. We have bought and lent books to parents to help them through the process of the diagnosis of their child. We are in constant communication with the parents verbally about their children, and if needed, their teachers. The triangle of communication is always there and appreciated. Some parents perceive it as a private issue and will politely reject help from us, but seek it from professionals they have sought. An inclusion support plan is being developed on paper, but through actions, all of our children of different abilities, disabilities are always at the forefront of our minds when developing the program for our centre.

With the majority of our enrollments being long term, and our Educators being employed long term, we have developed an intimate knowledge of the families and the children. Our long term enrollments surely are proof of this with families being enrolled with us from Prep to year 6.

I would like to see the Accreditors approach parents and ask their opinions on our staff interaction with the families. The communication provided by our centre and the acknowledgement of each and every family's customs and beliefs.

We have always had a Community Board and printed out and displayed many community notices for families to access and be informed of the communities around us. We also display any community recognition our enrolled children had achieved through the local newspaper or awards at school through our facebook page and this notice board.

### The following attachments have been provided as supporting documentation:

• There were no supporting documents or further evidence provided

### **Rationale and outcome**

The feedback statement provided by the Approved Provider does not provide further evidence to demonstrate how the service is meeting the NQS.

### Therefore element 6.2.2 will remain as Not Met

Therefore standard 6.2 will remain as Working Towards NQS.

# **Quality Area 6 summary**

QA 6 Minor Adjustment notes

QA 6 Quality Improvement Plan notes

How are plans developed to support the inclusion of children who require specific health, cultural or development support? How are therapists, the local inclusion support agency and other professionals involved in this process?

How can the service continue to recognise and build on the connections that already exist within the service and the local community and draw upon community knowledge and expertise to support children's understanding of their community and provide them with learning experiences that are meaningful and relevant to the community in which they live?

QA 6 Compliance notes

For Quality Area 6 – Collaborative partnerships with families and communities, is there a significant risk to the health, safety and wellbeing of children? NO

# **QA 6: Working Towards National Quality Standard**

# Quality Area 7 - Governance and leadership

Standa	ord 7.1	Governance support the operation of a quality service.	
7.1.1	Service philosophy and purpose	A statement of philosophy guides all aspects of the service's operations.	Met
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.	Not Met
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined and understood, and support effective decision making and operation of the service.	Met

Demonstration of Exceeding themes for Standard 7.1	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 7.1 is rated

### **Working Towards National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 7.1**

### SERVICE PHILOSOPHY AND PURPOSE

• The service's statement of philosophy and acknowledgements is provided to educators for review on commencement during induction and orientation, displayed in the office, and in handbooks on the website. During the visit it was discussed that the Approved Provider and educators believe that the existing philosophy statement continues to reflect the service and it has therefore not been reviewed more formally or changed. The service recently reviewed the acknowledgements that have been developed to accompany the service philosophy statement to include not only the traditional owners of the land, but to also include the contribution of the many different cultures who have defined the farming land of the local community. Feedback was sought from families regarding the inclusion of these acknowledgements using the service Facebook page with those who responded happy with the inclusion to reflect the diverse cultural history of the community.

### **MANAGEMENT SYSTEMS**

- Information about the structure of the management of the service was provided to families on enrolment at the service in the parent handbook, displayed at the service and available on the service website.
- Procedures were in place to ensure records were maintained in accordance with legislative requirements, including notifying the regulatory authority of serious incidents or complaints. Discussions with the Coordinator and Approved Provider confirmed they were aware of the reporting requirements and associated time frames.
- The service policies and procedures were available in the parent information area and on the service website.

### However:

• While the service had all of the policies required by the National Regulations, review of these evidenced that

these did not all align with service practices. For example, the service policy 'Departure of Children with Self Care or Sibling Care Arrangements' policy did not align with service practices. During discussions with the Approved Provider, it was advised that children do not leave the service premise with any person authorised by the parent unless they are aged 18 years or over. While an updated copy of the service arrivals and departures policy was provided to reflect this, a copy of the amended 'Departure of Children with Self Care or Sibling Care Arrangements' policy and evidence of how the policy changes have been communicated to staff and families at the service was not provided to support the application of a minor adjustment.

### **ROLES AND RESPONSIBILITIES**

• The service had a well-developed induction process for new and relief staff. On induction at the service, educators are provided with a copy of the staff handbook that contained relevant policy information with a full copy of the service policies and procedures available on the service website that they are encouraged to familiarise themselves with. During the induction process, educators are familiarised with the appropriate position description with expectations of the role clarified through discussion with the Approved Provider. An induction checklist was sighted during the visit for the most recently employed educators.

On 28 May 2018, the Approved Provider provided the following feedback to the draft assessment and rating report as follows:

Any anomalies found in our Policies and Procedures by the Accreditors have been amended. Our Policies are sourced by QCAN and we make every effort to align these with our practices. We will discuss different policies during our Staff Meetings and Sandra and I will read and review them regularly. Each year QCAN send updates and these are applied to our Policies and Procedures and updated. More indepth reviews will take place in future as at times, our procedures may change from time to time without updating these physically in our written Procedures.

### The following attachments have been provided as supporting documentation:

• There were no supporting documents or further evidence provided

### **Rationale and outcome**

The feedback statement provided by the Approved Provider does not provide further evidence to demonstrate how the service is meeting the NQS. Furthermore, consideration should be given to reviewing the service practices relating to the updating of policies and procedures as outlined in the statement above to ensure that these align with r172 of the National Regulations.

### Therefore element 7.1.2 will remain as Not Met

Therefore standard 7.1 will remain as Working Towards NQS.

Standard 7.2		Effective leadership builds and promotes a positive organisational culture and professional learning community.	
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place.	Met
7.2.2	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.	Not Met
7.2.3	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.	Met

Demonstration of Exceeding themes for Standard 7.2	
Practice is embedded in service operations	No
Practice is informed by critical reflection	No
Practice is shaped by meaningful engagement with families and/or the community	No

### Standard 7.2 is rated

### **Working Towards National Quality Standard**

For a service to achieve Exceeding NQS for a standard, all elements linked to that standard must be 'met' and service practice must demonstrate all three Exceeding themes.

### **Evidence for Standard 7.2**

### **CONTINUOUS IMPROVEMENT**

- Information and data was collected to inform the process of planning and continuous improvement, and
  although families have not been directly involved in the QIP, they have been provided with information about
  the service's QIP processes. Regular family and children's surveys and ongoing verbal conversations provide
  opportunities for the service to gather family input with regular staff meetings used to consolidate and review
  the plan for continuous improvement.
- The service's Quality Improvement Plan (QIP) was available at the service and contained identified areas for improvement and suggestions have been made for continuous improvements. Brief progress notes on the service improvements were sighted in the QIP and discussed with service contacts during the visit. For example, the service identified the progress of embedding opportunities for children to strengthen their knowledge and understandings of indigenous culture. This process involved contacting local Indigenous community groups, sourcing a range of resources and parent involvement.

### **EDUCATIONAL LEADERSHIP**

The Coordinator has been appointed to the role of Educational Leader at the service and has allocated noncontact time to develop the program and support educators as they continue their training and development.
During discussion with the Educational Leader it was advised that this time is used to support educators with
their study with some time allocated to supporting an educator to understand and learn how to document the
program.

### However:

• Although a suitably qualified educator was appointed to the role of Educational Leader and time was allocated to meet with educators, there was insufficient evidence to demonstrate that effective mentoring and support of educators understanding of educational program and practice was occurring. For example, program documentation did not demonstrate how it promotes reflection on educators' pedagogy and practice or, how the assessment and planning cycle is applied consistently to all children in a way that demonstrates understanding of all children's all children's strengths, ideas and abilities across the learning outcomes.

### **DEVELOPMENT OF PROFESSIONALS**

- The service has a process in place to formally review each team member's performance on an annual basis. Completed reviews sighted during the visit evidenced that these are completed by the Approved Provider with comments made throughout relating to each area offering feedback to the educator about their performance. These are then discussed during a meeting between the Approved provider and educator and an opportunity is provided to record the educator's comments.
- The Approved Providers and co-ordinator demonstrated an awareness of each educator's professional strengths and needs and discussed strategies in place to support continued professional development. For example, senior educators mentor the junior educators and the Approved Providers are always on sight at the service to

provide ongoing feedback and guidance to all educators.

On 28 May 2018, the Approved Provider provided the following feedback to the draft assessment and rating report as follows:

This reflection on our Educational Leader is totally unwarranted. Kylie has always been a fantastic support to our younger staff members and has, in her own time, helped and assisted them through their studies for their qualifications. Kylie is extremely approachable and is proficient in her role as Educational Leader. Sandra and I are greatful and thankful of her input into Kids Club and we are blessed to have her on Staff at Kids Club Dalby.

Kylie develops our program weekly with the childrens learning outcomes shown in her diary/book. She also guides our other Educators through the planning of the program, outcomes and delivery of these programs. She is extremely proficient in the 'My Time Our Place' curriculum. If/when Kylie is sick or on leave, we are confident that the Senior Educators are confident in developing the program in her absence.

### The following attachments have been provided as supporting documentation:

There were no supporting documents or further evidence provided

### Rationale and outcome

The feedback statement provided by the Approved Provider does not provide further evidence to demonstrate how the service is meeting the NQS.

### Therefore element 7.2.2 will remain as Not Met

Therefore standard 7.2 will remain as Working Towards NQS.

# **Quality Area 7 summary**

QA 7 Minor Adjustment notes

QA 7 Quality Improvement Plan notes

How can the service ensure that all policies and procedures reflect service practices?

How can the service quality improvement plan be further utilised as a tool to promote reflection and strive toward quality outcomes for all children?

How can the Educational Leader further support educators to understand all steps on the planning cycle when planning and implementing programs for each child and the group of children?

The following links are provided for your consideration:

ACECQA, Educational leadership and team building <a href="https://www.acecqa.gov.au/sites/default/files/2018-04/QA7\_EducationalLeadershipAndTeamBuilding\_0.pdf">https://www.acecqa.gov.au/sites/default/files/2018-04/QA7\_EducationalLeadershipAndTeamBuilding\_0.pdf</a>

How to develop and update policies successfully (without the stress)

http://www.ecrh.edu.au/docs/default-source/resources/ipsp/how-to-develop-and-update-policies-successfully-(without-the-stress).pdf?sfvrsn=6

QA 7 Compliance notes

For Quality Area 7 – Governance and leadership, is there a significant risk to the health, safety and wellbeing of children? NO

QA 7: Working Towards National Quality Standard

# **Assessment and rating summary**

Quality Area 1 is rated	Working Towards National Quality Standard
Quality Area 2 is rated	Working Towards National Quality Standard
Quality Area 3 is rated	Meeting National Quality Standard
Quality Area 4 is rated	Working Towards National Quality Standard
Quality Area 5 is rated	Working Towards National Quality Standard
Quality Area 6 is rated	Working Towards National Quality Standard
Quality Area 7 is rated	Working Towards National Quality Standard
Overall rating	Working Towards National Quality Standard

# **Summary comments**

Your service is acknowledged for the efforts undertaken in relation to undergoing the assessment and rating process. As part of your continuous improvement cycle you are provided with this report in order for you to further consider and prioritise areas for continuous improvement.

We wish you well as you reflect on practices to further improve practice and achieve best quality outcomes for the children in your care.

The overall rating of the service is Working Towards National Quality Standard (W).

### Minor Adjustment notes summary

### QA2

On 10 April 2018 a minor adjustment was offered in relation to element 2.2.3. At the time of the visit, it was advised that no formal child protection training had been undertaken by the nominated supervisor or coordinator. On 19 April 2018, confirmation that all staff have completed relevant child protection training was provided.

### Quality Improvement Plan notes summary

QA1 How can educators further empower children to take a leading role in the planning and delivery the program?

How can routines be further developed to include a wide range of opportunities for children to assume leadership roles?

How can educators provide more scope in the documentation of critical reflection to ensure that what they are documenting is meaningful and clearly identifies children's ideas and interests and how they relate to outcomes?

How can educators strengthen the cycle of planning process to ensure that each child has opportunity to influence the program with their own ideas and interests and capture their thoughts, ideas and suggestions which can be recorded and acted upon?

How can the Educational Leader continue to provide regular opportunities for the facilitation of reflective conversations, with individual educators, or whole teams and consistently provide rich documentation of educator reflections?

ACECQA, Involving children in decision making

https://www.acecga.gov.au/sites/default/files/2018-

04/QA1\_SupportingAgencyInvolvingChildreninDecisionMaking.pdf

ACECQA, Developing a culture of learning through reflective practice

https://www.acecqa.gov.au/sites/default/files/2018-

04/QA1 DevelopingaCultureofLearningThroughReflectivePractice 0.pdf

QA2 What opportunities are there to engage children in experiences that support an awareness of child protective behaviours?

How can the service explore strategies to actively raise family and community awareness of child protection issues?

How can the service continue to ensure that individual medical management plans and risk minimisation plans for children with diagnosed medical conditions are relevant in content and provide clear instructions in the event of an emergency?

How do educators adjusting their levels of supervision depending on the area of the service and the

	skills, age mix, dynamics and size of the group of children they are supervising?
	How can educators strengthen their supervision to be more alert to and aware of risks and hazards and the potential for accidents and injury throughout the service, not just within their immediate area?
QA3	How can the service further develop each educator's capacity to identify opportunities for embedding sustainable practices such as the re-use of water on garden beds? What opportunities exist to involve children in conversations about these practices as they occur?
	How the service can continue to support the children, families and educators to contribute to a sustainable future within the service and within the wider community?
QA4	How might the current practices for mentoring and supporting new educators and those who are studying be reviewed to improve practices?
	What strategies can be used to develop the Approved Provider and each educator's awareness and knowledge of the Early Childhood Australia Code of Ethics?
	How can service management continue to support and develop the professional capacity of each staff member in contributing to the overall running of the service?
QA5	How do educators challenge their own views and biases when responding to children's challenging behaviours and comments?
	What strategies might be needed to further develop new educator's skills in responding to children's challenging behaviours to ensure that educators consistently respond in a way that is respectful and avoids language such as referring to a child's comments as 'silly'?
	How can the service continue to develop each educators capacity to engage in sustained conversations with children about their interests?
	How do we model positive and respectful relationships for children?
	How do we support children to form and maintain positive relationships with others?
	How are plans to support individual behavioural needs communicated with all stakeholders to support consistency?
QA6	How are plans developed to support the inclusion of children who require specific health, cultural or development support? How are therapists, the local inclusion support agency and other professionals involved in this process?
	How can the service continue to recognise and build on the connections that already exist within the service and the local community and draw upon community knowledge and expertise to support children's understanding of their community and provide them with learning experiences that are meaningful and relevant to the community in which they live?
	How do educators demonstrate an ongoing commitment to developing their own cultural competence in a two-way process with families and the community?
	What alternative strategies can be created to further enhance greater feedback and input from families?
QA7	How can the service quality improvement plan be further utilised as a tool to promote reflection and strive toward quality outcomes for all children?
	How can the Educational Leader further support educators to understand all steps on the planning cycle when planning and implementing programs for each child and the group of children?

The following links are provided for your consideration:

ACECQA, Educational leadership and team building <a href="https://www.acecqa.gov.au/sites/default/files/2018-04/QA7">https://www.acecqa.gov.au/sites/default/files/2018-04/QA7</a> EducationalLeadershipAndTeamBuilding 0.pdf

How to develop and update policies successfully (without the stress)

 $\frac{http://www.ecrh.edu.au/docs/default-source/resources/ipsp/how-to-develop-and-update-policies-successfully-(without-the-stress).pdf?sfvrsn=6$ 

# Compliance notes summary

### QA<sub>2</sub>

On 14 May 2018, a compliance caution letter was issued in relation to r90 and r170 regarding the matters noted involving the service medical conditions policy and development of risk minimisation plans for all children who were identified as requiring these.