

Free University of Berlin, the Federal Ministry for Family, Seniors, *Women and Youth*  
*and the Friedrich-Ebert Foundation:*  
*Meeting on innovative programs directed at improving and ensuring high quality*  
*early childhood centre-based programs*  
*Berlin, Germany, 22-23 March 2005*

## ***Child Care Quality Assurance - the Australian Approach***

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### **Introduction**

The National Childcare Accreditation Council (NCAC) administers Child Care Quality Assurance (QA) systems for Australian children's services, promoting quality care for all children in Australia.

Australia is the first country in the world to develop national Child Care Quality Assurance systems that are initiated, funded and supported by Government. These are the Quality Improvement and Accreditation System (QIAS) for long day care centres, Family Day Care Quality Assurance (FDCQA) for family day care schemes and Outside School Hours Care (OSHCQA) for outside school hours care services.

Long day care centres in Australia provide formal care for children from 0-5 years of age. The centres operate for a minimum of eight hours each day. Some centres operate longer hours or provide for the needs of particular workers, eg shift workers.

Family day care schemes in Australia provide care for children aged 0-12 in a carer's home. A local administrative coordination unit recruits and resources carers, and organises the placement of children with carers.

Outside school hours care services provide care for school age children before and after school and during school vacations. Care is provided on school premises or in local facilities. Where care is not provided on the premises of the school that the child attends, the outside school hours care service puts into operation procedures for dropping off and/or collecting children.

The broad objective of the QA systems is to ensure that children in child care in Australia have stimulating, positive experiences and interactions that nurture all aspects of their development.

The fundamental role of NCAC is to manage the processes by which standards of quality care are kept consistent with current research, theory and best practice and applied to child care services in Australia. NCAC aims to support and improve the quality of care provided by Australian children's services, and to assist families to make informed decisions when choosing quality child care.

## **The Impetus for the Implementation of the Child Care Quality Assurance Systems**

The growth in knowledge of early and middle childhood, the changing and diverse needs of families in Australia, an increase in the number of children in care and the amount of time they spend there, all combine to highlight a need for a systematic approach to quality improvement in Australian children's services. A number of factors set the stage for a change of attitude towards child care and provided an impetus for the development of the QA systems for children's services.

**First** of all, there has been an increase in the understanding of the significance of the early years in a child's life. Recent research on brain development has shown that quality child care enhances children's development and plays an important role in reducing criminal activity and poor health in later life. It is now widely accepted that we learn more in the first five years of life than in any other five-year period.

Much recent research and debate in the USA and now in Australia supports the belief that quality child care nurtures healthy brain development. Research in the USA has found that:

*"In the early years, children's brains form twice as many synapses (brain connections) as they will eventually need. If these synapses are used repeatedly in a child's day-to-day life, they are reinforced and become part of the brain's permanent circuitry. If they are not used repeatedly, or often enough, they are eliminated. In this way, experience plays a crucial role in "wiring" a young child's brain" (R. Shore 1997: 17).*

The role of early childhood professionals in 'wiring' a child's brain is significant - and it must be done with positive interactions and activities appropriate to the child's level of development.

Research has also shown that quality child care contributes to successful later learning.

An example of this research is the Carolina Abecedarian Project, conducted in the US from 1972 to 1985 (Bowes and Hayes 1999). It was an experimental study of early childhood education intervention - for children and their low-income families. This included high-quality, full day child care for preschoolers. The program focused on language development and pre-literacy learning.

The study found that:

- Young children's development in high quality preschool programs had positive effects on intellectual development and academic achievement.
- At the age of 12, participating children had IQ scores that averaged 5.3 points higher than a comparison group of non-participants.
- At age 15, compared to the comparison group, participants showed higher achievement test scores and had 50 percent fewer special education placements.

Linked to this, the research also shows that quality child care reduces the costs to the community - monetary and otherwise - of crime.

In the US, the Federal Government has incorporated early childhood programs into its crime prevention strategies. Australia has also recognised the link between early childhood developmental learning and crime prevention, as evident in the *Pathways to Prevention* report by the Australian National Crime Prevention Authority (1999).

The **second** important impetus for the development of the QA systems is that the number of Australian children being cared for outside their homes has increased with the growth in the number of families in which both parents are working or, in the case of sole parents, where the parent is working. Statistics show that almost half of all Australian women with children 0-4 years are in paid employment (Australian Department of Family and Community Services (FaCS) 1999).

In recent years, the number of children from birth through primary school age being cared for outside their homes has increased dramatically. The *2002 Census of Child Care Services* conducted by FaCS (2002) indicates that the number of children attending child care increased by 27% between 1999 and 2002 (Table 1).

**Table 1: Children by service type (including estimates for non-responding services).**

Estimated Number of Children Attending Child Care in Australia 1996-2002			
Service Type	1996-7 Census	1999 Census	2002 Census
Long Day Care	294,700	301,540	367,140
Family Day Care	84,790	83,080	95,630
Outside School Hours Care	99,520	107,420	148,040
Vacation Care	30,970	69,300	103,560
Total	529,320	577,450	732,150

In proportion to the increasing number of children attending care, the number of services providing child care in Australia has also grown. As at 1 February 2005, 7,869 child care services were registered with NCAC to participate in the QA systems. The changing and diverse needs of families in Australia, which include work-related and non work-related care, are reflected in the increased demand for child care services.

Many Australian children are cared for across several settings in their early years of development. For example, some children may attend family day care three days a week and long day care on the other two days. Many children will move from long day care to outside of school hours care. Families of children in all service types need an assurance that their children are being cared for in a quality environment. Staff in those services deserve recognition for the excellent work they do.

The **third** important impetus for the development of the QA systems is that:

*The average amount of time an individual child spends in care has grown. A child can spend up to 12,500 hours in child care before starting school, (based on attendance of 50 hours per week for 5 years): that's only 500 hours less than the child will spend in lessons during the whole 13 years of schooling.*

*The growth in our knowledge about young children, the numbers of those children in care and the amount of time they spend in care have all combined to throw the issue of the quality of that care into sharp focus.*

(NCAC 1993)

These factors were significant enough to arouse interest in the provision of quality child care, where previously the quantity of places was the significant factor. This focus on quality developed the interest in quality improvement and accreditation, which came from within the child care sector and gained support from the political sphere.

The development of the QA systems signified an important move towards defining the parameters by which the standards of quality care would be defined and applied to child care services in Australia. The relevance of the QA systems in promoting and ensuring quality child care environments for the 732,150 (FaCS 2002) children in care in Australia is increasingly important, with more children spending more time in child care than ever before.

## **The Philosophy of the Child Care Quality Assurance Systems**

The fundamental purpose of the QA systems is to promote quality child care experiences for all children enrolled in child care services in Australia.

While each QA system is unique and designed specifically to meet the diverse needs and requirements of the service being provided, the goals and objectives of all systems are the same. The broad, collective objective of the QA systems is to ensure that all children in care have stimulating, positive experiences and interactions that nurture all aspects of their development.

QA is designed to build on and complement State and Territory licensing regulations where they exist. These regulations generally provide a minimum standard of operation for services and cover a range of factors including space, equipment, staff : child ratios and staff qualifications. The QA systems shift the focus from meeting minimum physical standards to striving towards the highest level of care.

The QA systems focus on quality outcomes for children and relationships between staff, children and their families. This is done by measuring the factors that determine

quality to gauge the standard of care and education that actually exists in a particular service.

The Quality Assurance systems define quality as positive outcomes for children’s learning and development. A quality child care service:

- Has a clear philosophy and goals, agreed between the staff, carers, management and the families, which guide all activities at the service.
- Appreciates, respects and fosters the individuality and the interdependence of all children, including children from diverse backgrounds and children who have additional needs.
- Considers the appropriateness of all experiences and activities affecting the children in relation to their development.
- Encourages families to become involved in the service and fosters the relationship between staff, carers and families so that they can support one another in their complementary roles.

These determining aspects of quality are broken down into Quality Areas, Principles and Indicators of practice:

<b>QIAS</b>	<b>FDCQA</b>	<b>OSHCQA</b>
<ul style="list-style-type: none"> <li>▪ Relationships with Children</li> <li>▪ Respect for Children</li> <li>▪ Partnerships with Families</li> <li>▪ Staff Interactions</li> <li>▪ Planning and Evaluation</li> <li>▪ Learning and Development</li> <li>▪ Protective Care</li> <li>▪ Health</li> <li>▪ Safety</li> <li>▪ Managing to Support Quality</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interactions</li> <li>▪ Physical Environment</li> <li>▪ Children’s Experiences, Learning and Development</li> <li>▪ Health, Hygiene, Nutrition, Safety and Wellbeing</li> <li>▪ Management and Administration</li> </ul>	<ul style="list-style-type: none"> <li>▪ Respect for Children</li> <li>▪ Staff Interactions and Relationships with Children</li> <li>▪ Partnerships with Families and Community Links</li> <li>▪ Programming and Evaluation</li> <li>▪ Play and Development</li> <li>▪ Health, Nutrition and Wellbeing</li> <li>▪ Protective Care and Safety</li> <li>▪ Managing to Support Quality</li> </ul>

## **The Goals of Child Care Quality Assurance in Children's Services**

The QA systems seek to support all services to reach the quality standard required for Accreditation, to facilitate and support continuous improvement to the quality of child care provided for children in Australia and to assist families to make informed decisions when choosing quality child care.

NCAC aims to provide children's service providers and families with information related to the quality of child care that is current, accurate and comprehensive. NCAC also endeavours to ensure that information on the requirements of the QA systems is accessible and easy to understand.

The QA systems encourage positive two-way communication between child care services and families regarding issues such as the service's program and maintenance practices. Families are now more aware of the level of quality they may expect from a service and their right to comment on service practices. The QA systems empower families to make informed choices when selecting care for their children and encourage the accountability of child care providers to families looking for quality care for their children.

A further goal of the QA systems is to recognise those working in the sector as professionals and heighten awareness of the important service they provide. Community recognition of the work and worth of the child care profession has been raised through the implementation of the QA systems.

Families of children in all service types need an assurance that their children are being cared for in a quality environment. Staff in those services also deserve recognition for the excellent work that they do.

The fact that Australia has funded and supported QA systems in children's services has brought a number of other benefits to the early/middle childhood sector. Many resources are now much more accessible on a national basis due to interstate networking and sharing of ideas and there has been a national exchange of ideas relating to good practice. In this way, much duplication of effort has been eliminated and good practice has been enhanced.

Child care services can now benefit from agencies outside the early childhood sector which are targeting and adapting their resources, kits and information to the

needs of children's services. This is particularly evident in the health and safety area where a number of resources are now produced targeting child care services. Corporate sponsorship has also been gained by child health educators for the development of national health, safety and nutrition information for service staff and families, directly related to the QIAS and FDCQA Quality Areas. This is being developed by the Centre for Community Child Health, a subsidiary of the Royal Children's Hospital in Melbourne.

## Developing the Child Care Quality Assurance Systems

There are three essential elements of effective QA (QA) systems:

- Public standards that have face validity
- Maximum reliability and validity of Accreditation Decisions
- Processes that promote continuing quality improvement

- **Face Validity**

It is essential that QA systems are based on a theoretically sound set of standards developed by a panel of experts. It is also essential that there is consultation with the relevant sector or profession on these standards and that a level of agreement is reached on the appropriateness of the standards.

Once agreement is reached a standards document needs to be developed that clearly specifies these standards. Each of NCAC's QA systems were developed by a working party with expertise in service delivery in the relevant service type and involved wide consultation with the relevant child care sector. The QA standards documents (*QIAS Source Book*, 2001; *FDCQA Quality Practices Guide*, Second edition 2004; and *OSHCQA Quality Practices Guide*, 2003) outline the Quality Areas, Principles and Indicators of quality child care.

- **Maximum Reliability and Validity**

In order to ensure that Accreditation Decisions are reliable and consistent it is essential that measurement error is minimised. To achieve this it is important that data on quality care provided by the service is collected from a variety of perspectives, and that a confirmatory factor analysis is undertaken to ensure that the components or factors of quality, as specified in the standards document, are a good fit. That is,



the indicators of Quality relate well to their respective Principles and the Principles relate well to their respective Quality Areas.

It is also important to undertake appropriate data analysis to calculate weightings that reflect the extent to which each standard (or Principle) contributes to its particular Quality Area. These weightings are used to calculate a *Composite Quality Profile* for each service.

For example, in the QIAS, data is collected from 6 perspectives: the service director, staff, families, Validation and Moderation. In June 2002 a confirmatory analysis was undertaken by the Australian Council of Educational Research (ACER). The confirmatory factor analysis indicated that the data collected by the NCAC had an excellent fit with the construct of quality defined by the 10 QIAS Quality Areas and the 35 Principles underlying these Quality Areas. Indeed, this quality construct accounts for 99% of the variance and co-variance in the data. The results of the measurement analyses were used to develop database protocols in relation to the weighting of each Principle, thus minimising measurement error. These protocols enable NCAC to calculate a reliable *Composite Quality Profile* for each service receiving an Accreditation decision.

- **Continuing Quality Improvement**

It is essential that continuing quality improvement is a focus for all services participating in QA systems. In the QIAS, FDCQA and OSHCOA the standards documents help services to engage in an on-going process of self-study and improvement of their practices. Services participating in the QA systems are required to submit a *Self-study Report* outlining current achievements against the QA standards, and plans for continuing improvement in each Quality Area. All participating services have access to timely training and advice on relevant resources to assist quality improvement.

## How the Child Care Quality Assurance Systems Work

The standards of quality care are intended to guide staff practices that best promote positive outcomes for children. This is achieved when management, staff and families work together to assess the current state of their programs, set goals for program improvement and have their quality standards validated. All of the QA systems operate on a 5 step process. The 5 steps of Quality Assurance are:

Step 1: Registration

Step 2: Self-study and Continuing Improvement

Step 3: Validation

Step 4: Moderation

Step 5: Accreditation Decision

### **Step 1: Registration**

New services are required to register with the NCAC before their application to administer Child Care Benefit (funding for families using child care) will be finally approved by the Australian Government. When a service changes ownership or management, the new owner must complete a change of registration. Registration and participation in QA is necessary if a service is to continue to offer Child Care Benefit to families attending the service.

### **Step 2: Self-study and Continuing Improvement**

On a regular and cyclical basis each service makes a self-assessment of the quality of its practice through consultation with all staff and families at their service. The service evaluates the quality of its practice for each of the Quality Areas and Principles against the standards outlined by the NCAC (refer to *QIAS Source Book*, 2001; *FDCQA Quality Practices Guide*, Second edition 2004; and *OSHCQA Quality Practices Guide*, 2003). From such ongoing self-assessment, the service develops and implements a continuing cycle of quality improvement plans.

The results of this self-assessment are summarised in a *Self-study Report* (Appendix 1) to be submitted to the NCAC by a predetermined due date. In completing the *Self-study Report* the service will provide a rating of its own performance against the Principles in each Quality Area. The service is required to document aspects of current practice and outline its *Continuing Improvement Plan*.

Quality improvement is a collaborative process involving all members of the service. QA encourages each service, its children and families to work together in their

complementary roles to define a philosophy and goals which guide appropriate experiences for children, the style of interactions and all other activities at the service.

Accredited services are required to submit a *Self-study Report* to the NCAC every two and a half years. An Accredited service's next *Self-study Report* is due by the end of the month specified on its *Certificate of Accreditation*.

The Australian Government funds a range of agencies to assist services participating in the QA systems. This may be in relation to self-study and continuing improvement and the delivery of quality services. Services provided by these agencies include telephone information, visits to services, training courses, lending resources and bookshops.

### **Step 3: Validation**

A peer Validator, selected and trained by NCAC, visits the service to validate its quality practices. Wherever possible, NCAC uses the preferred specialist knowledge areas indicated by the service in its *Self-study Report* when allocating a Validator to visit the service. Such specialist knowledge areas include indigenous children, community based services and rural services.

The Validator observes the service's practices, sights any necessary service documentation and completes a *Validation Report* (Appendix 2). Validators also collect the *Validation Surveys* (Appendix 3) completed by the director, staff/carers, families and school-aged children (OSHCQA and FDCQA) during the weeks prior to the Validation Visit, and return them to NCAC together with the *Validation Report*.

Depending on the size of the service, the Validator will spend anywhere from one day in a small long day care service with up to and including 29 licensed places in regular use, to five days in a family day care scheme with over 601 equivalent full time places.

Following the Validation Visit the service may complete a *Validation Evaluation Form* (Appendix 4) and return it to NCAC. This form allows the service to provide feedback to NCAC on the Validation Visit, and to raise any concerns or issues for consideration by NCAC.

#### **Step 4: Moderation**

The process of Moderation helps to ensure that all services participating in the QA systems are treated consistently on a national basis. Moderators assess the quality of the service's practice, guided by information in the service's *Self-study Report*, the *Validation Surveys* and the *Validation Report*. Moderators also consider information from the service's *Validation Evaluation Form*, where available.

Moderators look at each service as a whole, identifying patterns of quality care within the service. A composite *Quality Profile* is compiled by NCAC from information in the service's *Self-study Report* and *Validation Surveys*, the *Validation Report* and the Moderation ratings. The *Profile* shows a composite of these various perspectives of service performance across the Quality Areas of the QA system using protocols developed for NCAC by the Australian Council for Educational Research.

Moderators write a *Continuing Improvement Guide* for the service which focuses on quality improvement, based on the trends evident in the service's composite *Quality Profile* (Appendix 5).

#### **Step 5: Accreditation Decision**

The Accreditation Decision is the final step in the QA systems and is determined by NCAC. To be Accredited a service must achieve a rating of Satisfactory or higher in all Quality Areas as detailed on the composite *Quality Profile*.

Accredited services are required to prominently display their *Certificate of Accreditation* in the service. Services are also provided with a second certificate showing the service's composite *Quality Profile* and the names of service staff who participated in the QA process. This *Quality Profile Certificate* is for display at the discretion of the service.

An Accredited service is required to continue its self-study and continuing improvement cycle (see Step 2 above) until its next *Self-study Report* is due for submission. The Accreditation period is two and a half years between submission of *Self-study Reports*.

Services that do not meet the standard required for Accreditation are required to submit another *Self-study Report* six months from the date of the NCAC Decision.

NCAC supports and facilitates the continuing improvement of these services in a number of ways. The *Continuing Improvement Guide* developed at Step 4:

Moderation, provides suggested processes, training and resources to support service

practice. NCAC's Information and Support Team can provide telephone advice regarding the Accreditation Decision and documentation and provide support for on-going improvement.

Government funded child care professional support providers are also available to advise and assist services through the QA systems. Services which have not met the standard required for Accreditation more than twice consecutively are required to seek assistance from an appropriately qualified and experienced professional from outside the service and its organisation.

### **Accreditation Decision Reviews**

Where a service is not satisfied with the Accreditation Decision made by NCAC they may apply to the Accreditation Decisions Review Committee (ADRC) for a review of that Decision. The ADRC is an independent body, appointed under Section 16 of the *Child Care Act 1972* to review Accreditation Decisions made by NCAC following the receipt of a service's application to have an Accreditation Decision reviewed.

## **Administering the Child Care Quality Assurance Systems**

NCAC is currently administering Quality Assurance systems for over 7,800 child care services which provide care to 732,150 children across Australia (FaCS 2002).

Although the QIAS, FDCQA and OSHCQA may appear straightforward, it is certainly a challenge to administer them.

NCAC has one national office located in Sydney from which 70 staff work to administer the three QA systems. A large proportion of NCAC staff are experienced and qualified early and middle childhood professionals who support services through the Accreditation process. All NCAC staff are committed to promoting quality child care in Australian children's services and to making a difference for children.

The QA systems are based on peer review, where early childhood professionals working in child care are trained by NCAC to undertake a review of service practice. NCAC continually trains Validators and Moderators and requires approximately 1000 Validators and 50 Moderators across the country to undertake more than 2,600 Validation Visits and Moderation sessions each year.

## **Validators**

Validators are qualified and experienced child care professionals with recent experience in a long day care, family day care or outside school hours care service.

To become a Validator an applicant must, firstly, meet the selection criteria set by NCAC (available on the NCAC website, [www.ncac.gov.au](http://www.ncac.gov.au)). Secondly, the applicant must undertake a five-day training program and thirdly, they must successfully attain the required standard of competency in an assessment at the conclusion of the training program.

Validators are required to undertake at least 10 days of Validation Visits each year. They are provided with regular support and performance feedback by members of NCAC's Validator Program Team. To keep them up to date with administrative changes and current issues a newsletter, the *Validator Bulletin*, is published regularly and Validators attend annual update training sessions.

Validators work in an honorary capacity for NCAC. Services release their staff (NCAC trained Validators) to undertake Validation Visits for NCAC. NCAC meets the cost of replacing the Validator in their service and covers all associated costs for participation in Validator Training and conducting Validation Visits. This includes travel and accommodation (where necessary). NCAC also pays each Validator a small allowance for each day spent Validating a service.

Working as a Validator for NCAC is a commitment not only for the Validator, but also the Validator's child care service. It is difficult for Validators to be away from their own services even when they are replaced by relief staff. They may also need to travel and be away from their own families. However, there are benefits such as professional development, particularly in the areas of observation and communication, and the development of a deep understanding of quality improvement and quality practices.

## **Moderators**

Moderators are qualified professionals with considerable experience in the early or middle child care sector. They have recent experience in long day care, family day care or outside school hours care service delivery and/or in delivery of pre and post service training or in research.

To become a Moderator, an applicant must firstly meet the selection criteria set by NCAC (available on the NCAC website, [www.ncac.gov.au](http://www.ncac.gov.au)). Secondly, the

applicant must undertake a three-day training program and thirdly, they must successfully attain the required competency standards.

Moderators are required to undertake 5, two day Moderation Sessions each year. They are provided with regular support and performance feedback. To keep them up to date with changes or current issues an NCAC *Moderator Newsletter* is published regularly and annual refresher training is provided.

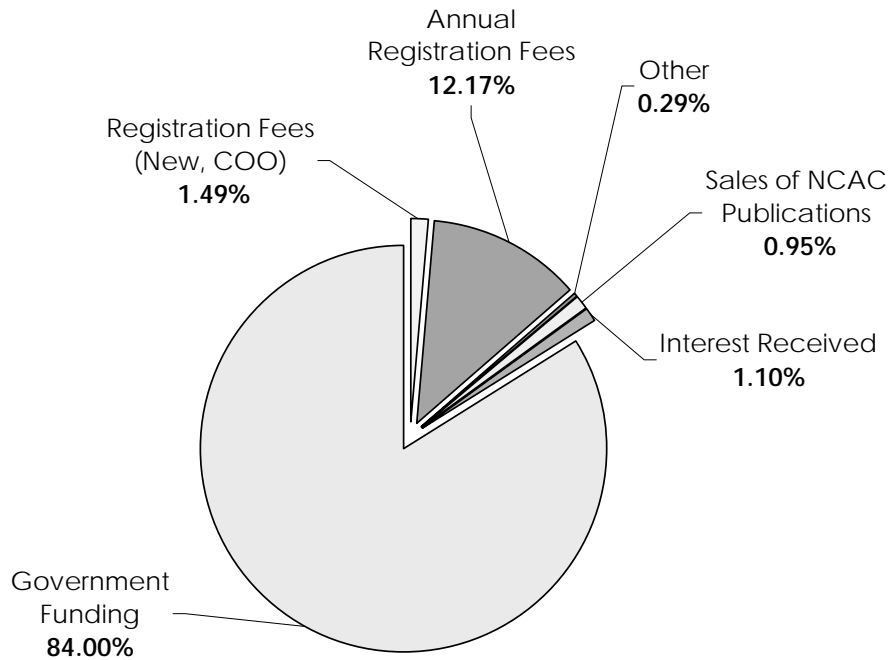
The expansion of the QA systems to include first FDCQA and then OSHCQA alongside QIAS has had tremendous impact at the NCAC, requiring more NCAC staff, Validators and Moderators, and on-going quality improvement of the QA systems and the way they are administered. Employee numbers have increased in proportion to new responsibilities to ensure the continued efficient and effective administration of the systems and to meet the needs of children's service providers.

## **Covering the Costs**

Australia is the first country in the world to develop national child care QA systems that are initiated, funded and supported by Government. In Australia, families on low and middle incomes receive assistance with child care fees from the Australian Government. Child Care Benefit is paid directly to parents accessing care in services participating in the QA systems administered by NCAC. So, while participation in the QA systems is not compulsory for services, as many parents need to offset the cost of child care with government assistance most services need to participate in the QA systems in order to remain viable.

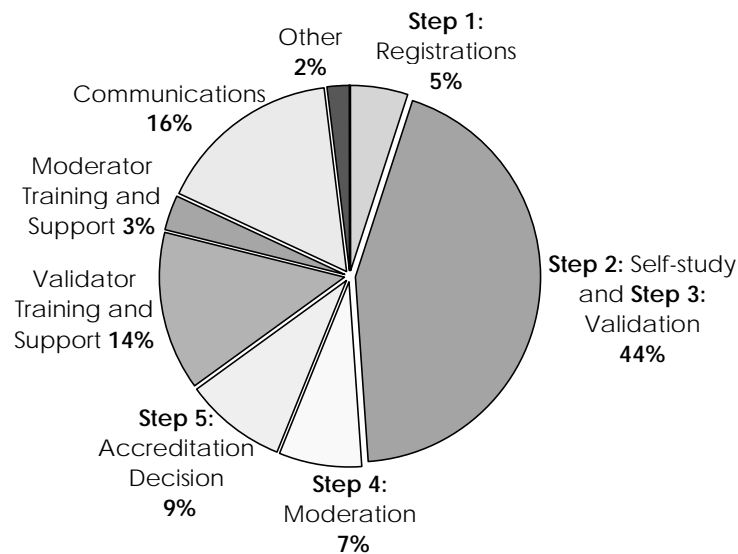
NCAC is funded by the Australian Government Department of Family and Community Services (FaCS). NCAC is accountable to the Australian Government Minister responsible for children's services in relation to the administration of the QA systems in accordance with Ministerial guidelines, and regularly reports to the Minister and FaCS on quality issues. Government funding accounted for 84% of NCAC income during the 2003/2004 financial year (Figure 1). Other income sources include Registration Fees, sales of NCAC publications and interest received.

**Figure 1: NCAC Income Sources 2003/2004**



The allocation of these funds goes directly towards the administration of the QA systems. These funds were distributed across the 5 steps of the QA systems in 2003/2204 as seen in Figure 2:

**Figure 2: Distribution of Resources Over QA Processes**





## Implementing the Child Care Quality Assurance Systems

The past decade has been as eventful for children's services as it has been for NCAC. The steep learning curve to the implementation of QA systems has been challenging for everyone involved and, despite some initial resistance, has been approached with enthusiasm and determination.

The impetus for the development of the QA systems came from within the child care sector and gained support from the political sphere. Within the profession a growing concern about the quality of care and the inability of licensing regulations to determine quality was evident (Wangmann 1995: 92). Furthermore, it was largely felt that a system of Accreditation (QA) would provide the child care sector with greater recognition and affirm its status as a professional industry.

Although supported by the sector, the implementation of the QA systems was not without resistance. Campaigns against the introduction of the QA systems were mounted by some organisations and individuals, particularly within the commercial sector (Ibid 1995: 93).

Some child care services, while in receipt of Government funding, saw themselves as private businesses and felt that the Government should not intervene in their daily practice. As the QA systems were to be linked to child care funding through legislation and are funded and supported by the Government, these services now found themselves accountable to the Government, families, children and the tax-paying public. In this way, resistance to the QA systems was largely constructed around power and control (Brennan 1998: 204).

While resistance to the increasing accountability of child care services did exist, many in the sector could also see the benefits of such a system. It was largely believed that a system of regulation, accreditation and accountability was necessary to assure quality in child care settings (Elliot 2001:3). In increasing the accountability of children's services, child care professionals would gain more recognition for their work and families would be better able to make informed decisions when choosing quality care for their children.

## Administrative Challenges

With the number of child care services registered with NCAC increasing continuously and the expansion of NCAC's mandate to three QA systems (Table 2), NCAC faces the challenges associated with administering the QA systems for more services across Australia each year. The increasing demands on NCAC's human resources, the need for more Validators and Moderators and the financial impact of managing the QA systems for 7,896 child care services each represent significant administrative challenges for NCAC.

Table 2: Participation of Services in Quality Assurance Systems 1994 - 2004											
	June 1995	June 1996	June 1997	June 1998	June 1999	June 2000	June 2001	June 2002	June 2003	June 2004	Feb 2005
QIAS	3591	3946	4134	4248	4143	4030	4058	4136	4196	4465	4685
FDCQA								324	324	320	320
OSHCQA										2650	2891
										<b>Total Services</b>	<b>7896</b>

The nature of the child care sector determines the ways in which the QA systems are administered and applied to children's services. In administering the QA systems, NCAC must take into account the changing face of child care in Australia to ensure that all children receive the best quality care.

### Tyranny of Distance

One difficulty we face in administering the QA systems is a uniquely Australian problem – vast distances and the distribution of the population across the continent.

To ensure there is no conflict of interest, NCAC requires that the Validator and child care service have no prior connection. When scheduling a Validation Visit for a rural or isolated service, it may be that the nearest eligible Validator, who does not pose a conflict of interest, is located hundreds or even thousands of kilometres away. This is especially difficult in the Northern Territory where distance, combined with a small population, usually means flying in a Validator from a neighbouring State/Territory. Even within States the distances involved can be great – to send a Validator from Brisbane to a service in Bamaga (both located in Queensland) is a 5,000 kilometre round-trip. This consideration poses issues of time, cost and resources in both the organisation and execution of Validation Visits.

## **The Australian Child Care Sector**

The continuing increase of child care services and children in care in Australia has meant that child care remains an important item on the national agenda. Current issues regarding the difficulty of retaining qualified and experienced staff in the sector and the corporatisation of Australian children's services have kept the child care sector in the media in recent times.

Child care workers are among the lowest paid in Australia, creating a high staff turnover and leaving many Australian child care services under-resourced (Stafford 2005). This is problematic for the administration of the QA systems as an increasing shortage of child care staff, particularly highly qualified staff, has become apparent. Growing numbers of untrained staff and a high staff turnover can have a significant impact on the quality of care provided. While there have been recent moves to increase the wages of Australian child care staff, the sector continues to seek adequate recognition of the valuable service it provides.

The shortage of trained child care staff has had further impact for NCAC. NCAC requires a network of nearly 1000 peer Validators to undertake approximately 2,600 Validation Visits across Australia each year. Becoming a Validator is voluntary and requires child care professionals with recognised qualifications and extensive experience in the delivery of child care. This has been problematic for NCAC due to the increasing shortage of qualified child care professionals and the pressures placed on their time. This is particularly challenging in outside school hours care, which is largely unregulated and, accordingly, relies heavily on unqualified staff who are not eligible to become Validators for NCAC.

The nature of the child care sector determines the ways in which the QA systems are administered and applied to children's services. In administering the QA systems, NCAC must take into account the changing face of child care in Australia to ensure that all children receive quality child care.

## Continuous Improvement to the Child Care Quality Assurance Systems

The impetus for a system of accreditation came from the child care sector and the QA systems have, at all times, been developed in full consultation with the child care sector and key stakeholders. NCAC is committed to quality improvement of its own practices and is consistently engaged in the careful monitoring and continuous evaluation of the QA systems.

This has resulted in a number of changes to the QA processes. For example, the development and introduction of the revised QIAS, launched in 2002, following extensive consultation with the sector and an open review of the standards during 1998-2000. The standards contained in the QIAS *Source Book* (2001) are currently being reclassified again in 2005, with the opportunity for public consultation at each stage of the project. The 2<sup>nd</sup> edition FDCQA *Quality Practices Guide*, launched in June 2004 contains updated standards determined following a process of public review. Such developments represent the recent progress made in both the long day care and family day care sectors, and demonstrate the significant achievements made in the establishment of effective and sustainable QA systems.

Further information about the effectiveness of the QA systems is gained from the *Validation Evaluation Forms* submitted by services after their Validation Visit and from the calls made to NCAC by services requesting information. An analysis of the *Validation Evaluation Forms* submitted by services to NCAC is undertaken annually, and this information is available at the NCAC website ([www.ncac.gov.au](http://www.ncac.gov.au)). The feedback provided by the child care community assists NCAC to support and improve the quality of care provided by Australian children's services.

The QA process is a collaborative one which involves the participation of carers, staff, families, communities and children. Over ten years the NCAC, child care professionals and representatives of the child care sector have worked together successfully to improve the quality of care provided for children throughout Australia.

The expansion of Child Care QA to three systems is a significant achievement for the child care profession, serving to recognise those working in the sector as professionals and to heighten the awareness of families and the community of the important service they provide.

## Effectiveness of the Child Care Quality Assurance Systems

### Progress of Services through the QA Systems to date:

#### QIAS

Progress of Services as at 1 February 2005

Accredited	3968	96.2%
Not Accredited	155	3.8%
Total through 5 Steps	4123	
New Services	535	
<b>Total Registered Services</b>	<b>4658</b>	

Of long day care centres that have progressed through the current QIAS, 17% have achieved all 10 Quality Areas at a High Quality level (Refer to *Quality Improvement and Accreditation System Quality Trends Report: For the period 1 January 2004 to 30 June 2004*, available on the NCAC website ([www.ncac.gov.au](http://www.ncac.gov.au)))

#### FDCQA

Progress of Services as at 1 March 2005

Accredited	313	99.7%
Not Accredited	1	0.3%
Total through 5 Steps	314	
New Services	6	
<b>Total Registered Services</b>	<b>320</b>	

Quality trends in the progress of family day care schemes through FDCQA will be available towards the end of 2005, following the introduction of the second edition of the FDCQA *Quality Practices Guide* (2004).

#### OSHCQA

Progress of Services as at 1 March 2005

Accredited	33	84.6%
Not Accredited	6	15.4%
Total through 5 Steps	39	
New Services	2852	
<b>Total Registered Services</b>	<b>2891</b>	

Quality trends in the progress of outside school hours care services through OSHCQA will be available towards the end of 2005 with the first services progressing through the 5 steps in early 2005.

## **Conclusion**

The implementation of the Quality Assurance systems has had a significant impact on the quality of child care in Australia over the last ten years. It has also provided recognition for those working in the sector.

The success of the QA systems has led to future directions for quality assurance in Australian children's services. The Australian Government is currently committed to extending Quality Assurance to both Indigenous and In-Home Care. NCAC looks forward to the challenge of promoting quality child care experiences for more children enrolled in Australian child care services.

## Appendix 1

The QIAS *Self-study Report* (2001) is the working document to be used by long day care centres to rate each Principle, record evidence of practice and plan for continued improvement across the Quality Areas. A sample of the Self-study Report is available at the NCAC website ([www.ncac.gov.au](http://www.ncac.gov.au)).

**Quality Area**  
**1**

# Not for submission to NCAC

## Relationships with children

	Unsatisfactory	Satisfactory	Good Quality	High Quality
1.1 Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Staff guide children's behaviour in a positive way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Centre comments/examples of practice to support ratings:


Centre Continuing Improvement Plan:


QIAS Self-study Report 7

## Appendix 2

The QIAS *Validation Report* (2003) is the working documents to be used by the Validator to observe practice in the service at Step 3: Validation. The Validator assesses the services against the standards outlined in the QIAS *Source Book*. A sample of the QIAS Validation Report is available at the NCAC website ([www.ncac.gov.au](http://www.ncac.gov.au)).

Quality Area <b>1</b>		Quality Area <b>1</b>	
<b>Principle 1.1</b>		Occurring	Not Occurring
<b>Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way.</b>			
<b>For all children:</b>			
Staff talk often with all children about a range of topics and for a variety of purposes.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.1
Staff interact with children as individuals rather than addressing them as a whole group.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.2
Staff seek contact and show patience with children whom they find difficult.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.3
Staff consistently give attention to all children, eg. when they are settled, when they are crying and regardless of level of language development.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.4
Staff assist children to become happily involved in individual activities.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.5
Staff encourage behaviour from children that minimises harm to themselves and others.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.6
The atmosphere is generally relaxed and happy.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.7
The noise level is appropriate and does not interfere with purposeful activity.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.8
Staff take time to interact playfully and affectionately with children throughout the day.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.9
Interactions between staff and children demonstrate that staff know each child as an individual and that they are interested in understanding what the child is saying and doing.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.10
Staff respond to children's attempts at independence with encouragement, offer choices when appropriate and assist when necessary to avoid frustration.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.11
Staff prepare children for transitions or routines by describing what they are doing, explaining what will be happening and giving reasons for expected behaviour.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.12
Staff show genuine interest in helping all children to express and explore their ideas, whilst respecting the needs of all children for personal space.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.13
Staff support and encourage children's pretend play by showing enjoyment and appreciation of the value of such play in learning.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.14
Staff consistently modify their approach in response to each child's temperament, cultural background and competence.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.15
Staff are sensitive to how children feel at different times of the day and modify their interactions accordingly.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.16
Staff relate in a warm and friendly way to the children and their families.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.17
Staff make sure that siblings at the centre have the opportunity to interact with one another.		<input type="checkbox"/>	<input type="checkbox"/> 1.1.18

QIAS Validation Report 5




## Appendix 3

The *QIAS Director Validation Survey*, *QIAS Staff Validation Survey* and the *QIAS Validation Survey for Families* (2003) are completed during the weeks prior to a Validation Visit. The surveys are collected by the Validator and returned to NCAC together with the Validation Report. The surveys are considered at Step 4: Moderation.

### QIAS Director Validation Survey

Name  Date completed   
First Name Surname

Signature



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ABN: 82 270 247 664

• Please tick one box for each statement and rate according to your experiences of the typical performance of your Centre against each of the following statements

**Key**  
**Unsatisfactory** - means that one or more Unsatisfactory indicator is evident in centre practices  
**Satisfactory** - means that no Unsatisfactory indicators are evident and the Satisfactory indicators best describe the centre's typical practice  
**Good Quality** - means that no Unsatisfactory indicators are evident and that while most Satisfactory indicators are evident and there is also evidence of some High Quality indicators. Good Quality best describes the centre's typical practice  
**High Quality** - means that no Unsatisfactory indicators are evident, most Satisfactory indicators are evident and that High Quality best describes the centre's typical practice

		Unsatisfactory	Satisfactory	Good Quality	High Quality	
<b>Quality Area 1</b>	<b>Relationships with children</b>					
	Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.1
	Staff guide children's behaviour in a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2
<b>Quality Area 2</b>	<b>Respect for children</b>					
	Staff initiate and maintain communication with children, and their communication conveys respect and promotes equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1
	Staff respect the diverse abilities and the social and cultural backgrounds of all children and accommodate the individual needs of each child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2
	Staff treat children equitably	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.3
	Mealtimes are pleasant, culturally appropriate occasions and provide an environment for social learning and positive interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4
<b>Quality Area 3</b>	<b>Partnerships with families</b>					
	Staff and families use effective spoken and written communication to exchange information about individual children and about the centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1
	Family members are encouraged to participate in the Centre's planning, programs and operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.2
	The centre has an orientation process for all new children and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.3
<b>Quality Area 4</b>	<b>Staff interactions</b>					
Staff communicate effectively with each other and function well as a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1	
<b>Quality Area 5</b>	<b>Planning and evaluation</b>					
	Programs reflect a clear statement of centre philosophy and a related set of broad centre goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.1
	Records of children's learning and wellbeing are maintained by the Centre and are used to plan programs that include experiences appropriate for each child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2
	Programs cater for the needs, interests and abilities of all children in ways that assist children to be successful learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3
	Programs are evaluated regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4

# QIAS Staff Validation Survey

Name  Date completed   
First Name Surname

Signature



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 ABN: 82 270 247 664

- Please tick one box for each statement and rate according to your experiences of the typical performance of your Centre against each of the following statements

**Key**

**Unsatisfactory** - means that one or more Unsatisfactory indicator is evident in centre practices

**Satisfactory** - means that no Unsatisfactory indicators are evident and the Satisfactory indicators best describe the Centre's typical practice

**Good Quality** - means that no Unsatisfactory indicators are evident and that while most Satisfactory indicators are evident and there is also evidence of some High Quality indicators. Good Quality best describes the centre's typical practice

**High Quality** - means that no Unsatisfactory indicators are evident, most Satisfactory indicators are evident and that High Quality best describes the centre's typical practice

**Quality Area 1**

**Relationships with children**

Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way

Staff guide children's behaviour in a positive way

Unsatisfactory	Satisfactory	Good Quality	High Quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2

**Quality Area 2**

**Respect for children**

Staff initiate and maintain communication with children, and their communication conveys respect and promotes equity

Staff respect the diverse abilities and the social and cultural backgrounds of all children and accommodate the individual needs of each child

Staff treat children equitably

Mealtimes are pleasant, culturally appropriate occasions and provide an environment for social learning and positive interaction

Unsatisfactory	Satisfactory	Good Quality	High Quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4

**Quality Area 3**

**Partnerships with families**

Staff and families use effective spoken and written communication to exchange information about individual children and about the centre

Family members are encouraged to participate in the centre's planning, programs and operations

The Centre has an orientation process for all new children and their families

Unsatisfactory	Satisfactory	Good Quality	High Quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.3

**Quality Area 4**

**Staff interactions**

Staff communicate effectively with each other and function well as a team

Unsatisfactory	Satisfactory	Good Quality	High Quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1

**Quality Area 5**

**Planning and evaluation**

Programs reflect a clear statement of centre philosophy and a related set of broad centre goals

Records of children's learning and wellbeing are maintained by the Centre and are used to plan programs that include experiences appropriate for each child

Programs cater for the needs, interests and abilities of all children in ways that assist children to be successful learners

Programs are evaluated regularly

Unsatisfactory	Satisfactory	Good Quality	High Quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4

# QIAS Validation Survey for Families

Name (optional):

Date completed:

- Please tick one box for each statement and rate according to your experiences of the typical performance of your Centre against each of the following statements
- Please answer as many questions as you can
- If you need more information about the Quality Areas, the QIAS Source Book (2001) is available at the Centre, and you are also welcome to ask Centre staff any questions about the QIAS process
- Further information about the QIAS is also available on the NCAC website ([www.ncac.gov.au](http://www.ncac.gov.au))



NCAC

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## Quality Area 1

### Relationships with children

- Staff create a happy atmosphere at the Centre
- Staff interact with my child in a warm and friendly way
- Staff guide my child's behaviour in positive ways

Unsatisfactory	Satisfactory	Good Quality	High Quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.1a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.1b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.2

## Quality Area 2

### Respect for children

- Staff communicate with my child respectfully
- Staff respect the family background of my child
- Staff respect the diverse abilities of children
- Staff treat my child fairly
- During mealtimes, staff meet the individual needs of my child

Unsatisfactory	Satisfactory	Good Quality	High Quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.4

## Quality Area 3

### Partnerships with families

- Staff provide opportunities for exchange of written and oral information about my child and the Centre
- The Centre welcomes and encourages my family's participation
- At the time of enrolment, the Centre provided a settling-in period for my child and family

Unsatisfactory	Satisfactory	Good Quality	High Quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.3

## Quality Area 4

### Staff interactions

- Staff communicate effectively with each other
- Staff work well as a team

Unsatisfactory	Satisfactory	Good Quality	High Quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1b

## Quality Area 5

### Planning and evaluation

- Information about the Centre clearly outlines the values and ideals that guide the way it operates
- The Centre maintains records of my child's learning progress
- Programs help my child learn
- Programs cater for the needs, interests and abilities of my child
- My family has opportunities to comment on programs provided for my children

Unsatisfactory	Satisfactory	Good Quality	High Quality	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3a
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4

## Appendix 4


The *QIAS Validation Evaluation Form* allows child care services to comment on their experiences at Step 3: Validation, and to provide NCAC with further feedback and comments regarding their centre practices. Returned *Validation Evaluation Forms* are considered at Step 4: Moderation and also provide information which informs NCAC's processes of continuous evaluation and quality improvement.

*Celebrating Ten Years of Quality Assurance in Australian Children's Services*  
1994 - 2004

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### QIAS Validation Evaluation Form

Please read the following information and give it your urgent attention



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**To assist NCAC in evaluating the effectiveness of Step 3: Validation, and to provide feedback to Validators, please complete the following questions. Please include Centre staff in the evaluation and record their comments.**  
Please ensure that the *QIAS Validation Evaluation Form* is returned to NCAC within seven (7) working days of the Validation Visit to ensure that it is considered at Step 4: Moderation and Step 5: Accreditation Decision.

**Validation Visit Details**

<b>Centre Name:</b> <input style="width: 95%;" type="text"/>	<b>Visit No:</b> <input style="width: 95%;" type="text" value="VQ"/>
<b>Director:</b> <input style="width: 95%;" type="text"/>	<b>Date of Visit:</b> <input style="width: 20%;" type="text" value="/"/> <input style="width: 20%;" type="text" value="/"/> <input style="width: 20%;" type="text" value=""/>
<b>Validator:</b> <input style="width: 95%;" type="text"/>	<b>Validator No:</b> <input style="width: 95%;" type="text" value="E"/>

	Yes	No	Comments
1. Did the Validator contact you a few days before the visit?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Was the Validator:			
a. on time?	<input type="checkbox"/>	<input type="checkbox"/>	
b. courteous?	<input type="checkbox"/>	<input type="checkbox"/>	
c. prepared?	<input type="checkbox"/>	<input type="checkbox"/>	
d. knowledgeable re: QIAS?	<input type="checkbox"/>	<input type="checkbox"/>	
e. professional?	<input type="checkbox"/>	<input type="checkbox"/>	
f. objective?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Did you feel at ease/comfortable with the Validator?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Did the Validator:			
a) Observe enough of the centre to get a true picture?	<input type="checkbox"/>	<input type="checkbox"/>	
b) See the available resource materials and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Were you given the opportunity to make comments on the Principles and were the comments recorded in the Validation Report?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Was there enough time for the Validator to complete the required tasks?	<input type="checkbox"/>	<input type="checkbox"/>	

QIAS Validation Evaluation Form  
2324\_2

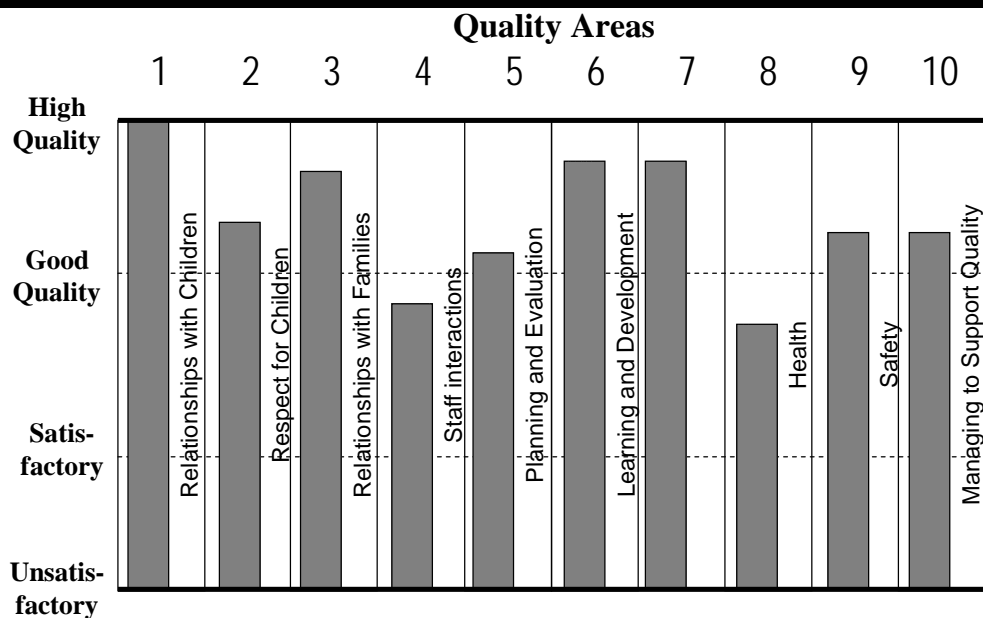
Current as at April 2004  
Page 1 of 2

## Appendix 5

All long day care centres are provided with a certificate showing their composite *Quality Profile* and the names of the centre staff who participated in the QA process when they receive an Accreditation Decision. To be Accredited a centre must achieve a rating of Satisfactory or higher on all 10 Quality Areas as detailed on the composite *Quality Profile*.



### QIAS composite *Quality Profile*



## Publications and Support for Services

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### NCAC Publications

The National Childcare Accreditation Council (NCAC) produces a number of publications for child care services participating in the Child Care Quality Assurance systems. These include:

**QIAS Handbook (second edition 2001), FDCQA Handbook (second edition 2004) and OSHCQA Handbook (2003)** - contains background information on the specific Child Care Quality Assurance systems, an overview of the steps involved in achieving accreditation and a summary of the Quality Areas and Principles. The *Handbooks* are targeted primarily at service management, staff, carers and parents as well as students and others interested in quality child care. The *Handbooks* are also available on the NCAC website in a variety of community languages.

**QIAS Source Book (2001), FDCQA Quality Practices Guide (2004) and OSHCQA Quality Practices Guide (2003)** - the main documents or standards to be used by children's services progressing through the Child Care Quality Assurance systems and targeted specifically at management, staff, carers and parents who are participating in their service's accreditation process. The *Quality Practices Guides* and *Source Book* detail the Quality Areas and Principles and give examples of indicative practices. Services are responsible for designing their own self-study process against the standards outlined in the *Quality Practices Guides or Source Book*. A service's quality of care is also validated against these standards.

**QIAS Self-study Report (2001), FDCQA Self-study Report (2004) and OSHCQA Self-study Report (2003)** - the working documents to be used by services to rate each Principle, record evidence of practice and plan for continued improvement across the Quality Areas. The *Self-study Report* will be completed by the management and staff and submitted to NCAC at the required time.

**FDCQA Workbook (2001) and OSHCQA Workbook (2003)** –optional publications intended to assist services to conduct self-study and develop improvement plans. The *Workbooks* are designed to be used by management, staff and carers.

## **NCAC support for services includes:**

**QIAS Introductory Video (2001), FDCQA Introductory Video (2001) and OSHCQA Introductory Video (2003)** - designed to introduce the service to the relevant Child Care Quality Assurance system. NCAC suggests that the service use the video to assist management, staff, carers and families to become familiar with the process and resources of QA.

NCAC has created an **Online Training Module** for each QA system, which is available on our website ([www.ncac.gov.au](http://www.ncac.gov.au)). This package provides training on the processes of the QA systems and links to the QA documents available on the website. It is particularly useful to new management, staff and carers, students and interested family members.

NCAC's **Choosing Quality Child Care** brochure is a helpful resource for families seeking child care. It contains information on what to look for in a quality child care setting, questions to ask, the role of families in care, as well as information about NCAC and the QA systems. These brochures and posters are available to services free of charge.

**Putting Children First** - quarterly newsletter distributed to all services registered with NCAC, to peak child care bodies, tertiary institutions, State and Territory governments and other interested parties. It contains information on the Quality Assurance systems and practical suggestions for achieving quality.

**NCAC website ([www.ncac.gov.au](http://www.ncac.gov.au))** - is a valuable tool for early and middle childhood professionals. It makes a wide range of resources easily accessible and provides current information about the QA systems. The site contains:

- all NCAC publications;
- a range of forms such as *Registration*, *Change of Registration*, and *NCAC Publications Order Forms*;
- Online Training Modules;
- support documents for each step of the QA systems;
- information on becoming a Validator or Moderator;
- translations of the *Handbooks* into community languages;
- easy access to NCAC's e-mail address [qualitycare@ncac.gov.au](mailto:qualitycare@ncac.gov.au);
- Links to relevant external web sites including training organisations and State/Territory Licensing authorities; and
- an integrated search facility for children's services.

**Telephone support at national local call cost** – NCAC has qualified Child Care Advisers with expertise in long day care, family day care, and outside school hours care service delivery. Child Care Advisers can provide information on the QA processes.

**E-mail support** - [qualitycare@ncac.gov.au](mailto:qualitycare@ncac.gov.au) – NCAC’s central e-mail address receives dozens of e-mails daily from parents, educators and service providers with a variety of questions about the Quality Assurance systems. As part of NCAC’s ongoing commitment to Customer Service, each e-mail is responded to in a timely fashion.



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