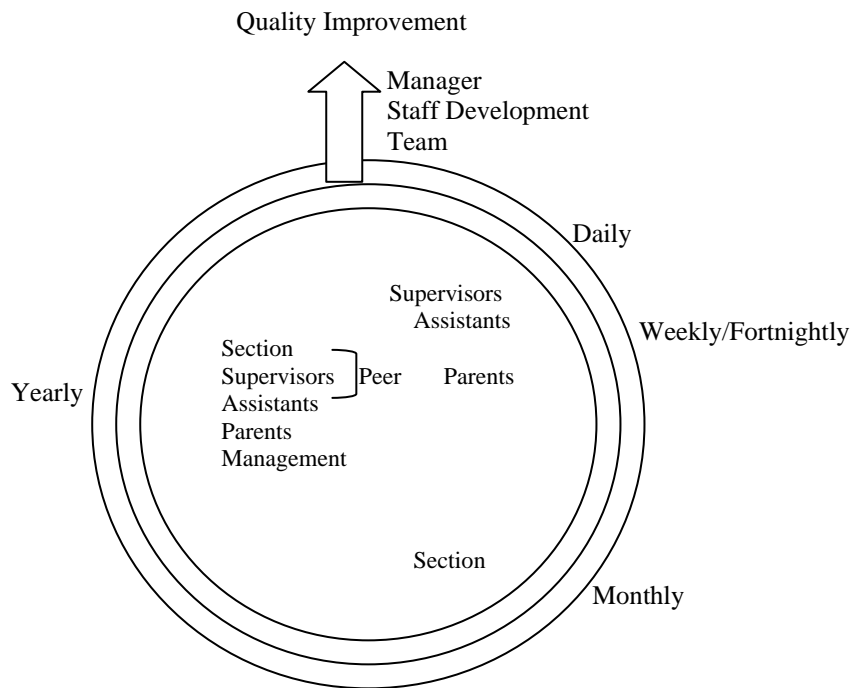


Children's Centre Quality Assurance Statement



Approved: February 1998

Revised: August 2003

March 2004

March 2006

November 2007

July 2009

LA TROBE UNIVERSITY
COMMUNITY CHILDREN'S CENTRE

QUALITY ASSURANCE STATEMENT

AIM

This paper is designed to formalise, through policy, the existing 360 degree quality management process that is operating within the Centre.

BACKGROUND

The introduction by the Commonwealth Government of a Quality Improvement and Accreditation System (QIAS) has been the impetus for the Centre to enhance the existing performance assessment mechanisms.

The National Child Care Accreditation Council, which has responsibility for accreditation standards for child care centres, has developed 7 Quality Areas that a centre must measure prior to commencement of the accreditation process. It is essential that the Centre continues to maintain its high standard of accreditation by embedding a philosophy of continual improvement. This is best achieved through self study and review in the four vital areas of the centres activity: **interactions between staff, children and parents; the program; nutrition, health and safety practices; and centre management and staff development.**

The staff have always been required to develop monthly assessment reports. The introduction of the QIAS requires staff and parent assessment of all aspects of service delivery, including management. These three sources of assessment will then be integrated with the Staff Development Team for ongoing quality improvement.

DESCRIPTION OF KEY WORDS

Quality Management Process

Is a process that defines, facilitates and encourages the maintenance and improvement of quality throughout the operations of the Children's Centre.

360 degree Quality Management

A mechanism that receives performance feedback on quality issues from the hierarchy of positions (supervisor/subordinate) and the peers and customers (parents) that the position relates to.

Quality Improvement and Accreditation System (QIAS)

A Government initiative to regulate and improve the quality of care provided to children in Child Care.

Staff Development Team

A Children's Centre initiative, comprising staff from within the centre developing training requirements arising from assessment information.

Final Assessment Team

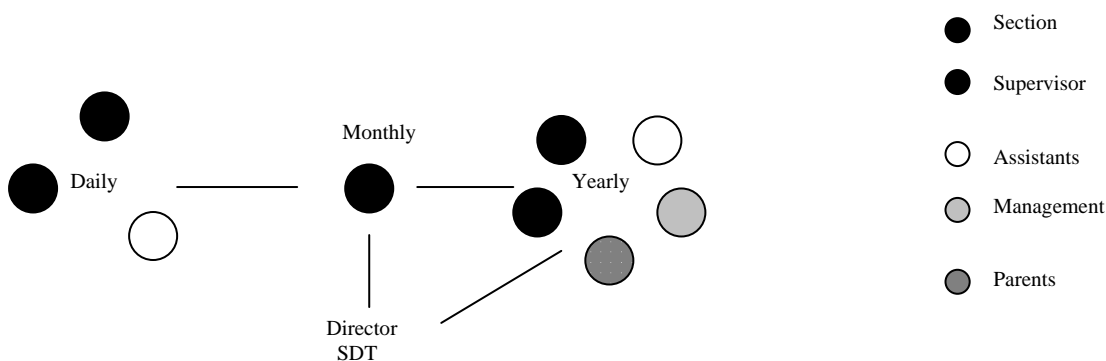
A team comprising the Staff Development Team – Convenor and Director who act as the external moderator in the accreditation process.

PURPOSE

Coordinate the measures to maintain and improve quality standards with the quality accreditation program. In doing so this one policy will cover continual assessment of staff by themselves, peers, clients, supervisors and subordinates. The policy will improve on the requirements of quality accreditation by introducing continual assessments. Appropriate training and development opportunities will be devised from the information obtained from the Quality Assurance process and innovative work practices will be initiated.

FORUMS FOR ASSESSMENT OF QUALITY ASSURANCE

The Centre already has developed the basis for quality management and the links to the accreditation process. This section will discuss these processes.



Assessment of service provision is ongoing and completed by a series of methods.

DAILY ASSESSMENT

The Carer's within each section conduct daily evaluations of service quality. The curriculum, which is on display within each section (proforma attachment 1) and photocopied for parents to take home, forms the basis for assessment.

WEEKLY/FORTNIGHTLY ASSESSMENT

Each section of the Centre provides parents (proforma attachment 2) with the opportunity to comment on the activities within their child's section. Parents' comments are sought either weekly or fortnightly depending on the planning cycle adopted within each individual section.

MONTHLY ASSESSMENT

This begins with the self assessment of staff by preparing monthly reports (proforma attachment 3). These deal with the 9 quality areas associated with **the development of the program** and the quality areas associated with **interactions**. It requires the staff member to set goals and objectives and report on progress and achievements. It fundamentally covers the main requirements of self study to attain accreditation and provides an ideal mechanism to monitor quality performance and offer feedback and/or staff development.

ANNUAL ASSESSMENT

The Centre's quality of service provision is assessed annually through parents and staff.

Parents and staff are provided with a questionnaire to canvas their views on the quality of overall service delivery, specifically management, staff and functions (proforma attachment 4). This assessment by the family and staff needs to be continued as it is another fundamental requirement

of accreditation. This annual questionnaire can be revamped to cover some more specific yearly issues or quality checks that the centre wishes to assess.

Assessment of the Centre's quality of care is made more comprehensive through internal assessment. That is, staff members individually rate the management, their colleagues and the functions of the Centre via a Validation Report completed by each section head (proforma attachment 5).

The 'Validation Report' is compiled from the information obtained from parents, staff, Source Book (proforma attachment 6) and observation. It matches the areas within the Monthly assessment and in addition, it covers aspects of **nutrition, health and safety and centre management**. This enables a review of the centre management policies and actions and leads into the interactions of and between staff.

The final step to complete the annual assessment cycle is the rating of the Validation Report against the 7 Quality Areas by the Director and the Staff Development Team - Convenor. The rating outcome subsequently provides information on the maintenance of quality in the sections and determines direction(s) in the area of further development.

The process is the basis from which initiatives and improvements in work practices for sections, individual staff and management can then be developed.

LINK TO STAFF DEVELOPMENT TEAM

Staff development activities will be an essential contributing element to the retention of the Centre's accreditation rating. Staff development at the Children's Centre is guided by the quality areas under which the Centre gained its accreditation rating, in particular, **Quality Area 7**. Staff development will also be guided by needs of individuals established through the 360 degree assessment process. Other skill improvement areas required by staff, including the need for additional training in specialist areas, which compliments the essential skill and knowledge requirements will also be determined.

SUPPORT FOR TRAINING

Staff training and development will be a viable support to accreditation where the Centre maintains the commitment of the staff by enhancing the support through both financial and time release commitments. Commitment of staff will be generated and promulgated through the Staff Development Team.

THE ROLE OF THE STAFF DEVELOPMENT TEAM

The Staff Development Team will establish and maintain annual quality enhancements which reflect on the Centre's service provision. Including a corresponding planned program of activities to achieve these enhancements and the methods of achieving them through tools such as: on the job training, in-serving training, seminar attendance etc. The Committee will also need to have an ongoing monitoring role to ensure that training meets the targets set and that the training is of an acceptable standard.

Children's Centre Quality Assurance Plan

Implementation Plan

1-12 June

Questionnaire to be distributed to parents, completed and returned (40% response req'd)

15-19 June

Staff individually complete questionnaire

22 June – 3 July

Section Supervisors compile parent and staff questionnaire and then complete Validation Report.

20-31 July

Staff Development Team - Convenor and Manager will develop a set of overall objectives for the Centre and further, Section/staff objectives.

3-7 August

Final Reports (quality Assurance Summary from the final assessment team) and Future directions/plan of action are developed and returned to staff

31 August

Overall Centre Objectives and Section objectives presented to Management Committee for their approval and action as required.

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Procedure for completing documents within the Quality Assurance Plan

Parent Questionnaire

Annual Assessment completed by parents to assess certain dimensions of service provision that will assist in quality improvement. A 40% return needs to be attained to ensure a reasonable response and meet accredited standards.

Staff Questionnaire

This record assesses and enhances, within each section, the standard of care provided to the children in the centre. It relies on the staff member’s observations about children’s experiences and asks them to rate the standard of care that has been observed or experienced in relation to each of the 7 Quality Areas.

Validation Report

This report is completed by the supervisor of the section and includes the compiled responses of the Parent and staff Questionnaire. Each statement needs to be crossed **occurring or not occurring**. Note: If only **part** of a statement is occurring then it must be marked **not occurring**. A comment indicating what is occurring is to be written in the ‘Validator Comment’ at the end of each section.

Annual Section Review Summary

Comments from the section are provided to the SDT - Convenor and Director. The summary document represents the internal accreditation rating for the section (proforma attachment 7). The accreditation rating is either: Unsatisfactory, Satisfactory, Good Quality or High Quality.

UNSATISFACTORY - Is when any of the first section of each quality area (those boxes marked ‘u’) are marked as not occurring.

An unsatisfactory rating in any of these boxes for internal accreditation will require immediate support provided to staff and families, with staff and management assessing whether the immediate actions will suitably rectify an unacceptable environment for our children. An unsatisfactory rating is not acceptable to this Centre’s community and the individual or Section staff will be asked to leave the Centre.

SATISFACTORY - Is when all of the first section of each quality area (those boxes marked ‘u’) are marked as occurring.

A rating of Satisfactory for internal accreditation will require the section to improve the quality in standard of care. This improvement will be based on the Supervisor of the section completing a **PLAN OF ACTION** (proforma attachment 8) targeting performance towards the Quality Areas that were identified.

This Plan of Action will be addressed in each staff member’s monthly report and a further review after 6 months will be undertaken to ensure an improvement in quality towards the areas identified.

This mini review after 6 months will involve the individual staff in the section completing another questionnaire and this being compiled with the original parent’s assessment in the new Validation Report to be reviewed by the Final Assessment Team.

GOOD QUALITY - Is achieved when all the points marked 's' in each quality area have been marked as occurring.

A rating of Good for internal accreditation indicates that the section has generally maintained quality at a high standard but requires some specific development in their standard of care. This improvement will be based on the Supervisor of the section completing a **PLAN OF ACTION** targeting performance towards the Quality Areas that were identified. This Plan of Action will then be addressed in each of the staff member's Monthly Reports to assist the section in addressing these areas needing development.

HIGH - Is achieved when all the points marked 'u', 's', and at least 51% of those points marked 'h' are marked as occurring.

A rating of High for internal accreditation confirms to the section that they are providing quality of care at the desired standard. Efforts now should be devoted to maintaining this high standard and assisting other sections to attain this rating. A high rating means that the staff in the section are only reviewed at the Annual Assessment period. The Centre will ensure that the High Quality rating obtained by a section is rewarded by providing in service training that will compliment the already high quality standard.

The Annual Section Review advises staff in the section their rating by the Final Assessment Team for each of the 10 Quality Areas. A comment will also be provided by a representative of the Team.

Section Responsibilities:

The section can then comment on either the rating for the Quality Areas or make a general comment regarding their performance to the Quality Areas.

Any individual staff members may also make additional comments to feedback to the Final Assessment Team.

If a rating of Basic or Good is recorded then the Plan of Action must be completed and included with the summary when returned to the Final Assessment Team.

LA TROBE UNIVERSITY
COMMUNITY CHILDREN'S CENTRE

QUALITY ASSURANCE PLAN
ANNUAL SECTION REVIEW SUMMARY

SECTION:

Section Name:
Early Childhood Educators:

SECTION SUPERVISOR & MANAGER*

Supervisor:
Manager:

*Representative of Final Assessment team which comprises Staff Development Team - Convenor and Manager.

REVIEW PERIOD

From (last review): _____ To (this review): _____

RESULT OF THE REVIEW:

The Annual Section Review has been completed for this period and quality assurance has been rated by the moderating team as:

- UNSATISFACTORY
- SATISFACTORY
- GOOD QUALITY
- HIGH QUALITY

Signatures:

Section Supervisor's signature:	Date:
Manager's signature:	Date:

