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# POLÍTICAS PÚBLICAS DE EDUCAÇÃO INFANTIL: **O CASO DA AUSTRÁLIA**

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# POLÍTICAS PÚBLICAS DE EDUCAÇÃO INFANTIL: **O CASO DA AUSTRÁLIA**

Monografia apresentada à Faculdade de Educação da UNICAMP, para obtenção do título de Bacharel em Pedagogia, sob a orientação da Profa. Dra. Maria Evelyna Pompeo do Nascimento

CAMPINAS
2005

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# Dedicatória

Pela oportunidade que me foi dada e a todos os docentes da Faculdade de Educação da UNICAMP é que eu dedico este trabalho! Espero que consigam se sentir presentes em cada uma de minhas 'descobertas' que irei relatar nesta pesquisa.

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# Epígrafe

"Valeu a pena? Tudo vale a pena se
alma não é pequena..."

(Pessoa, Fernando. MAR PORTUGUEZ)

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# Um convite ao leitor

É impressionante como as noções de tempo e espaço se modificam dramaticamente quando vivemos a experiência de nos mudarmos para o outro lado do mundo... Porém, por mais que estas noções se modifiquem, nossas memórias permanecem vivas, como se tivéssemos vivido há apenas um dia anterior.

Por esta razão acredito que seria interessante dividir com o leitor estas memórias e assim convidá-lo a 'fazer as malas e subir no avião' comigo... Providencie seu passaporte, carimbe seu visto e compre sua passagem, porém somente de ida!

Não tenha medo de deixar para trás absolutamente nada, pois seu destino é a Austrália! País bonito, desenvolvido, cheio de gente civilizada e um sistema educacional mundialmente conhecido por sua reputação de altíssima qualidade... O que mais pode desejar uma aluna de Pedagogia da Unicamp?

Portanto suba no avião, recline sua poltrona e chame a aeromoça quantas vezes desejar, pois esta viagem vai ser muito longa... E tenho certeza que a fome e sede irá lhe abater! Tente distrair sua cabeça com um jogo de palavras cruzadas, um livro interessante ou uma conversa com a pessoa que está ao seu lado. Mas aproveite cada minuto, pois estas 24 horas de vôo deverão lhe servir como despedida de muitas coisas como a fácil compreensão das palavras cruzadas, o entendimento claro da leitura e o prazer de poder falar sem Ter que ´espremer os miolos` do cérebro a cada tentativa de expressar o que pensa!

E não perca tempo com lágrimas, pensando no que deixou para trás, pois terá a sorte de chegar a tempo de presenciar as Olimpíadas de Sydney 2000 na Austrália! Porém



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infelizmente, as Olimpíadas não duram mais que dois meses e a sua euforia e excitação vai passar, da mesma forma que a minha passou...

E neste momento irá se fazer a mesma pergunta que fiz: 'Quando parte o próximo avião para o Brasil?' Só Deus sabe[1]...

[1] Esta expressão por mim tão usada, de forma tão corriqueira e sem muita ligação com os princípios religiosos, tornou-se uma expressão por mim muito usada nesta jornada. Porém minha intenção nunca foi nem nunca será de levantar a tão polêmica discussão da existência ou não de Deus, mas sim de aceitar situações nas quais não sabia a resposta, nem ao menos podia estimar o que iria acontecer. Minhas crenças e fé pessoal não estão, portanto, ligadas à expressão.

# Introdução

Este trabalho tem por objetivo trazer à luz um panorama geral do sistema educacional da Austrália, assim como dos fatores relacionados ao campo organizacional do ensino e suas diferentes esferas administrativas. Privilegia-se as políticas de atendimento para crianças de 0-6 anos no estado de New South Wales e seu Sistema de Melhoria de Qualidade e Credibilidade.

Trata-se de um estudo de caso, baseado em documentos oficiais do Departamento de Serviços à Comunidade e Departamento da Educação Australiana, assim como as experiências profissionais que a pesquisadora vivenciou na área de Educação Infantil, na Austrália.

No primeiro capítulo "Questionamentos de uma jornada" apresenta-se uma reflexão sobre os questionamentos da pesquisadora e seus primeiros embates enfrentados no processo de adaptação a uma nova realidade, tendo como foco principal as experiências profissionais.

No segundo capítulo, "Do outro lado do mundo: que mundo é este?" trata-se da caracterização da Austrália, assim como uma retomada histórica de seu sistema educacional, caracterização de suas Esferas Financeiras e Administrativas e mais precisamente a caracterização do Sistema de Educação Infantil no Estado de New South Wales.

No terceiro capítulo, "Melhoria de Qualidade X Melhoria para Qual Idade?" discute-se os benefícios (ou não) para os diversos indivíduos / entidades envolvidos em no Sistema de Melhoria de Qualidade e Credibilidade.

No quarto capítulo, "Por uma Política Educacional de Qualidade" trata-se das implicações do Sistema de Melhoria de Qualidade e Credibilidade nas Políticas Públicas de Educação Infantil, no intuito de compreender a importância (ou não) do mesmo para os Serviços de Educação Infantil na Austrália.

Por fim, apresenta-se as considerações finais da pesquisadora, no intuito de recapitular sua trajetória neste estudo de caso e também no intuito de esclarecer as dúvidas inicialmente apresentadas.

# Capítulo 1

# Questionamentos de uma jornada...

De Agosto de 2000 a Janeiro de 2005 estive morando na Austrália, cidade de Sydney no estado de New South Wales onde tive a oportunidade de trabalhar em diversos setores da Educação Infantil ou Child Care como os australianos dizem.

Com o término das Olimpíadas em Setembro de 2000, comecei a enfrentar meu primeiro desafio: compreender que não se tratava de uma viagem de passeio e, portanto precisava enfrentar o mercado de trabalho! Porém minha fluência da língua inglesa era muito básica e não acreditava que seria possível encontrar uma escola que me contratasse.

Foi então que comecei a compreender como as crianças devem se sentir e o quão difícil e muitas vezes frustrante pode ser a tarefa de se comunicar de forma efetiva com os outros, principalmente através do uso da linguagem. Com este pensamento comecei a observar o mundo dos adultos, com olhos curiosos e sem medo de apontar e perguntar: ´o que é isto?` ´Porquê?` e principalmente sem medo de dizer ´eu não entendi!`

A sensação que tinha ao final de cada dia era de um certo inchaço cerebral... Minha cabeça doía de uma forma como nunca imaginei que fosse possível doer. E como se não fosse o bastante o coração também começou a se comportar de forma esquisita! Sentia fortes apertos como se ele estivesse sendo esmagado e nestas horas a única imagem que me trazia conforto era o rosto de minha mãe, que com sua sabedoria incrível me disse antes de eu partir: 'se não der certo você volta, minha filha... Mas tente primeiro para saber o que a vida lhe reserva!'.

Assim, resolvi tentar! Minhas dores de cabeça não iriam melhorar, nem mesmo meu coração se sentir mais leve se eu não me propusesse a provar o sabor desta oportunidade... E assim resolvi aceitar a realidade de braços abertos, experimentar novos condimentos, fazer amizades com estranhos e assim tornar familiar o que antes era desconhecido. Comecei a compreender que a vida responde a tudo aquilo que pensamos, como um processo quase que mágico de ação e reação!

Tomada por esta nova coragem resolvi abrir o jornal na seção de empregos e logo me deparei com o anúncio de uma agência de recrutamento e seleção para professores[2], onde dizia: *"Procura-se por professores com pouca ou muita experiência; com ou sem formação acadêmica; porém uma paixão verdadeira pelo trabalho com crianças"*. Foi então que tomei a iniciativa de mandar meu currículo e em menos de 30 minutos o telefone tocou! [3]. Só hoje compreendo porque tudo aconteceu tão rápido!

Meu próximo desafio seria então encontrar esta agência de empregos no meio de uma cidade que ainda me era desconhecida e então enfrentar uma entrevista em inglês... Mas a esta altura haviam-se passado dois meses desde minha chegada e como toda criança aprende rápido, eu também aprendi e com isto estava me sentindo muito mais ´sabidinha`!

Aventurei-me a subir no trem que me levaria ao tão assustador destino e enfrentei a entrevista melhor do que imaginava! E hoje analisando o que aconteceu naquele dia, vejo que meu bom desempenho se deu graças ao fato de eu ter uma verdadeira paixão pela educação e uma boa formação acadêmica e entendimento sobre o desenvolvimento da

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[2] Select Education: agência de recrutamento e seleção de professores. Esta agência é uma das maiores agências de recrutamento e seleção para a área da Educação na Austrália, tendo sedes em Londres, Nova Zelândia e África do Sul. Select Education ajuda escolas públicas e particulares no processo de seleção de professores, para vagas permanentes ou a título de substituição.

[3] A Austrália sofre com a falta de professores, visto que a maioria dos jovens recém formados decide trabalhar em indústrias ou como professores em países tais com a China e Inglaterra. Muitas escolas chegam a esperar por 6 meses na procura de um único professor.

criança. O inglês, mesmo que confuso, não foi empecilho para demonstrar o quanto gosto de ser professora e o quanto respeito todas as responsabilidades envolvidas nesta profissão.

Porém, visto que se tratava de meu primeiro emprego num novo país, fui advertida de que deveria primeiro trabalhar a título de substituição para depois me aventurar a assumir uma sala de aula de forma integral. Assim, registrei meu nome na lista de 'professoras substitutas' e comecei a trabalhar em diferentes escolas que utilizavam os serviços desta agência e suas professoras.

E a partir deste momento, tudo o que aprendi em meu curso de Pedagogia na Unicamp começou a se chocar com a realidade que estava enfrentando, visto que a prática do professor na Austrália é muito diferente da que encontramos no Brasil, principalmente tratando-se de Educação Infantil para crianças de 0-6 anos. A começar pela terminologia usada para definir a educação para esta faixa etária, encontrei meu primeiro questionamento. Pois se traduzirmos de forma literal o original termo 'Early Childhood' teremos a expressão 'Começo da Infância' ou até mesmo 'Infância Precoce' o que me fez pensar: Qual seria o conceito de infância da Austrália? Seria a mesma de Piaget, Vygotsky, Reggio Emilia, Montessori ou alguma outra ainda desconhecida por mim?

E com esta questão em minha mente, fui para meu primeiro dia de trabalho, e me deparei com uma escola que atendia crianças de 0-6 anos, porém se denominava 'Kindergarten and Long Day Care Centre' ou seja, 'Jardim de Infância e Centro de Cuidado do Dia Longo' e logo ao lado havia uma outra escola que se denominava 'Childcare Centre' ou seja, 'Centro de Cuidado da Criança'. Como você pode imaginar, neste momento meu questionamento foi ainda maior!

Qual seria a diferença entre as duas instituições? Porque o uso do termo 'Dia Longo' e 'Cuidado' em ambos os casos? Seriam estas instituições puramente voltadas ao

'cuidado' da criança e não ao desenvolvimento social, emocional e cognitivo dos quais tanto discutimos na Faculdade de Educação no Brasil?

Com estas questões em mente, entrei na tal escola ou 'Kindergarten' que através da agência de recrutamento, solicitou uma substituta para o grupo das crianças de 0-2 anos de idade. E neste momento senti o real valor de todas as disciplinas sobre Educação Infantil oferecidas no curso de Pedagogia, assim como o valor das experiências de Estágio Supervisionado na Creche da Unicamp!

Ao entrar na 'sala dos bebês' ou seja, 'Nursery Room' me deparei com apenas 5 crianças com idades que variavam de 6 meses a 2 anos e uma outra professora que seria a minha ajudante do dia. Logo pensei que o dia estava apenas começando e por isto o número tão pequeno de crianças no grupo! Porém minhas suposições caíram por terra abaixo, quando minha ajudante disse: *"Você deu sorte de ser um dia em que estamos apenas com a metade do grupo presente!"*.

Metade do grupo? Mais indagações... Quer dizer que o grupo todo conta apenas com 10 crianças, sendo que a professora tem uma ajudante? E quantas professoras teriam em um dia onde todos estão presentes? Que horas estas crianças chegam na escola visto que eram apenas 7:30 da manhã e as 5 crianças esperadas naquele dia já se encontravam brincando?

Parecia que aquele seria um dia de muitas indagações! O único alívio nesta situação toda foi o fato de eu não precisar fazer o uso da linguagem oral, tanto quanto o uso de minhas outras linguagens, visto que os 'bebês' também não dominavam a fala assim como eu! Neste momento surgiu outro questionamento: não seria fundamental o domínio do idioma dado o contato com crianças em fase de aquisição de linguagem?

Ainda assim dançamos muito, manipulamos massinha, fizemos pintura a dedo e trocamos muitos olhares e sorrisos, o que é uma linguagem universal e de fácil entendimento para todas as idades!

Porém chegou a 'hora de almoçar' e com esta hora chegaram também mais indagações. Neste momento compreendi que a professora ajudante estava sim assumindo o papel de ajudada, pois a toda mudança de atividade me explicava o que estaria acontecendo no próximo momento! E aquele era o *"momento de colocar as luvas descartáveis e desinfetar as mãos de cada criança para o almoço, tomando o cuidado para não usar as toalhas individuais na criança errada".*[4]

E mais indagações no que era apenas o meu primeiro dia de experiência! Quantas indagações mais teria até o final daquele dia? Qual seria o motivo de tanta preocupação com desinfecção, luvas descartáveis e todas as demais regras na hora de servir o almoço, tirar as cadeiras, trocar fraldas, levantar a criança, colocar para dormir... Isto mesmo, dormir!

As crianças eram colocadas para dormir e assim como as 'toalhas individuais de desinfetar as mãos' elas também tinham as 'camas individuais' e seus 'lençóis pessoais' que eram intransferíveis e de muito valor principalmente para aquelas crianças que já sabiam dizer: 'é meu'[5]!

E o momento de dormir parecia ser muito esperado por estes seres tão pequenininhos! Ao som de uma música relaxante e óleo de essência queimando, aquele espaço se transformou no ambiente mais agradável e cheio de paz no qual estive desde o

---

[4] Cada criança possui uma toalha pequena, de cores diferentes umas das outras. Estas são umedecidas com uma solução desinfetante e ficam penduradas em um 'varalzinho'dentro da sala, juntamente com uma tabela que traz o nome das crianças e suas cores correspondentes.

[5] 'It is mine!' É uma fala muito usada pelas crianças nesta faixa etária, porém por fugir do tema central desta pesquisa, não iremos nos aprofundar na discussão da mesma.

início desta jornada. E neste momento percebi que minha dor de cabeça não mais existia e meu coração estava com uma sensação de leveza, que quase me levou a deitar ali com as crianças e me deixar ser embalada por aquela sensação tão maravilhosa!

Estariam minhas indagações dormindo também? Muito pelo contrário... Seria este um momento que acontece apenas com as crianças de 0-2 anos? Seria este um pedido feito pelos pais ou parte da filosofia da escola? E será que a escola ao lado também acredita na mesma filosofia?

Quando as crianças acordaram, já estava na hora de irmos para o parque e com isto também *"hora de passar filtro solar e colocar chapéu de sol"*. E as professoras também tinham que fazer o mesmo, pois *"sem chapéu e filtro ninguém vai no parque"*.[6]

Porém este parque não era como o que estava acostumada no Brasil. Não havia muitos espaços com grama natural, não havia balanço, gangorra, gira-gira e sim um chão feito de uma 'esponja especial'[7] onde as crianças podiam cair sem se machucar, uma casinha de bonecas, o tradicional tanque de areia, um trampolim com vários colchões ao redor, um tripé de pintura e alguns equipamentos que as professoras montaram como se fosse uma trilha de obstáculos para as crianças subirem, andarem e se divertirem.

Nesta hora a minha ajudante/ajudada pediu para eu *"olhar no mapa do parque e verificar a programação de atividades que estavam planejadas para o dia"*. Então quer dizer que até para o parque existe um planejamento de atividades? E que atividades seriam estas planejadas para o parque?

---

[6] Todas as escolas na Austrália possuem a regra compulsória do uso de chapéu em todas as atividades realizadas ao ar livre. O uso do filtro solar também faz parte de tal regra, quando se tratando da Educação Infantil para crianças de 0-6 anos.

[7] 'Soft Fall' é um material especial de borracha, utilizado em todas as instituições educacionais e parques públicos, com o objetivo de melhorar o nível de segurança nos parques e assim evitar acidentes graves com as crianças.

Logo percebi que se tratava de um planejamento dos equipamentos e materiais que estariam disponíveis às crianças no parque, tais como baldes e pás de areia, bolas, massinha, pintura, carrinhos, bonecas, sendo que estes eram distribuídos de acordo com o planejado para cada dia, porém não se limitando aos mesmos. Segundo minha 'ajudante/ajudada' isto acontecia no intuito de manter uma variedade nas atividades e introduzir novas opções para as crianças a fim de lembrá-las de todos os recursos/equipamentos que a Instituição de Ensino tem a oferecer.

Foi então, após um mês trabalhando como 'professora substituta' eu recebi o convite de assumir aquela sala a título permanente, pois a professora do grupo havia resolvido mudar de emprego. Devo admitir que tal convite me surpreendeu muito, pois neste momento ainda não havia solucionado meu questionamento quanto à importância ou não do domínio do idioma dado o contato com crianças em fase de aquisição de linguagem. Porque será que minha contratação se deu de forma tão rápida e justamente na sala dos bebês?

Não é preciso dizer que minhas indagações típicas de um primeiro dia, não cessaram até meu último dia na Austrália e que muitas delas ainda estão por ser respondidas. Por este motivo me propus a desenvolver este Trabalho de Conclusão de Curso, e devo admitir que tenho a pretensão de com o mesmo responder muitos questionamentos que me acompanharam nesta jornada.

# Capítulo 2

# Do outro lado do mundo: que mundo é este?

## 2.1Caracterização da Austrália

A Austrália se compreende por todo um continente e suas ilhas vizinhas, entre os Oceanos Índico e Pacífico, sendo que um terço de suas terras estão ao norte do Trópico de Capricórnio. Ela é a sexta maior nação em termos de área, contando com 8 milhões de quilômetros quadrados de terra, sendo que sua população está concentrada nas costas da área Leste, Sudeste, Sul e Sudoeste. (Australia Bureau of Statistics 2004)

Não se sabe ao certo quando os primeiros ancestrais indígenas australianos e aborígines chegaram no continente, porém algumas evidências científicas sugerem a habitação humana há mais de 40 mil anos. Nos dias de hoje a população aborígine representa apenas 2% da população total australiana.

Exploradores Europeus, vindos da Holanda, Portugal, Espanha e França fizeram seus primeiros contatos com o continente australiano durante os séculos XVI e XVII. Sua costa leste foi explorada pelo navegador inglês James Cook em 1770 e o primeiro povoado chegou na forma de uma Colônia Penal Britânica em 1788. Subseqüentemente o governo britânico estabeleceu outras cinco colônias na Austrália.

Em 1850 o Parlamento Britânico aprovou a Lei Governamental das Colônias Australianas, dando assim às colônias considerável nível de auto-gerenciamento ou de se auto-governar.

Em 1900 as seis colônias concordaram em formar um Estado Federal, criando assim o Commonwealth da Austrália em 1991 com suporte de lei criada pelo Parlamento

Britânico.O Commonwealth da Austrália é composta de seis estados e dois territórios internos: New South Wales, Queensland, South Austrália, Tasmânia, Vistoria, Western Austrália, Australian Capital Territory e North Territory.

**Mapa 1.1**: Estados e Territórios da Austrália

**Fonte:** New South Wales Natural Resource Atlas. **NSW maps.**

A Austrália é governada por um Parlamento Democrático o que reflete os modelos Britânicos e Norte Americano de Democracia Liberal, contando com a combinação de características unicamente australianas.

Seu governo está estruturado em 3 esferas: Federal, Estadual e Local. O governo Federal é formado através de votação pública onde dois representantes são escolhidos para a representação da 'Casa' e do 'Senado'.

A Constituição Australiana define as responsabilidades de cada setor da seguinte forma:

**Quadro 1.1**: Esferas Administrativas / Distribuições de competências – Austrália

| ESFERA ADMINISTRATIVA | DISTRIBUIÇÃO DE COMPETÊNCIAS |
|---|---|
| Governo Federal | Responsável pelas relações exteriores e de exportação; defesa; Telecomunicação; correios; economia da moeda; imigração. |

| | |
|---|---|
| **Governo Estadual e Territórios** | Responsável pelas escolas; serviços de saúde; segurança; rodovias e ferrovias. |
| **Governo Local** | Responsável pelo planejamento e aprovação de obras; bibliotecas; parques áreas de esporte e serviços à comunidade. |

**Fonte**: Australian Government Parliament. **Government in New South Wales**

De acordo com o Australian Bureau of Statistics (ABS 2004), no ano de 2005 a população da Austrália atingiu a marca de 20 milhões de pessoas, sendo que sua maioria vive nas cidades da costa e centros regionais. Sua capital está localizada na cidade de Canberra, dentro do Australian Capital Territory (ACT). Sua população é diversa visto que 23% são nascidos em países estrangeiros e outros 27% possuindo um de seus pais nascidos fora da Austrália. (ABS 2004)

O inglês é a língua oficial da Austrália, sendo que 17% de sua população falam outra língua, sendo a Italiana a mais comum. (ABS 2004)

## 2.2 História do Sistema Educacional da Austrália

De acordo com dados do Governo Australiano (2004) as primeiras escolas a serem fundadas na Austrália, aconteceram graças a pessoas privadas e organizações da Igreja. A partir de 1848 um sistema duplo de escolas foi estabelecido. Dentro deste novo sistema, escolas relacionadas à Igreja ou denominadas, recebiam suporte financeiro do Governo e ao mesmo tempo, foi-se criando um sistema nacional de escolas controladas pelo Governo.

Entre 1872 e 1895 todas as colônias australianas tiveram suas leis de educação públicas aprovadas, estabelecendo-se assim um sistema de Escolas Primárias do Governo, sendo estas administradas pelo Departamento da Educação.

Neste momento, as colônias começaram a negar apoio financeiro às escolas denominadas. Somente em 1964 o Parlamento Australiano aprovou uma legislação que autorizava a assistência financeira para escolas não governamentais.

Após a criação do Commonwealth da Austrália a educação escolar se manteve como responsabilidades do Estado e Territórios, sendo que o Governo Federal não mais possuía papel significante dentro da Constituição. Porém mesmo com tal divisão de poderes, conseguiu-se atingir um certo nível de uniformidade entre todos os Estados e Territórios.( Australian Education International 2000)

Por volta de 1939 o ensino se torna compulsório na maioria dos Estados, para crianças de 6 a 15 anos de idade.

## 2.3 Educação Escolar

Sua estrutura é muito semelhante em toda a Austrália, mostrando pequenas variações entre Estados e Territórios. Na maioria dos casos a pré-escola é apenas de um ano e não é compulsório. A educação escolar é composta por 13 anos com algumas variações em Queensland e Western Austrália.

Está dividida entre 1 ano preparatório, escola primária e escola secundária. O ano preparatório não é compulsório, porém a maioria das crianças de 5 anos de idade freqüenta este ano.

A escola primária compreende os anos de 1-6 ou 1-7 e a escola secundária compreende os anos 7-12 ou 8-12, dependendo do Estado em questão.

De acordo com pesquisas realizadas pelo Governo Australiano, no período de 1980 a 1990 notou-se um aumento significativo no número de estudantes completando os 13 anos escolares, com uma taxa nacional de 72.3% em 1999.

## 2.4 O ano escolar

O calendário escolar australiano tem início no final de Janeiro até o começo de Dezembro, estando dividido em quatro estágios ou termos, com férias entre os mesmos.

## 2.5 Administração e Finanças

A administração e financiamento da educação na Austrália são divididos entre o Governo Federal e os Estados e Territórios.

Tal divisão ocorre da seguinte forma:

**Quadro 1.2:** Responsabilidades do Governo Federal – Austrália

| ESFERA ADMINISTRATIVA | RESPONSABILIDADE |
|---|---|
| **Governo Federal** | *Responsável pelo desenvolvimento de estratégias políticas nacionais para a educação.<br>*Responsável pelo fornecimento de fundos financeiros que sejam suficientes para os setores educacionais.<br>*Responsável pela administração de alguns programas nacionais. |

**Quadro 1.3:** Responsabilidades do Governo Estadual e Territórios – Austrália

| ESFERA ADMINISTRATIVA | RESPONSABILIDADES |
|---|---|
| **Estados e Territórios** | *Cada Estado e Território possuem seu próprio Departamento da Educação o qual é responsável pelas escolas públicas Primárias e Secundárias, incluindo alguns aspectos do setor privado.<br>*Cada Estado e Território determinam suas próprias leis e práticas quanto à organização escolar, currículo, |

| | |
|---|---|
| | prêmios, credenciamento de cursos, avaliação de alunos, programas de ensino a distância, educação especial e ensino para estudantes estrangeiros.<br>* Cada Estado e Território são responsáveis pela coordenação e administração de recursos alocados para as escolas e pela administração de projetos e programas regionais.<br><br>* Cada Estado e Território são também responsáveis pelo emprego e requerimento profissional de professores. |
| | * Em alguns casos é também de responsabilidade do Estado e Territórios a educação pré-escolar, educação vocacional ou técnica, e outros serviços tais como: creches, bibliotecas, educação para adultos e comunidade, assim como serviços de educação para imigrantes. |

**Fonte:** Australian Government Parliament. **Government in New South Wales.**

## 2.6 Educação Pré-escolar

Segundo dados fornecidos pelo Governo Australiano (2004), a partir do ano de 2000 o Conselho do Ministério da Educação, Emprego, Treinamento e Assuntos da Juventude decidiu que o termo pré-escola seria usado em referência ao programa educacional oferecido nos dois anos anteriores ao 1° ano, ou seja, 1 ano de pré-escola, 1 ano preparatório e então o 1° ano primário.

Os programas de pré-escola são oferecidos em escolas públicas e instituições privadas para crianças de 3 e 4 anos. A freqüência é opcional, porém a maioria dos pais é encorajada a matricularem seus filhos.

As crianças menores de 4 anos têm a opção de freqüentar os Serviços de Educação Infantil, que em sua maioria são instituições particulares e sujeitas à obtenção ou não de verbas do governo Estadual.

Tais programas de pré-escola "*são planejados para refletir os interesses das crianças e suas necessidades físicas, emocionais, sociais e intelectuais. O aprendizado deve ser integrado às necessidades de desenvolvimento da criança, mantendo um nível de flexibilidade quanto aos estilos individuais de aprendizado, experiências anteriores e estágios do desenvolvimento*" [9]. Geralmente, estes programas são uma combinação de atividades livres e aprendizado mais estruturado, sendo que os mesmos são direcionados pelas autoridades governamentais relevantes e seus Parâmetros Curriculares.

Deve-se ressaltar que visto a complexidade financeira e administrativa do setor educacional na Austrália e os objetivos iniciais desta pesquisa, estaremos focalizando nosso olhar somente para o Estado de New South Wales, ou seja, aquele no qual o estudo de caso foi realizado.

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[9] Australian Education International. **Country Education Profile Australia**. Canberra: AEI-NOOSR, 2000. (Quando não for apresentada outra indicação, trata-se de tradução de autoria da pesquisadora).

## 2.7 O Estado de New South Wales

**Mapa2:** O Estado de New South Wales - Austrália

**Fonte**: Leisure and Turism Link Maps. **NSW map**.

De acordo com dados do Australian Bureau os Statistics (ABS 2002), a população total do Estado de New South Wales no ano de 2005, atinge a marca de 6.686,644 pessoas dentro de uma área de 800.000,00 Km quadrados. A título de comparação e ilustração temos o Estado de São Paulo com uma população total de 35.000,000 até o ano de 2005, dentro de uma área de 234.000,00 Km quadrados.

Tratando-se de Instituições de Educação Infantil no Estado de New South Wales, temos os seguintes tipos de serviços:

**Quadro 1.4**: Tipos de Serviços de Educação Infantil no Estado de New South Wales – Australia

| TIPO DE SERVIÇO | HORÁRIO DE FUNCIONAMENTO | FAIXA ETÁRIA | QUADRO DE FUNCIONÁRIOS |
|---|---|---|---|
| **Long Day Care** | 10 horas por dia / 5 dias | 0-6 anos | 1 adulto para 5 crianças de 0-2 anos de idade |

| | | | |
|---|---|---|---|
| | | | 1 adulto por 8 crianças<br>de 2-3 anos de idade<br>1 adulto por 10 crianças<br>de 3-5 anos de idade |
| **Pre-school** | 6 horas<br>por dia / 5 dias<br>9:00 às 15:00 hs | 3-5 anos | 1 adulto por 8 crianças<br>de 2-3 anos de idade<br>1 adulto por 10 crianças<br>de 3-5 anos de idade |
| **Family Day Care (FDC)** | À combinar<br>com encarregada.<br>A maioria dos FDC<br>trabalham 10 horas<br>por dia / 5 dias | 0-12 anos | Apenas 1 adulto<br>máximo de 5 crianças<br>0-5 anos de idade e<br>2 crianças de 5-12 anos. |
| **Home Based Care** | Idem ao caso do<br>FDC | 0-12 anos | como no caso<br>do FDC |
| **Before/After School Care** | manhã e tarde<br>7:00 às 9:00<br>15:00 às 18:00 | 5-12 anos | 1 adulto por 10 crianças |

**Fonte:** Children´s Services Regulation (2004)

De acordo com dados fornecidos pelo Departamento de Serviços à Comunidade (DoCS 2004), o Estado de New South Wales conta com 2.860 Instituições de Educação Infantil no ano de 2005, sendo que apenas 80% foram aprovadas pelo Sistema de Melhoria de Qualidade e Credibilidade até o ano de 2005.

É preciso esclarecer que para se estabelecer uma nova Instituição de Educação Infantil é preciso que primeiramente se obtenha uma Licença de Funcionamento. Uma vez aprovado e em funcionamento, é necessário que também se obtenha o *Certificado de Alta Qualidade e Credibilidade.*

As implicações da não obtenção de tal Certificado serão discutidas quando tratarmos do Sistema de Melhoria de Qualidade e Credibilidade e suas implicações nas Políticas Públicas de Educação Infantil, no capítulo 3 desta pesquisa.

## 2.8 O processo de Licenciamento das Instituições de Ensino Infantil

Como já mencionado, para que uma Instituição de Ensino Infantil possa operar na Austrália de forma legal e regulamentada, é preciso que primeiramente seja feito um pedido de *Licença de Funcionamento*, o que seria equivalente ao ´Alvará de Funcionamento` no Brasil.

Esta licença tem o papel de: checar as referências do indivíduo que se propõe a abrir uma nova Instituição de Ensino Infantil, estipular o número máximo de crianças por Instituição e determinar a distribuição das mesmas dentro dos grupos etários. Este processo de licenciamento, tem como papel também verificar fatores relacionados à segurança do espaço físico. (DoCS 2004)

De acordo com o Departamento de Serviços à Comunidade (DoCS 2004) e seus Regulamentos para Serviços Infantis[10], "*qualquer pessoa ou entidade pode submeter um pedido de licenciamento de Serviços de Ensino Infantil, sendo a aprovação do mesmo fator determinante na abertura ou não de um novo Serviço*". Porém, ainda de acordo o mencionado regulamento, "*não poderá submeter tal pedido, aquelas pessoas que forem menores de 21 anos de idade*".

Neste momento, surge um questionamento que se manteve muito presente na experiência da pesquisadora. Seria este processo de licenciamento eficaz, visto que pessoas

[10] Department of Community Services (DoCS). **Children's Services Regulation 2004.** NSW: 2004.

totalmente leigas na área da Educação Infantil têm a possibilidade de submeter tal pedido? E quais seriam os objetivos de tais 'leigos' com a abertura de um Serviço de Ensino Infantil? Não estaria aqui o início dos problemas enfrentados pelas Instituições quando submetidas ao Processo de Melhoria de Qualidade e Credibilidade? Porque seria a única limitação apresentada em relação a idade?

Se olharmos os Regulamentos para Serviços Infantis (DoCS 2004) mais adiante, encontraremos outro dado que tornam estes questionamentos ainda mais sérios. De acordo com o acima mencionado documento, *"cabe ao indivíduo portador da licença de funcionamento da Instituição de Educação Infantil, selecionar e contratar seus funcionários"*.

Portanto, ainda de acordo com este documento, *"cabe ao indivíduo portador da Licença de Funcionamento da Instituição de Educação Infantil, certificar-se de que seus candidatos à funcionários e professores possuem: um conhecimento básico quanto aos estágios de desenvolvimento físico, emocional, cognitivo, social e cultural de uma criança; conhecimento básico sobre atividades e experiências de aprendizado que são apropriadas para crianças de diferentes idades e seus estágios de desenvolvimento; conhecimento básico sobre saúde, higiene e necessidades nutricionais de uma criança e experiência em cuidar de criança"*.

Porém, devemos nos lembrar que ainda de acordo com os Regulamentos para Serviços Infantis (DoCS 2004), qualquer indivíduo maior de 21 anos de idade, mesmo que 'leigo' na área da Educação, poderá submeter um pedido de Licença de Funcionamento de Instituição de Educação Infantil.

E com isto, surgem outros questionamentos, pois como seria possível para um 'leigo' na área de Educação Infantil certificar-se que seus candidatos à funcionários e

professores possuem tais conhecimentos, sendo que ele próprio não os possui? Não seria este um outro motivo das dificuldades enfrentadas pelas Instituições quando submetidas ao Processo de Melhoria de Qualidade e Credibilidade do qual trataremos adiante?

Ainda em relação à contratação de funcionários, vemos que o Departamento de Serviços à Comunidade e os mencionados Regulamentos para Serviços Infantis (DoCS 2004), exigem um nível mínimo de funcionários qualificados, de acordo com o número de crianças permitidas pela Licença de Funcionamento.

Estas exigências mínimas se dão da seguinte forma:

**Quadro 1.5:** Número de Funcionários / Regulamentos – NSW – Austrália

| NÚMERO DE FUNCIONÁRIOS QUALIFICADOS | NÚMERO DE CRIANÇAS PERMITIDAS |
|---|---|
| 1 | De 30 a 39 crianças |
| 2 | De 40 a 59 crianças |
| 3 | De 60 a 79 crianças |
| 4 | De 80 ou mais crianças |

**Fonte:** Departmento of Community Services (DoCS). **Children's Services Regulation 2004.**

Entende-se funcionário qualificado, como professor com nível de Bacharelado ou Licenciatura em Educação Infantil, sendo os demais funcionários qualificados a nível de Diploma de Magistério ou apenas monitores com experiência. O número de crianças permitidas em cada instituição é determinado de acordo com as medidas mínimas de área por criança, que por sua vez é determinado pelo Departamento de Serviços à Comunidade (DoCS 2004) e seus Regulamentos para Serviços Infantis da seguinte forma:

**Quadro 1.6:** Número máximo de Crianças por grupo e Instituição / Regulamentos– NSW– Austrália

| REQUERIMENTO | NÚMERO MÁXIMO |
|---|---|
| Crianças por Instituição | 90 |
| Crianças menores de 2 anos | 30 |
| Crianças entre 2 - 6 anos | 60 |
| Divisão de grupo 0-2 anos | 10 |
| Divisão de grupo 2-3 anos | 16 |
| Divisão de grupo 3-6 anos | 20 |

**Fonte:** Departmento of Community Services (DoCS). **Children's Services Regulation 2004.**

# Capítulo 3

## Melhoria de Qualidade versus Melhorias para Qual Idade?

### 3.1 O Desenvolvimento do Sistema de Melhoria de Qualidade e Credibilidade

Vemos que tais questionamentos levantados pela pesquisadora quanto aos Regulamentos para Serviços Infantis (DoCS 2004) e suas falhas na área de Qualidade, foram também percebidos pelas esferas administrativas responsáveis pelo setor de Educação Infantil e somente no ano de 1994 modificações foram implementadas.

Com o intuito de complementar as áreas não avaliadas pelos Regulamentos para Serviços Infantis (DoCS 2004), surge o Sistema de Melhoria de Qualidade e Credibilidade, como uma iniciativa do Governo Federal, porém sendo administrado pelo 'Conselho Nacional de Credibilidade'.[11]

Este Sistema passou por várias modificações e melhoras desde sua instituição, sendo sua versão mais atualizada a de 2002. De acordo com dados fornecidos pelo Departamento de Serviços à Comunidade (DoCS 2004) o Sistema acima mencionado será novamente revisado no ano de 2005.

Para que possamos melhor compreender o Impacto que este Sistema causou (e continua causando) nas Instituições de Educação Infantil, assim como suas ligações com a obtenção ou não de subsídios do Governo, devemos primeiramente focalizar nossa atenção para a compreensão dos princípios que embasam este Sistema.

Como visto no capítulo anterior, os Regulamentos para Serviços Infantis (DoCS 2004) visam fatores legais de funcionamento, sem os quais as Instituições de Ensino Infantil não podem funcionar. Seu foco maior está relacionado a fatores que *contribuem*

com a qualidade, porém o que se deseja é algo que *determine* qualidade o que levanta mais um questionamento: qual seria o conceito de qualidade que embasa os princípios do Sistema de Melhoria de Qualidade e Credibilidade (2001)?

Olhemos com cuidado as áreas avaliadas pelo Sistema de Melhoria de Qualidade e Credibilidade:

**Quadro 1.7**: Áreas e Princípios de Qualidade – NSW – Austrália

**Fonte:** National Childcare Accreditation Council. **NCAC 2001.**

| ÁREA | PRINCÍPIO DE QUALIDADE |
|---|---|
| **1: Relacionamento com as crianças** | 1.1 Funcionários criam um ambiente alegre e acolhedor e interagem com as crianças de forma calorosa e amigável;<br>1.2 Funcionários guiam o comportamento das crianças de maneira positiva. |
| **2: Respeito pelas crianças** | 2.1 Funcionários iniciam e mantêm comunicação com as crianças e suas comunicações conduzem ao respeito e promovem igualdade;<br>2.2 Funcionários respeitam as diversas habilidades e valores sociais e culturais de todas as crianças, acomodando as necessidades individuais de cada uma delas;<br>2.3 Funcionários tratam as crianças igualmente;<br>2.4 Momentos de refeição são prazerosos, culturalmente apropriados e promovem um ambiente social de aprendizado e interações positivas. |

[11] National Childcare Accreditation Council. **NCAC 2001.**

| | |
|---|---|
| **3. Parceria com as famílias** | 3.1 Funcionários e famílias comunicam-se efetivamente por escrita ou oralmente, com o intuito de trocar informações sobre a criança individualmente e sobre a Instituição de Ensino;<br>3.2 Membros da família são encorajados a participar no planejamento da Instituição de Ensino;<br>3.3 A Instituição de Ensino possui um processo de orientação para toda criança nova no grupo e sua família. |
| **4: Interações dos Funcionários** | 4.1 Funcionários se comunicam de forma efetiva e trabalham bem como equipe. |
| **5: Planejamento e Avaliação** | 5.1 Programas refletem claramente a filosofia da Instituição de Ensino e seus objetivos mais amplos;<br>5.2 Registros do aprendizado das crianças são bem mantidos pela Instituição de Ensino e são utilizados para planejar programas que incluam experiências apropriadas para cada criança.<br>5.3 Programas suprem as necessidades, interesses e habilidades de todas as crianças de forma a ajudá-las a serem bem sucedidas;<br>5.4 Programas são avaliados regularmente. |
| **6: Aprendizado e Desenvolvimento** | 6.1 Programas encorajam as crianças a fazerem escolhas e aceitarem novos desafios;<br>6.2 Programas promovem desenvolvimento físico;<br>6.3 Programas promovem o desenvolvimento da |

| | |
|---|---|
| | linguagem e alfabetização;<br>6.4 Programas promovem desenvolvimento pessoal e intrapessoal;<br>6.5 Programas promovem o pensamento matemático, questionamento lógico e curiosidade;<br>6.6 Programas promovem o desenvolvimento estético e criativo usando movimento, música e diferentes formas de expressões espaço-visuais. |
| **7. Proteção e Cuidado** | 7.1 A Instituição de Ensino possui documentação escrita quanto a normas e procedimentos de proteção à criança, saúde e segurança e seus funcionários monitoram e agem de acordo com os mesmos;<br>7.2 Funcionários supervisam as crianças a todo o momento;<br>7.3 Troca de fralda e uso do banheiro são experiências positivas e de acordo com as necessidades individuais de cada criança;<br>7.4 Funcionários se certificam das crianças vestirem roupas apropriadas para atividades internas e externas e de que o momento de descanso/dormir, se vestir encorajam a autonomia e estão de acordo com as necessidades individuais de segurança, conforto e descanso de cada criança. |
| **8: Saúde** | 8.1 Comidas e bebidas são nutritivas, culturalmente apropriadas e promovem hábitos |

| | |
|---|---|
| | saudáveis de alimentação;<br>8.2 Funcionários implementam métodos de manuseamento de alimentos de acordo com as normas de higiene;<br>8.3 Funcionários encorajam as crianças a seguirem regras simples de higiene;<br>8.4 A Instituição promove o controle de disseminação de doenças infecto-contagiosas e mantêm documentação de imunização das crianças. |
| **9: Segurança** | 9.1 Espaço físico e equipamentos são seguros;<br>9.2 Produtos potencialmente perigosos, plantas e objetos são inacessíveis às crianças;<br>9.3 A Instituição de Ensino promove a segurança e saúde ocupacional. |
| **10: Administração de qualidade** | 10.1 Administração consulta as famílias e funcionários de forma apropriada e informação por escrito sobre a Instituição de Ensino é disponível a todos;<br>10.2 Normas de contratação de funcionários facilitam a continuidade do cuidado de cada criança;<br>10.3 Administração providencia um programa de orientação para funcionários novos, focalizando a filosofia da Instituição de Ensino, objetivos, normas e procedimentos;<br>10.4 Administração providencia e facilita oportunidades regulares de desenvolvimento profissional dos funcionários. |

Ao interpretarmos o quadro acima apresentado, percebemos o Sistema de Melhoria de Qualidade e Credibilidade (2001) apresenta seus princípios divididos em 10 áreas, sendo que estas, por sua vez, dão ênfase às práticas dos funcionários, comunicação de qualidade, saúde, higiene, planejamento participativo e suas conseqüências não somente para as crianças, mas também para os pais, administração e os próprios funcionários. Porém a todo o momento trata-se da Melhoria de Qualidade e Credibilidade a partir da relação adulto - criança, sendo esta talvez a noção intrínseca de Infância que as Instituições de Ensino Infantil possuem.

## 3.2 As etapas do Sistema de Melhoria de Qualidade e Credibilidade

Com sua minúcia e cuidado, o Sistema de Melhoria de Qualidade e Credibilidade (2001) vem trazer às Instituições de Ensino Infantil da Austrália um novo modo de olharem sua Prática Pedagógica, assim como de se relacionarem com os pais, administração e funcionários. Sua preocupação passa do simples Regulamento para obtenção da Licença de Funcionamento, para uma verificação da qualidade das práticas educativas, chegando a afetar todos os indivíduos envolvidos com a Instituição de Ensino, o que talvez seja a resposta de seu sucesso.

## 3.3 Sobre o conceito de Qualidade

Quando submetidos ao Sistema de Melhoria de Qualidade e Credibilidade, as Instituições de Ensino Infantil, devem avaliar suas práticas e procedimentos como *insatisfatório, satisfatório, de boa qualidade e de alta qualidade* (NCAC 2001).

Porém, apenas as Instituições de Ensino Infantil que apresentam qualidade *satisfatória* em todas as 10 áreas e nenhum indicador insatisfatório, recebem o Certificado de Melhoria de Qualidade e Credibilidade (NCAC 2001). Portanto, este é um momento não somente de auto-avaliação, mas também de mudança de práticas caso sejam detectadas áreas que necessitam melhora.

Mas quais seriam os objetivos deste Sistema e o conceito de Qualidade que embasa as 10 áreas e princípios avaliados? De acordo com o Conselho Nacional de Credibilidade (NCAC 2001), *"o maior objetivo do Sistema de Melhoria de Qualidade e Credibilidade é de ter certeza que as crianças possuem experiências positivas e estimulantes e suas interações promovem todos os aspectos de seu desenvolvimento"*.

Adiante, encontramos no mesmo documento uma afirmação muito interessante que talvez seja a resposta de uma das indagações da pesquisadora, quanto à nomenclatura utilizada para definir as Instituições de Ensino Infantil, ou seja, o termo 'Child Care' ou 'Cuidado da Criança'.

Ainda de acordo com o Conselho Nacional de Credibilidade (NCAC 2001), *'as Instituições de Ensino ou 'Child Care' devem proporcionar às crianças algo além de simplesmente 'cuidado'. Instituições de Qualidade são compreendidas como aquelas que educam e expandem o pensamento das crianças e sua linguagem, os ajudando a aprender e se desenvolver'*.

E esta afirmação nos remete a outro questionamento feito pela pesquisadora no início desta pesquisa. Ou seja, o domínio do idioma é de **total** importância para uma Instituição de Ensino de Qualidade, pois sem o mesmo torna-se impossível para o educador 'expandir a linguagem' das crianças em seu grupo e ir além do simples 'cuidado'das mesmas.

## 3.4 O conceito de Qualidade e sua importância para a Educação Infantil

Quando pensamos em qualidade, e todos os indivíduos beneficiados por tal melhoria, não podemos deixar de compreender porque qualidade é tão importante quando se tratando de Educação Infantil e qual o conceito de qualidade embutido nesta importância.

De acordo com o Conselho Nacional de Credibilidade (NCAC) *"a qualidade dos cuidados das crianças, suas experiências de aprendizado e seus relacionamentos nos primeiros anos de vida, são críticos na formação de seus futuros"*.

Mais adiante nos deparamos com uma afirmação muito interessante, pois estaria nesta afirmação a razão de tanta preocupação com qualidade?

Quando relatando o porque da importância de Instituições de Ensino Infantil de qualidade, o Conselho Nacional de Credibilidade (NCAC) afirma que *"visto pesquisas realizadas sobre o desenvolvimento do cérebro, experiências positivas nos primeiros anos de vida, tais como as vividas nas Instituições de Ensino Infantil, promovem o desenvolvimento da criança e têm um papel muito importante no aumento do aprendizado e conquistas durante suas vidas"*. (p.4)

Vê-se também a importância de qualidade nesta fase, pois "*esta possui um papel muito importante na redução de atividades criminais e pobreza de saúde mais tarde na vida adulta*".(idem)

Seria esta a real ligação entre o Sistema de Melhoria de Qualidade e Credibilidade e a obtenção de verbas do Governo? Seria sua maior preocupação a redução do nível de criminalidade futura na sociedade australiana através da Melhoria de Qualidade do Ensino?

Estaria aqui a razão do Sistema de Melhoria de Qualidade e Credibilidade se preocupar com o envolvimento dos pais, administração e funcionários neste processo?

Pois se compreendemos a Melhoria de Qualidade do Ensino como determinante de uma sociedade com baixo nível de criminalidade, devemos assegurar que todos sejam envolvidos neste processo, visto que todos fazem parte de uma mesma sociedade.

Vejamos, portanto, cada área do Sistema de Melhoria de Qualidade e Credibilidade, para que assim possamos compreender os benefícios para cada indivíduo e para cada 'Idade' por este apontado.

## 3.5 Melhoria de Qualidade para as Famílias

Ao analisarmos a área 3 "Parceria com as Famílias", do Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001), vemos que os mais envolvidos em seus princípios são as famílias das crianças. Segundo o Conselho Nacional de Credibilidade (NCAC) isto acorre pois, *"quando existe uma continuidade no cuidado que a criança recebe em casa e na Instituição de Ensino, desenvolve-se a segurança e as crianças aprendem a confiar"*.

Ainda segundo o Conselho Nacional de Credibilidade (NCAC 2001), esta área tem como conceito chave, a idéia de que: *"as crianças são de responsabilidade primária das famílias; os funcionários devem ser cientes do estilo de vida das famílias, suas práticas de educação e o impacto destas na vida da criança; planejamento e programas devem promover o trabalho de parceria entre as famílias e Instituição de Ensino; compreensão da cultura e grupo social das famílias pode enriquecer os programas; os membros das famílias podem contribuir com os programas das Instituições de Ensino e a parceria com as famílias é promovida através do bom relacionamento com funcionários"*.(p.30)

Sabe-se que a parceria entre a Instituição de Ensino Infantil e a família das crianças é essencial para que diferenças culturais e sociais sejam percebidas e respeitadas, assim como para que os funcionários e professores reconheçam que a família é a influência mais importante na vida das crianças e a fonte mais importante de informações sobre a mesma.

Segundo o Conselho Nacional de Credibilidade (NCAC) *"os funcionários devem encorajar as famílias a se envolverem nas atividades da Instituição de Ensino, assim como participar no planejamento e programação de atividades"(p.31).* Isto, pois, acredita-se que *"as famílias devem se sentir livres a participar de atividades diárias na Instituição de Ensino e assim fazer parte da vida diária da mesma".*(p.34)

Portanto, segundo este princípio, a Instituição de Ensino atinge qualidade quando *"funcionários convidam as famílias a participarem nas atividades da Instituição de Ensino e assim dividem aspectos particulares de diversas culturas".* (p.35)

Ainda dentro desta mesma área, vemos que *"a Instituição de Ensino deve ter um processo de orientação para todas as novas crianças e suas famílias" ( p.37)* visto que na maioria dos casos, as crianças sentem-se inseguras quando em um ambiente novo e algumas se sentem ansiosas com a separação de sua família.

Também vemos que em muitos casos as famílias passam por um momento de insegurança e ansiedade quando deixando sua (s) criança (s) em uma nova Instituição de Ensino, o que requer algo que vá além do período de adaptação para a criança.

Portanto, ainda segundo o Conselho Nacional de Credibilidade (NCAC) a Instituição de Ensino atinge qualidade quando existe um sistema efetivo de orientação onde *"famílias e funcionários trocam informações que irão auxiliar no ajuste entre os diferentes contextos familiares e a realidade da Instituição de Ensino"* (p.37).

Muitas vezes as ansiedades das crianças e suas respectivas famílias podem ser reduzidas quando suas expectativas são administradas e funcionários são cientes de necessidades particulares. Portanto, ainda de acordo com o Conselho Nacional de Credibilidade (NCAC) *"este deve ser o foco principal do período de orientação, pois é o início de um processo contínuo de trabalho da Instituição de Ensino com as famílias e seus funcionários".*(p.37) E isto nos faz acreditar que, através dos princípios envolvidos nesta área de Melhoria de Qualidade e Credibilidade, as famílias terão um melhor entendimento do trabalho desenvolvido com as crianças nas Instituições de Ensino, e possivelmente famílias e funcionários envolvidos com as crianças serão coesos quanto à forma de educá-las.

Porém a Melhoria de Qualidade para as Famílias não se resume às relações acima mencionadas, pois ao analisarmos a área 10 "Administração de Qualidade", vemos que as famílias também são valorizadas e, portanto, são beneficiadas pela Melhoria de Qualidade nesta área.

Segundo o Conselho Nacional de Credibilidade (NCAC) a qualidade nesta área é estabelecida quando a "*administração consulta as famílias e funcionários de forma apropriada e informações por escrito sobre a Instituição de Ensino se encontram disponíveis à todos".(p.31)*

Assim, através do fácil acesso à documentação das normas, procedimentos, objetivos e filosofias, as famílias podem escolher de forma mais consciente aquela Instituição de Ensino que se identifica com suas expectativas e valores.

Segundo o Conselho Nacional de Credibilidade (NCAC) esta comunicação transparente é muito importante, visto que *"algumas famílias se preocupam com as conseqüências de suas possíveis reclamações futuras e quando a Instituição de Ensino*

*possui normas claras, procedimentos de qualidade e principalmente possui clareza de seus objetivos e filosofia, elimina-se o risco de mal entendimento e mal encaminhamento de tais reclamações".* Ainda segundo o Conselho Nacional de Credibilidade (NCAC) *"procedimentos claros de resolução de reclamações ajuda a administrar as ansiedades das famílias e evita problemas futuros".*

Portanto, acredita-se que através de uma comunicação efetiva com as famílias e de sua participação nos processos administrativos, assim como sua participação no momento de planejar e programar atividades juntamente com funcionários e professores, será atingido uma Melhoria de Qualidade para as Famílias dentro das Instituições de Ensino.

## 3.6 Melhoria de Qualidade para os Funcionários

Analisando a área 4 "Interações de Funcionários", do Sistema de Melhoria de Qualidade e Credibilidade, vemos que os mais envolvidos em seus princípios são os funcionários das Instituições de Ensino Infantil. Segundo o Conselho Nacional de Credibilidade (NCAC 2001) tais interações são importantes visto que *"a boa comunicação entre funcionários possibilita a troca de informação necessária para que se estabeleça um bom relacionamento com as crianças e seus familiares"* o que por sua vez, relaciona a importância de Qualidade para os Funcionários com a importância de Qualidade para as famílias.

Segundo o Conselho Nacional de Credibilidade (NCAC 2001) esta área tem como conceito chave, a idéia de que*: "comunicação efetiva entre os funcionários requer respeito para com os diferentes pontos de vista e compreensão da mesma, de forma justa e igual; equipes trabalham melhor quando suas experiências, conhecimentos e talentos de todos os*

*funcionários são reconhecidos e utilizados; desenvolvimento profissional deve considerar as necessidades individuais e de equipe; funcionários devem interagir de forma cooperativa no decorrer do dia"(p.39)*

Sabe-se que a comunicação efetiva entre funcionários é crucial para o desenvolvimento da confiança e respeito, como também para evitar mal entendidos e conflitos entre os mesmos. Pois funcionários que se relacionam com facilidade, igualdade e profissionalismo, irão apreciar as visões, sentimentos, necessidades e interesses do outro, assim como respeita os conhecimentos e habilidades que cada um traz para o grupo.

Através desta comunicação efetiva, vemos que o bom relacionamento com as crianças e suas famílias se torna um processo fácil e natural, e também promove-se um modelo positivo de relacionamentos de trabalho para as crianças.

Segundo o Conselho Nacional de Credibilidade (NCAC) atinge-se qualidade quando a Instituição de Ensino possui *"normas e procedimento para resolver situações de conflito e desentendimento, a fim de resolvê-los com respeito e de imediato"* e quando *"os funcionários monitoram seus próprios comportamentos a fim de se garantir uma participação efetiva, igual e apropriada no grupo de funcionários"(p.41)*

Ainda mais adiante, ao analisarmos a área 10 "Administração de Qualidade", notamos que através de uma melhora de qualidade administrativa, os funcionários também são beneficiados visto que "administração providencia e facilita desenvolvimento profissional regularmente assim como propicia oportunidades para os funcionários" (p.121)

Acredita-se que a qualidade dos programas e do planejamento dependem dos conhecimentos que os funcionários possuem quanto as teorias e práticas da Educação Infantil. Portanto, o desenvolvimento profissional deve ser de responsabilidade não somente do setor administrativos como também dos próprios funcionários.

Desta forma, segundo o Conselho Nacional de Credibilidade (NCAC) atinge-se qualidade quando *"funcionários procuram de forma ativa, o suporte e ajuda de profissionais qualificados, a fim de ajudá-los a desenvolverem seus conhecimentos e habilidades, sendo que cada funcionário possui um plano individual de desenvolvimento profissional, o qual é desenvolvido a partir de uma avaliação de suas capacidades e metas profissionais"*.

Portanto vemos que através de comunicação efetiva e de desenvolvimento profissional, será atingido uma Melhoria de Qualidade para os Funcionários, segundo os princípios do Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001).

## 3.7 Melhoria de Qualidade para as Crianças

Ao analisarmos todas as áreas do Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001), vemos que as crianças são citadas na maioria de seus princípios, ou seja, nas áreas de segurança, saúde, proteção e cuidado, aprendizado e desenvolvimento, planejamento e avaliação, respeito pelas crianças e relacionamento com as crianças, porém como já dito, sempre do ponto de vista da relação adulto – criança.

Desta forma iremos analisar cada área individualmente, para que assim possamos compreender como estas melhorias de qualidade refletem para as crianças, sempre tendo como base as noções apresentadas pelo Conselho Nacional de Credibilidade (NCAC) e seus princípios.

### 3.7.1 Melhoria da Segurança

Sabemos que a segurança para as crianças dentro das Instituições de Ensino Infantil é de grande importância, porém sabemos também que esta muitas vezes é a primeira ser negligenciada.

De acordo com o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001), a segurança das crianças nas Instituições de Ensino Infantil é de responsabilidade da administração e funcionários, que por sua vez devem se manter informados quanto às normas de segurança mais atuais e de acordo com as autoridades relevantes.

A partir deste conhecimento, busca-se a compreensão da delicada relação entre segurança e riscos normais que todas as crianças vivenciam dentro do processo de aprendizado e seus desafios.

Ainda segundo o Conselho Nacional de Credibilidade (NCAC 2001) a área 9 "Segurança", tem como conceito chave a idéia de que: *"o espaço físico e equipamentos são seguros; os produtos, plantas e objetos potencialmente perigosos são inacessíveis às crianças e a Instituição de Ensino Infantil promove os princípios de segurança e saúde ocupacional, de acordo com as relevantes autoridades e legislação" (p.104)*

Desta forma, torna-se imperativo que os funcionários mantenham um desenvolvimento profissional constante nas áreas de saúde ocupacional e segurança. Tal compreensão os ajudará a identificar os limites de cada criança e assim diferenciar comportamentos de risco e situações desafiadoras.

Ainda de acordo com este princípio, as Instituições de Ensino Infantil devem *"ser cientes quanto à ficha de imunização, necessidades médicas específicas, diferenças culturais e similaridades das crianças"* para que se atinja qualidade nessa área. (idem)

Como vimos anteriormente, ao serem submetidas ao Processo de Licenciamento (DoCS 2004) as Instituições de Ensino Infantil devem cumprir certas normas quanto à segurança do espaço físico, porém neste momento ainda não é atribuído responsabilidades aos funcionários e administração no processo de manter ou melhorar a qualidade da mesma.

Por este motivo, vemos que o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) traz uma nova forma de se olhar a prática educacional, visto que não se trata apenas de ser aprovado no Processo de Licenciamento, mas sim manter um contínuo nível de qualidade nas práticas diárias, neste caso quanto à segurança das crianças dentro das Instituições de Educação Infantil.

### 3.7.2 Melhoria da Saúde

Muitos podem afirmar que as Instituições de Ensino Infantil não possuem nenhuma responsabilidade quanto a saúde das crianças, visto que sua função principal é desenvolve-las emocionalmente, cognitivamente e socialmente.

Porém, devemos entender que dentro da realidade deste estudo de caso, onde as crianças passam a maior parte do dia nas Instituições de Ensino e nelas dormem e se alimentam, ao mesmo tempo em que desenvolvem atividades cognitivas, a saúde e a melhoria da mesma toma outra dimensão.

Segundo o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001), os principais fatores que promovem a saúde das crianças são *"noções básicas de higiene, nutrição e imunização"* (p.92). Portanto, segundo a área 8 "Saúde", cabe às Instituições de Ensino Infantil *"promover hábitos saudáveis de alimentação e oferecer bebida e comida culturalmente apropriadas e nutritivas, assim como assegurar-se de que os funcionários*

*implementam práticas efetivas de manuseamento dos alimentos, de acordo com as normas e práticas de higiene".*

Ainda de acordo a acima mencionada área, cabe às Instituições de Ensino Infantil *"monitorar as documentações de imunização das crianças, providenciar para as famílias informações quanto aos postos de serviços e tabelas de vacinação para cada idade, assim como informar as famílias sobre doenças infantis que não podem ser prevenidas com a imunização e implementar normas de exclusão de crianças portadoras de doenças infecto-contagiosas"* (p.92).

Segundo o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) a melhoria de qualidade na área de saúde dentro das Instituições de Ensino Infantil é de muita importância visto que *"durante a infância são criados hábitos alimentares que deverão perdurar por toda a vida, e portanto, nesta fase, deve-se construir as noções de alimentação balanceada e higiene"* (p.94)

Quanto à questão da higiene, sabemos que a probabilidade de uma criança adquirir algum vírus ou doença, quando junta de outras crianças em ambiente fechado, é muito grande e, portanto certos cuidados devem ser tomados para que não haja problemas de disseminação e contágio.

Sabemos o quão estressante pode se tornar um ambiente de trabalho onde a maioria das pessoas está doente, principalmente se estas forem as crianças, visto que exigirão um cuidado e atenção muito maior dos funcionários. De acordo com o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) *"as taxas de infecção e doenças pode ser reduzida de forma significante quando funcionários são conscientes das medidas de controle de infecção e implementam práticas de higiene"* (p.96).

Neste aspecto coloca-se como fundamental *"lavar as mãos quando chegar na Instituição de Ensino Infantil; antes de começar a trabalhar; antes e depois de administrar primeiros socorros; antes de manusear alimentos; após o uso do banheiro; após o manuseio de alimentos crus; após assoar o nariz; após manuseio de saco de lixo; após tocar os olhos, nariz, cabelo e boca; após intervalos; após troca de fralda das crianças; após tocar animais; após qualquer outra prática anti-higiênica e também após a retirada de luvas descartáveis"* (p.97).

Deve-se ressaltar que de acordo com as normas de higiene fornecidas às Instituições de Ensino Infantil pelas autoridades relevantes, os funcionários deverem usar luvas descartáveis quando forem assoar o nariz de uma criança, manusear alimentos crus ou cozidos, trocar fraldas, administrar primeiros socorros ou qualquer outra atividade que exija um nível maior de higiene.

Acredita-se que com esta prática, promove-se os hábitos de boa higiene entre as crianças que acabam por seguir o modelo dos funcionários e assim atinge-se a Melhoria de Qualidade e Credibilidade na área da saúde dentro das Instituições de Ensino Infantil.

### 3.7.3 Melhoria na Proteção e Cuidado

Segundo o Conselho Nacional de Credibilidade (NCAC), interações positivas e um bom planejamento não conseguem compensar um ambiente que é perigoso ou que não é saudável para as crianças.

Portanto, de acordo com a área 7 "Proteção e Cuidado"do Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) *"as Instituições de Ensino Infantil devem ter por escrito, normas e procedimentos de proteção à criança e seus funcionários devem monitorar e favorecer o bem estar de cada criança; supervisionar as crianças em todos*

*momentos; fazer da troca de fraldas e uso do banheiro uma experiência positiva e de acordo com as necessidades individuais de cada criança; certificar-se de que as crianças estão vestidas de acordo com o clima e que a autonomia na hora de se vestir é encorajada"* (p.78).

Quanto as normas e procedimentos que as Instituições de Ensino Infantil devem ter por escrito, de acordo com o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) o desenvolvimento de tais documentos deve acontecer em conjunto com funcionários, famílias e de acordo com autoridades relevantes que providenciam parâmetros de boa prática e ambiente seguro para crianças e adultos.

Por sua vez, as normas e procedimentos devem incluir em sua documentação: *"proteção à criança; controle de infecção; doença infantil; administração de medicamentos; nutrição; armazenamento e manuseio de alimentos; imunização; proteção do sol; acidentes e emergências, cuidado dentário e segurança"* (p.80).

Tais documentos devem trazer a data em que o mesmo foi desenvolvido, revisado e modificado, sendo que todas as famílias devem ter conhecimento e livre acesso dos mesmos, promovendo assim um trabalho em conjunto de pais e funcionários.

Ainda segundo o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001), a administração das Instituições de Ensino Infantil devem assegurar-se de que seus funcionários são *"cientes dos sinais e sintomas de doenças comuns da infância, indicadores de problemas de desenvolvimento, indicadores de abuso infantil e negligência, responsabilidades legais e procedimentos de denúncia de abuso e negligência e principalmente compreensão da importância de se manter os fatos de forma confidencial em todos momentos"* (p.81).

Podemos afirmar que esta seria uma das razões das Instituições de Ensino Infantil valorizarem tanto a participação dos pais em suas atividades e principalmente valorizarem o diálogo aberto com os mesmos. Acredita-se que as famílias são a fonte mais importante de informação sobre o desenvolvimento da criança, saúde e bem-estar e portanto, os funcionários das Instituições de Ensino Infantil devem, segundo o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001), *"tomar a iniciativa de conversar com os pais e responsáveis das crianças nos momentos de encontro, mesmo que estes sejam no breve momento da chegada e saída da criança"* (p.83).

Com isto vemos que aos poucos Instituição de Ensino e famílias entram em sintonia e assim passam a compreender os papéis de cada um e o trabalho que cada um desenvolve na vida da criança. E os funcionários, por sua vez, mais cientes da realidade de cada criança têm a possibilidade de adaptar seus programas e planejamentos de acordo com as necessidades individuais de cada criança, atingindo assim a Melhoria de Qualidade e Credibilidade segundo o Conselho Nacional de Credibilidade (NCAC).

### 3.7.4 Melhoria no aprendizado e desenvolvimento

Sabemos que a brincadeira é uma das principais fontes de aprendizado para as crianças, principalmente quando estas são encorajadas a desenvolver sua autonomia de escolha para assim buscar seus próprios desafios e respostas de sua realidade.

Segundo a área 6 "Aprendizado e Desenvolvimento"do Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001), *"quando as crianças exploram o mundo a seu redor através da brincadeira, elas têm a oportunidade de trabalhar dentro de suas próprias zonas de conforto e decidir o quanto querem se engajar nas diferentes tarefas e desafios"* (p.58). E desta forma, acredita-se que as crianças satisfazem suas próprias

necessidades de aprendizado e desenvolvimento nas áreas: cognitiva, sócio-emocional, e psicomotora.

Portanto, quanto aos programas e planejamento de atividades, O Sistema de Melhoria de Qualidade e Credibilidade afirma que *"as crianças devem ser encorajadas a fazer suas próprias escolhas e buscar novos desafios; programas devem dar suporte ao desenvolvimento físico, linguagem, desenvolvimento pessoal e interpessoal; programas devem dar suporte a curiosidade, pensamento lógico-matemático, noções de estética, música e outras formas de expressão"* (p.58).

Por esta razão, vemos que as Instituições de Ensino Infantil elaboram os seus programas de uma forma que as crianças tenham acesso a uma variedade de materiais e experiências, o que possibilita a escolha das atividades de acordo com interesses e competências individuais. Assim, uma discussão com as crianças sobre os materiais disponíveis e atividades possíveis, pode-se tornar parte integrante do momento de planejar e programar as atividades a serem realizadas.

Quanto ao desenvolvimento físico das crianças, os programas e planejamento devem "*trazer um balanço de atividades que trabalhem noções de equilíbrio, flexibilidade, força, coordenação espaço-visual e coordenação motora fina e grossa, possibilitando a exploração do ambiente à todo momento, com segurança"*(p.62).

Em relação ao desenvolvimento da linguagem, vemos que as crianças ampliam suas capacidades de fala a partir do constante contato com a língua, variedade de vocabulário, significados e estruturas da fala. Portanto, segundo o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) *"os programas devem oferecer oportunidades para as crianças ampliares/desenvolverem seus conhecimentos de escuta e compreensão, vocabulário, questionamento, seqüência de fatos, ritmo da linguagem, auto-expressão,*

*consciência de outras linguagens, apreciação de histórias e versos, e uma compreensão das mensagens transmitidas através de fotos, diagramas, mapas, números e outros símbolos"* (p.65).

Portanto, podemos mais uma vez responder uma das questões inicias levantada pela pesquisadora, ou seja, sobre a importância do domínio da linguagem para que se implemente uma prática de acordo com os princípios do Conselho Nacional de Credibilidade (NCAC). De acordo com o trecho acima mencionado, o educador deve ter domínio total da linguagem falada e das outras linguagens, para que assim possa proporcionar um ambiente favorável ao desenvolvimento da linguagem das crianças em todos os aspectos.

Ainda dentro da Melhoria no aprendizado e desenvolvimento, temos a melhoria das relações pessoais e intrapessoais. Todos nós sabemos a enorme influência que os relacionamentos pessoais e intrapessoais estabelecidos dentro das Instituições de Ensino Infantil possuem na formação e desenvolvimento da criança como indivíduo. Sabemos também que o educador possui papel muito importante neste processo, pois, atento de todas as interações que ocorrem dentro deste ambiente, pode assumir papel de mediador.

De acordo com Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) *"quando os funcionários são atentos e responsivos, as crianças tendem a ser mais alertas, mais envolvidas com o seu ambiente e mais inclinadas a explorar, manipular e brincar com os objetos e pessoas a sua volta"* (p.67).

Portanto, atinge-se alta qualidade nesta área, quando *"os funcionários encorajam as crianças a terem atitudes positivas e respeitarem os sentimentos uns dos outros"*, quando *"os funcionários planejam atividades que encorajem as crianças a cooperar e aprenderem como negociar"*, quando *"as crianças são encorajadas a administrar conflitos usando*

*estratégias não-agressivas de acordo com os modelos dados pelos funcionários"* e quando *"as crianças tem diversas oportunidades de experimentar suas capacidades de relacionar-se umas com as outras a nível pessoal e intrapessoal no decorrer do dia*" (p.69).

### 3.7.5 Melhoria no planejamento e avaliação

Sabemos que o planejamento em si, muitas vezes reflete os interesses e competências dos funcionários, crianças e suas famílias, assim como a disponibilidade de materiais, equipamentos e outros recursos. Segundo o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) o planejamento e programas de atividades devem também considerar fatores como *"localização e espaço físico da Instituição de Ensino, características das crianças e famílias, experiência dos funcionários, dinâmicas entre as crianças e dinâmica com a comunidade local"* (p.44). Por sua vez, o planejamento e programas de atividade devem também *"refletir claramente a filosofia da Instituição de Ensino Infantil e estar relacionada com seus objetivos mais amplos"* (idem).

Portanto, para que se torne possível a elaboração de um planejamento e programa de atividades que esteja coerente com o acima mencionado, deve-se estabelecer um excelente nível de comunicação com as famílias, comunidade e principalmente deve-se estabelecer um sistema de registro destas relações.

Em relação às crianças, o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) afirma que *"para se planejar com eficácia é essencial que os funcionários mantenham anotações sobre o aprendizado e bem-estar de cada criança, assim como anotações sobre maneiras particulares de cada criança participar nas atividades"* (p.49).

Ainda de acordo com o acima mencionado documento, o planejamento e programa de atividades devem apresentar em suas ideais uma *"compreensão dos estágios de*

*desenvolvimento e aprendizado da criança, respeitar as individualidades e apresentar conhecimento da diversidade cultural e social presente no grupo"* (p.52).

Acima de tudo, acredita-se que a Melhoria de Qualidade e Credibilidade no planejamento seja alcançada através de uma avaliação constante dos programas de atividades, ou seja, um constante julgamento da filosofia da Instituição de Ensino, seus objetivos, práticas e estratégias. Para que isto ocorra de forma efetiva, o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) afirma que *"as famílias devem ser envolvidas no processo de avaliação do planejamento, sempre que possível"* (p.56).

### 3.7.6 Melhoria no respeito pelas crianças

É triste pensar que o respeito pelas crianças seja uma das áreas apontadas pelo Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001), visto que este deveria ser parte inerente do relacionamento entre funcionários e crianças, dentro das Instituições de Ensino Infantil. Porém, se analisamos os conceitos chaves que a área 2 "respeito pelas crianças" nos apresenta, veremos que o "respeito" aqui mencionado possui um diferente aspecto diferente do que o nosso senso comum compreende.

Por sua vez as crianças, no processo de refinamento e teste de suas idéias, utiliza-se de suas interações sociais como modelos para compreender melhor a realidade a sua volta. O que não paramos para pensar muitas vezes, é que tanto as comunicações verbais como as não verbais, fazem parte deste processo interativo, e portanto devem ser incluídas na busca de uma melhoria de qualidade.

De acordo com o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001), a melhoria do respeito pelas crianças ressalta a importância de se *"respeitar as várias*

*maneiras das famílias cuidarem das crianças, assim como demonstrar o mesmo respeito por todas, visto que através deste processo as crianças aprendem a superar desigualdades, quanto a sexos, culturas, grupos étnicos, habilidades e outras diferenças"* (p.15). E ainda segundo o mencionado documento, "as crianças desenvolvem o conceito de respeito umas pelas outras através da experiência positiva com variedades culturais, assim como através dos procedimentos que promovem a continuidade do cuidado" (p.16).

Portanto, atinge-se a melhoria de qualidade nesta área quando, as relações estabelecidas entre funcionários e crianças ocorrem de forma positiva, com respeito, igualdade, justiça e principalmente quando o interesse individual destas crianças é respeitado e incluído no planejamento e programa de atividades.

### 3.7.7 Melhoria no relacionamento com as crianças

Sabemos que a tarefa do educador que trabalha na educação infantil é uma tarefa que pode muitas vezes gerar muito desgaste emocional e físico, visto que as crianças exigem um nível de atenção, dedicação e disposição muito grandes.

Talvez por esta razão, o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) tenha decidido incluir em seus princípios a área 1 "relacionamento com as crianças", a fim de avaliar e atingir alto nível de qualidade nas práticas pedagógicas e suas formas de encarar o relacionamento criança - adulto.

De acordo com o acima mencionado documento e seus conceitos chave, " a criança desenvolve confiança emocional quando os adultos apoiam suas tentativas de ter novas experiências e compreender o mundo a sua volta" (p.8). Portanto acredita-se que " os funcionários devam criar uma atmosfera feliz, convidativa e portanto interagir com as

crianças de forma amigável e carinhosa, guiando o comportamento das crianças de forma positiva" (idem).

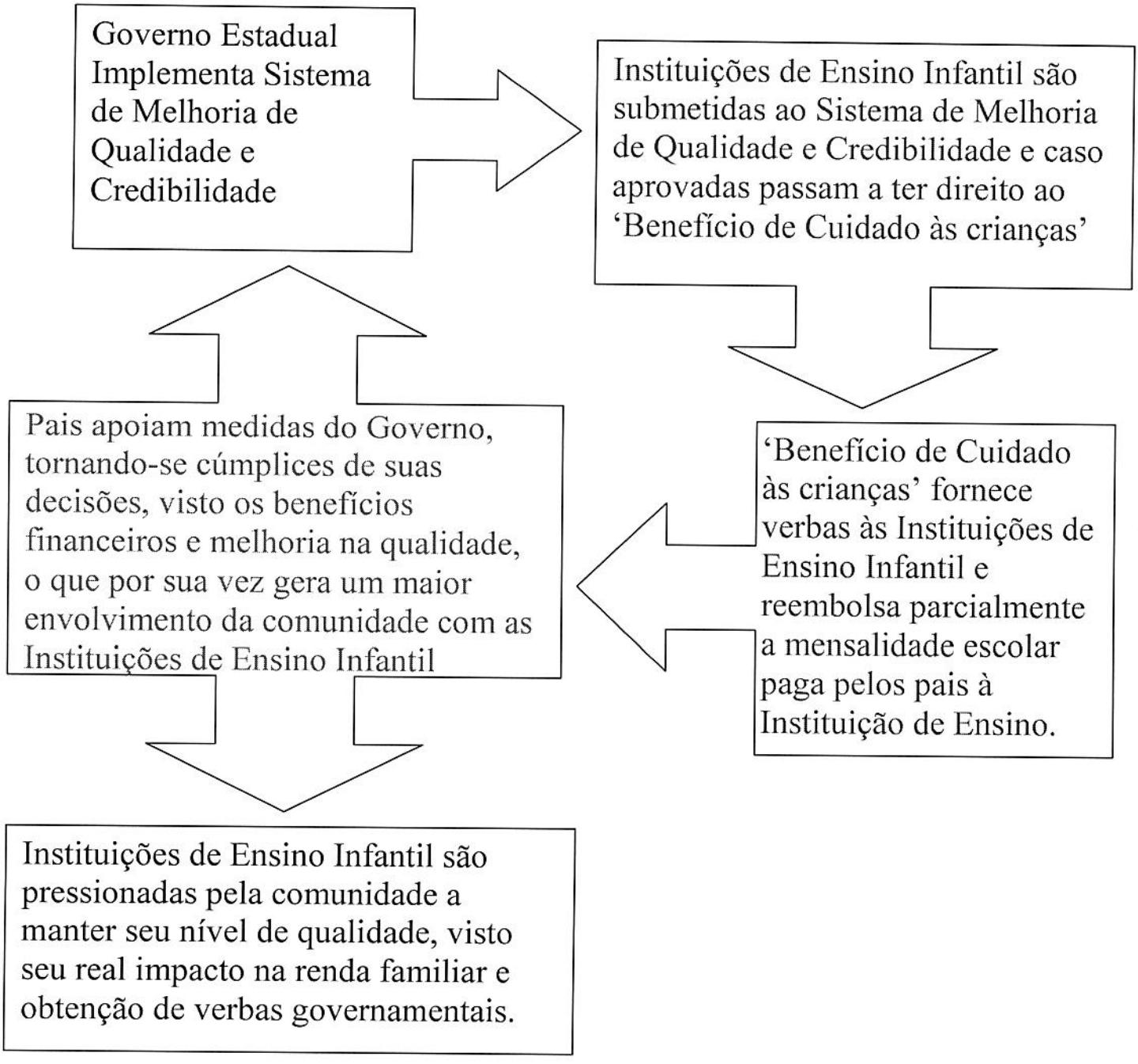
Tais princípios trazem a crença de que a auto-estima das crianças pode ser promovida a partir de um ambiente positivo, o que inclui "um educador como modelo positivo, direcionamento positivo e ajuda à cada criança no processo de identificação, nomeação e compreensão de seus sentimentos" (p.9).

Portanto segundo esta área, atinge-se a Melhoria de Qualidade e Credibilidade (NCAC 2001) em relação ao relacionamento com as crianças quando todos os princípios acima mencionados são satisfeitos e quando os "funcionários conhecem e compreendem todas as crianças que estão sob seus cuidados" (p.12) . Para isto, é preciso que se reconheça a criança como um indivíduo e se compreenda as fases do desenvolvimento infantil e o papel do educador neste processo.

# Capítulo 4

## Por uma Política Pública de Educação Infantil de Qualidade

### 4.1 O Sistema de Melhoria de Qualidade e Credibilidade e seu impacto na obtenção de verbas governamentais



De acordo com o quadro sinótico acima apresentado, o Governo Estadual apenas fornece verbas às Instituições de Ensino Infantil, uma vez que estas sejam aprovadas pelo Sistema de Melhoria de Qualidade e Credibilidade .

Visto o impacto que esta obtenção de verbas possui na economia das famílias, gera-se uma cumplicidade das mesmas com o Governo e suas medidas, o que por sua vez impulsiona a comunidade a reivindicar uma educação de qualidade. No dia-a-dia de uma Instituição de Ensino Infantil aprovada pelo Sistema de Melhoria de Qualidade e Credibilidade, o envolvimento dos pais e comunidade é muito maior do que naquelas que ainda não foram aprovadas pelo mencionado sistema.

Porém, não basta apenas escolher uma Instituição de Ensino Infantil que seja aprovada pelo Sistema de Melhoria de Qualidade e Credibilidade, para que se obtenha um abatimento nas mensalidades pagas pelos pais. Os critérios fornecidos pelo Governo Estadual, para a obtenção desta ajuda são:

- Escolha de uma Instituição de Ensino Infantil aprovada pelo Sistema de Melhoria de Qualidade e Credibilidade;
- Pais ou responsável deve possui visto de residente permanente, ser cidadão australiano ou ser cidadão da Nova Zelândia;
- A criança deve estar com as vacinações em dia ou ter carta de isenção de vacinação;
- A família deve pagar o valor total para a Instituição de Ensino Infantil e ajuda governamental é reembolsada no final de cada mês ou restituição de imposto, de acordo com preferência dos pais ou responsável;
- Pais ou responsáveis devem estar trabalhando ou estudando se for requerido o reembolso para mais de 20 horas semanais.

Em todos os casos, o valor a ser reembolsado para as famílias é calculado em proporção à renda familiar, portanto não iremos entrar em detalhes quanto aos valores, o

que nos importa aqui é compreender o impacto do Sistema de Melhoria de Qualidade e Credibilidade nas políticas públicas de educação infantil. A compreensão dos valores das verbas e reembolso para as famílias seria em si motivo de um outro estudo de caso, visto que cada Instituição de Ensino Infantil cobra um determinado valor, e as rendas familiares podem variar muito.

## 4.2 O Sistema de melhoria de Qualidade e credibilidade e seu impacto no mercado de trabalho

Seria interessante neste momento compreendermos como o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) veio a causar um impacto no mercado de trabalho, principalmente para aqueles que estão diretamente ligados às Instituições de Ensino Infantil.

Deve-se ressaltar que todas as informações a serem aqui apresentadas, estão diretamente ligadas às interpretações da pesquisadora, que esteve ligada ao setor de Recrutamento e Seleção para diversas Instituições de Ensino Infantil. Portanto, não se trata de uma pesquisa realizada por outros autores ou tão mesmo dados extraídos de bibliografia consultada, mas sim trata-se de uma leitura das observações da pesquisadora feitas no decorrer deste estudo de caso.

Para que possamos melhor compreender o impacto do Sistema de Melhoria de Qualidade e Credibilidade no mercado de trabalho, estaremos focalizando nosso olhar sobre os indivíduos mais envolvidos neste processo, ou seja, os funcionários do Conselho Nacional de Credibilidade, funcionários das Instituições de Ensino Infantil e os pais ou responsáveis das crianças.

**Quadro 9:** Impacto do Sistema de melhoria de Qualidade e Credibilidade no mercado de trabalho – NSW – Australia.

| Setor | Antes da criação do Sistema | Depois da criação do Sistema |
|---|---|---|
| Funcionários do Conselho Nacional de Credibilidade (NCAC) | Não existiam cargos, visto que a entidade não eram vigente e, portanto, não precisava de funcionários. | Geram-se novos empregos, visto que o Sistema de Melhoria de Qualidade e Credibilidade exige um grande número de funcionários para que o mesmo possa ser implementado e mantido. |
| Pais ou responsáveis | Não recebiam o " Benefício de cuidado às crianças" tendo que pagar o valor total das mensalidades. Maioria dos pais optam por manter um dos responsáveis em casa para cuidar da criança. | Passam a receber o " Benefício de cuidado às crianças" e com isto nota-se um aumento na oferta de mão de obra. Visto o reembolso do Governo Estadual, torna-se possível manter a criança nas Instituições de Ensino Infantil. |
| Funcionários das Instituições de Ensino Infantil | Maioria não possui uma visão crítica quanto à sua prática e seus conhecimentos estão limitados à compreensão dos Regulamentos para Serviços Infantis (DoCS 2004) | Tomam uma consciência mais ampla quanto a seu papel nas Instituições de Educação Infantil. Mercado de trabalho passa a exigir um funcionário que compreenda os princípios do Sistema de Qualidade e Credibilidade. |

**Fonte:** Observações de estudo de caso – pesquisadora.

## 4.3 O Sistema de Melhoria de Qualidade e Credibilidade e seu impacto na vida profissional da pesquisadora

Podemos afirmar neste estudo de caso que a pesquisadora se transformou totalmente enquanto profissional a partir do momento em que tomou conhecimento do Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) e seus princípios.

Muitos dos questionamentos inicialmente apresentados nesta pesquisa, foram respondidos e outros continuam a buscar luz, visto que a prática do educador envolvido com este sistema e seus princípios é uma constante busca de melhoria de sua prática e compreensão da realidade a seu redor.

Os maiores impactos que o Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001) trouxeram à vida profissional da pesquisadora foram:

- A compreensão de que as Instituições de Ensino Infantil da Austrália e mais especificamente o Conselho Nacional de Credibilidade (NCAC) demonstram compreender a infância sempre do ponto de vista da relação adulto - criança;
- A compreensão da importância de uma auto-avaliação e reconstrução contínua da prática pedagógica de acordo com os princípios do Sistema de Melhoria de Qualidade e Credibilidade (NCAC 2001);
- O entendimento de que sistemas como o de Melhoria de Qualidade e Credibilidade geram um certo aumento na carga horária de trabalho para os funcionários das Instituições de Ensino Infantil, porém a partir dos mesmos se alcança um padrão de qualidade em todo um estado, no caso o de New South Wales, ou de um país;
- A esperança de que outros países, incluindo-se o Brasil, desenvolvam um sistema semelhante ao apresentado neste estudo de caso, a fim de que se atinja a Melhoria de Qualidade na Educação Infantil brasileira.

# Considerações Finais

" Ó mar salgado, quanto do teu sal
São lágrimas de Portugal!
Por te cruzarmos, quantas mães choraram,
Quantos filhos em vão rezaram!
Quantas noivas ficaram por casar
Para que fosses nosso, ó mar!

Valeu a pena? Tudo vale a pena
Se a alma não é pequena.
Quem quer passar além do Bojador
Tem que passar além da dor.
Deus ao mar o perigo e o abismo deu,
Mas nele é que espelhou o céu".

(Pessoa, Fernando. **Mar Português**)

Resolvi escolher o poema de Fernando Pessoa para ilustrar minhas considerações finais, por acreditar que muito dos sentimentos nele contido vão de encontro com a trajetória pela qual passei, ao realizar o presente estudo de caso e ao elaborar meu tão esperado Trabalho de Conclusão de Curso.

Assim como os portugueses relatados no poema resolveram desbravar o mar português na conquista de novas terras, novas experiências e aprendizados, eu também resolvi desbravar a Austrália na conquista de um crescimento profissional, pessoal e acima de tudo na conquista de uma visão mais ampla das diferentes culturas e Políticas Públias de Educação Infantil.

Talvez os Oceanos Índico e Pacífico que cercam a Austrália, também contenham hoje em dia um pouco do sal das lágrimas de todos os envolvidos nesta minha jornada... Lágrimas de pai e mãe com saudades da filha, lágrimas de irmãs com admiração das conquistas, lágrimas de pesquisadora que em muitos momentos duvidou que algum dia iria

passar além de seu "Bojador", de seus limites e enfim, retornar ao Brasil e concluir esta pesquisa.

E então nos perguntamos: " Valeu a pena? Tudo vale a pena se a alma não é pequena...". A elaboração desta pesquisa não teria sido a mesma, não fosse a riqueza das experiências vivenciadas pela pesquisadora no decorrer dos últimos 5 anos e principalmente, não fossem as superações das dificuldades pessoais e profissionais que esta jornada proporcionou.

Portanto, gostaria de acima de tudo acreditar que esta pesquisa irá incentivar outras pesquisadoras a desbravar o mundo e a conquistar novos horizontes, a compreender o sistema educacional de outros países e quem sabe com isto, criar uma nova realidade para o país em que vivemos, o Brasil.

E que seja esta realidade uma que sempre considere a Melhoria de Qualidade da Educação Infantil e a conquista da Credibilidade da mesma...

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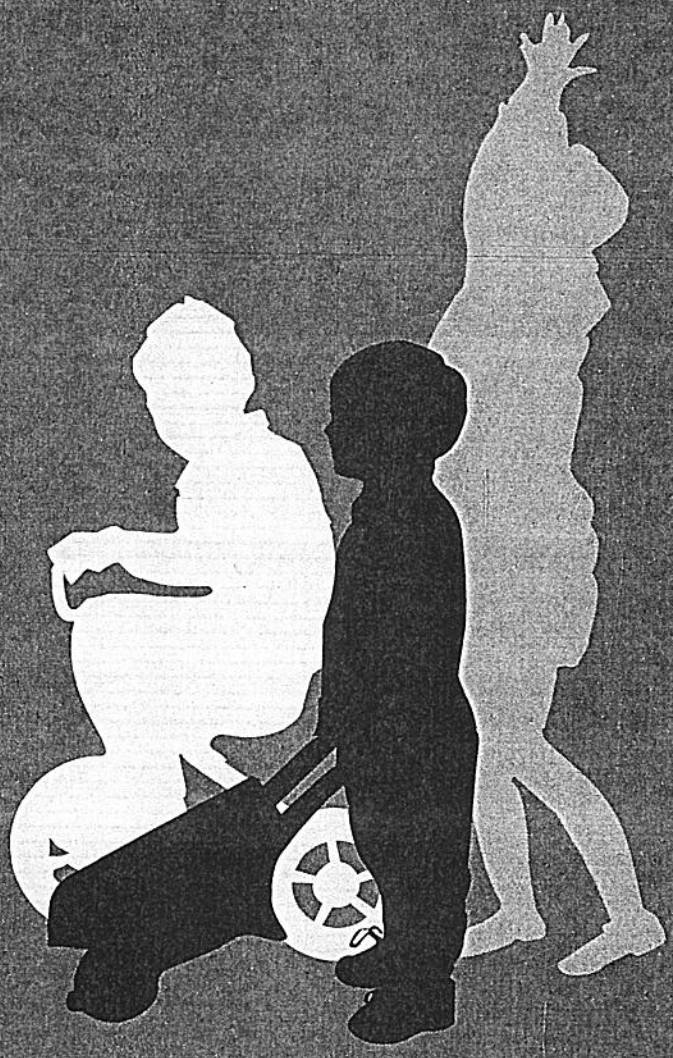
# ANEXOS

Putting Children First

Quality Improvement and Accreditation System

# Source Book



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National Childcare Accreditation Council

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# Introduction

## The Quality Improvement and Accreditation System (QIAS)

The QIAS is a Commonwealth Government initiative linked to the funding of Child Care Benefit to centre based long day care. The QIAS is administered by the National Childcare Accreditation Council Inc (NCAC). While there are voluntary accreditation systems for children's services in other countries, the Australian QIAS is unique on an international scale as it is the first quality assurance program for child care services in the world to be linked to child care funding through legislation and to be itself funded and supported by a Federal Government.

### The QIAS Process

The *QIAS Source Book* (1st edition, 2001) outlines **10 Quality Areas** that are described by 35 Principles of quality practice. In order to achieve and maintain the quality standards required for accreditation, the QIAS involves a continuous five step process:

**Step 1 Registration.** The long day care centre registers with the NCAC and pays an annual registration fee to participate in the QIAS.

**Step 2 Self-study and Continuing Improvement.** On a regular and cyclical basis, the centre makes a self-assessment of the quality of its practice by consulting with all staff and with the parents of the children at the centre. The centre rates the quality of its practice for each of the 35 Principles against standards outlined in the *QIAS Source Book*. The results of this process inform the centre's *Continuing Improvement Plan*. At specified times when the centre's *Self-study Report* is due, the centre's ratings *and* its *Continuing Improvement Plan* are summarised in the centre's *Self-study Report* which is submitted to the NCAC.

**Step 3 Validation.** A peer validator trained by the NCAC, visits the centre to validate its quality practices. Validators complete a *Validation Report* based on observations of the centre against standards outlined in the *QIAS Source Book*. Validators also observe collated *Validation Surveys* completed by the director, staff and parents during the few weeks prior to the visit.

**Step 4 Moderation.** Moderators assess the quality of the centre's practice, guided by information in the centre's *Self-study Report*, the centre's *Validation Surveys* and the *Validation Report*. A composite profile of quality at the centre is then prepared using information from all these sources.

**Step 5 Accreditation Decision.** NCAC makes the accreditation decision, based on the preceding 4 Steps. The centre is then required to continue its self-study and improvement cycle (see Step 2 above) until its next *Self-study Report* is due for submission.

To be accredited, a centre must achieve a composite rating of *Satisfactory* or higher on all 10 Quality Areas. Accredited centres are required to submit a *Self-study Report* to the NCAC every two-and-a-half years.

## Purpose of the Source Book

The *QIAS Source Book* is a companion publication to the *Quality Improvement and Accreditation System Handbook* (2nd edition, 2001) and the *Quality Improvement and Accreditation System Self-study Report* (2nd edition, 2001). These publications are designed to guide and assist long day care centres in planning for quality improvements in care practices and to fulfil the reporting requirements of the QIAS.

The purpose of the *Source Book* is to :

- Guide daily practice in long day care centres
- Provide quality standards for centre practices and provide guidance for the centre's self-study and self-evaluation.
- Assist the centre identify aspects of quality practices which it already has in place.
- Assist the centre identify aspects of quality practices to inform its *Continuing Improvement Plan* for further improvements.

The *Source Book* is based on what is currently known about good quality child care practice from both research and experience. It has been the subject of a wide-ranging review and consultations with all sectors of the early childhood field. Details of these consultations are provided as an addendum to this *Source Book.*

## How to use the Source Book

The *QIAS Source Book* is a "living" document which will be reviewed and updated from time to time as required. The *Source Book* is the prime reference document to be used by long day care centres progressing through the revised QIAS. It details the 10 Quality Areas of the QIAS and the underlying Principles for each Area, by which quality child care is defined. These Quality Areas form the framework for measuring the quality within a long day care centre.

Quality indicators are provided for each standard of practice; *Unsatisfactory; Satisfactory* and *High Quality.* Where appropriate, within these standards indicators are listed in age appropriate groups. However, in many cases descriptions listed under a particular age, while especially pertinent to children of that age, may also be relevant for younger and/or older children.

The indicators which define quality in the *Source Book* should be seen as indicative, but not as an exhaustive list. Centres may also substantiate their quality ratings by reference to practices that fall outside the indicators. While the standard required for accreditation is the same for all child care centres, no two centres will meet these standards in exactly the same way. Strategies which are effective in one centre may not be effective in the same centre the following year, nor will they necessarily be effective in another centre of similar size and location. The QIAS provides scope for each individual centre to establish strategies which best meet the standards in the context of its individual circumstances.

It is important to note that the *Source Book* outlines quality indicators characteristic of three standards of care for each Principle - *Unsatisfactory, Satisfactory* and *High Quality*. However centre management, staff and parents are asked to rate each Principle from a range of four standards - *Unsatisfactory, Satisfactory, Good Quality* and *High Quality*. Below is the definition for each of the four response categories in relation to the standard of care for each Principle:

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

***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 the High Quality indicators best describe the centre's typical practice.

## More Information

For more detailed information about the revised QIAS processes, please see the *QIAS Handbook* (2nd edition, 2001) or visit NCAC's Web site: **www.ncac.gov.au**. The *QIAS Handbook, Self-study Report(2001)* and *Source Book* are available from the Australian Government Publishing Service (AGPS).

**The National Childcare Accreditation Council**
**September 2001**

# The Quality Areas and Principles of Quality Care

## **Quality Area 1:** Relationships with children

Principle 1.1: Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way.
Principle 1.2: Staff guide children's behaviour in a positive way.

## **Quality Area 2:** Respect for children

Principle 2.1: Staff initiate and maintain communication with children, and their communication conveys respect and promotes equity.
Principle 2.2: Staff respect the diverse abilities and the social and cultural backgrounds of all children and accommodate the individual needs of each child.
Principle 2.3: Staff treat children equitably.
Principle 2.4: Mealtimes are pleasant, culturally appropriate occasions and provide an environment for social learning and positive interaction.

## **Quality Area 3:** Partnerships with families

Principle 3.1: Staff and families use effective spoken and written communication to exchange information about individual children and about the centre.
Principle 3.2: Family members are encouraged to participate in the centre's planning, programs and operations.
Principle 3.3: The centre has an orientation process for all new children and their families.

## **Quality Area 4:** Staff interactions

Principle 4.1: Staff communicate effectively with each other and function well as a team.

## **Quality Area 5:** Planning and evaluation

Principle 5.1: Programs reflect a clear statement of centre philosophy and a related set of broad centre goals.
Principle 5.2: Records of children's learning and well-being are maintained by the centre and are used to plan programs that include experiences appropriate for each child.
Principle 5.3: Programs cater for the needs, interests and abilities of all children in ways that assist children to be successful learners.
Principle 5.4: Programs are evaluated regularly.

## **Quality Area 6:** Learning and development

Principle 6.1: Programs encourage children to make choices and take on new challenges.
Principle 6.2: Programs foster physical development.
Principle 6.3: Programs foster language and literacy development.
Principle 6.4: Programs foster personal and interpersonal development.
Principle 6.5: Programs foster curiosity, logical inquiry and mathematical thinking.
Principle 6.6: Programs foster creative and aesthetic development using movement, music and visual-spatial forms of expression.

## **Quality Area 7:** Protective care

Principle 7.1: The centre has written policies and procedures on child protection, health and safety; and staff monitor and act to protect the health, safety and well-being of each child.

Principle 7.2: Staff supervise children at all times.

Principle 7.3: Toileting and nappy-changing procedures are positive experiences and meet each child's individual needs.

Principle 7.4: Staff ensure that children are dressed appropriately for indoor and outdoor play and that rest/sleep-time and dressing procedures encourage self-help and meet individual needs for safety, rest and comfort.

## **Quality Area 8:** Health

Principle 8.1: Food and drink are nutritious and culturally appropriate and healthy eating habits are promoted.

Principle 8.2: Staff implement effective and current food-handling standards and hygiene practices.

Principle 8.3: Staff encourage children to follow simple rules of hygiene.

Principle 8.4: The centre acts to control the spread of infectious diseases and maintains records of immunisation.

## **Quality Area 9:** Safety

Principle 9.1: Buildings and equipment are safe.

Principle 9.2: Potentially dangerous products, plants and objects are inaccessible to children.

Principle 9.3: The Centre promotes occupational health and safety.

## **Quality Area 10:** Managing to support quality

Principle 10.1: Management consults appropriately with families and staff and written information about the centre's management is readily available to families and staff.

Principle 10.2: Staffing policies and practices facilitate continuity of care for each child.

Principle 10.3: Management provides an orientation program for new staff with a focus on the centre's philosophy, goals, policies and procedures.

Principle 10.4: Management provides and facilitates regular professional development opportunities for staff.

# Part A Interactions and communications

- Interactions and communications between children, staff and families are characterised by warmth, responsiveness, positive support and respect for individuals.
- The centre demonstrates open communication, trust and a commitment to the centre's philosophy and goals that are shared by families and staff.
- The centre works in partnership with families to achieve continuity of care for children.
- Staff interactions with children enhance all aspects of each child's development.
- Staff support each other and work effectively as a team.

Children's social relationships are a main source of their learning. Relationships include the emotional ties and understandings between individuals that are built up from many interactions over time. These interactions need to be seen as important in establishing good relationships with children and families, as well as ends in themselves.

As all children vary biologically and develop differently, they are likely to interact in ways that reflect these differences. The ways children interact will also vary from one context to another. As children develop, they learn new ways of interacting and communicating. In turn, this opens pathways to further learning.

All people need to feel that others care about them and are interested in what they do, think and feel. Therefore, an environment that fosters friendly, supportive relationships is an essential part of effective child care programs.

Such an environment is characterised by warmth and respect among management, staff, families and children. This helps to provide greater continuity in care and to foster each child's self-esteem, security and well being. It also provides a foundation upon which children can develop as interested, creative and active learners.

Four Quality Areas provide a focus for practices that contribute to the goals of *interactions and communications* in child care settings. They are:

**Quality Area 1** Relationships with children
**Quality Area 2** Respect for children
**Quality Area 3** Partnerships with families
**Quality Area 4** Staff interactions

Quality Area 1

# Relationships with children

Staff have consistent contact with specific children and get to know the children and their families well. This develops a secure base of trust that gives families confidence in the centre and allows each child to relax, explore the environment and interact positively with other children and with adults.

Staff help children to develop and express a range of emotional responses appropriate to their developing abilities.
Staff responses are designed to foster children's self-esteem as well as a sense of fairness, empathy and cooperation with others.

**Principle 1.1:** Staff create a happy, engaging atmosphere and interact with children in a warm and friendly way.

**Principle 1.2:** Staff guide children's behaviour in a positive way.

### Key concepts

- Children's emotional trust is developed when adults are responsive to their attempts to try new experiences and to understand the world.
- There can be differences in the kinds of emotional expression that are valued by different families and cultures.
- Children's self-esteem can be promoted by creating a positive environment. This includes role-modelling, positive guidance and helping each child to identify, label and discuss their feelings.
- A positive environment develops when staff promote a sense of fairness and reflect on how their own attitudes and behaviours may affect the children and their families.

# Principle 1.1

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

The child care centre environment should reflect a sense of happy involvement between staff and all children. By taking the time to get to know each child well, staff can develop bonds of emotional trust that encourage each child's attempts to try new things and understand more about the world. In this way, children feel valued as capable individuals and their self-esteem develops.

Staff can help to create a pleasant atmosphere by listening sensitively to children; responding to them with genuine interest and warmth; modelling behaviour that encourages inclusion and encouraging them to initiate and explore new experiences. In this sense, listening should involve more than hearing. It should involve insight into and understanding of a child's perspective and theorising.

### U Indicators of Unsatisfactory Care

#### For all children:

- The atmosphere is often unpleasantly noisy, tense and unhappy; there is a lot of crying and conflict; and voices are often raised.
- Staff make little positive, physical contact with children, and show little warmth towards or interest in them.
- Staff frequently talk together but seldom with the children and tend to choose other tasks rather than interact with children.
- Staff tend to address the children as a whole group rather than as individuals.
- Staff usually initiate interactions with children in order to give direction as a means of managing behaviour.
- Staff tend to avoid contact or lose patience with children whom they find difficult.

#### For infants:

- Staff give physical care but often leave infants in high chairs, cots, playpens or strollers without interactions.
- Staff tend to give little attention to infants unless they are unsettled or crying.
- Staff do not respond promptly to or pick up crying infants.

#### For toddlers:

- Staff do not assist toddlers to become happily involved in individual activities.
- Staff give most attention to those toddlers whose language is well developed.

### For pre-schoolers:

- Poor planning by staff leads to a level of noise that disturbs purposeful activities.
- Staff permit behaviour from pre-schoolers that might lead them to harm themselves or others.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff greet and respond to all children with warmth and pleasure. They use the children's names making an attempt to pronounce these correctly, and speak and have physical contact with each child in culturally appropriate ways.
- The atmosphere is generally relaxed and happy and staff talk often with all children about a range of topics.
- 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.
- Staff guide children to be considerate and to support one another.
- Interactions by staff encourage children to use their initiative and to explore.
- Staff show special concern for children who are unhappy, unusually quiet or withdrawn.

### For infants:

- Staff take time to hold and interact playfully and affectionately with infants as individuals throughout the day, including during nappy-changing routines, before settling them to sleep or when playing.
- Staff take infants out of cots when they wake and seem ready for company.
- Staff prepare infants for transitions or routines by describing what they are doing and what will be happening.

### For toddlers:

- While encouraging toddlers to explore new experiences, staff respond to each toddler's interests and emotions.
- Staff prepare toddlers for transitions or routines by describing what they are doing and what will be happening.
- Staff respond to toddlers' attempts at independence with encouragement, offer choices when appropriate and assist when necessary to avoid frustration.

### For pre-schoolers:

- The noise level does not interfere with purposeful activities.
- Staff give reasons for expected behaviour and explain changes to routines and transitions.

## HQ Indicators of **High Quality Care**

### For all children:

- Staff show genuine interest in helping all children to express and explore their ideas, whilst respecting the needs of all children for personal space
- Staff consistently modify their approach in response to each child's temperament, cultural background and competence.
- Staff relate in a warm and friendly way to the children and their families.
- Staff make sure that siblings at the centre have the opportunity to interact with one another.

## For infants:

- Staff are sensitive to how infants feel at different times of the day and modify their interactions accordingly.
- Staff are flexible in their responses to the individual needs of each infant.

## For toddlers:

- Staff are aware of things that toddlers find amusing and interesting and engage them in playful non-verbal and verbal interactions.
- Staff encourage toddler's awareness of how others think and feel.

## For pre-schoolers:

- Staff support and encourage children's pretend play by showing enjoyment and appreciation of the value of such play in learning.
- Staff provide experiences to develop the pre-schooler's awareness of and empathy with others.

# Principle 1.2

## Staff guide children's behaviour in a positive way.

Taking a positive approach to guidance means trying to understand why a child behaves in certain ways. It also means encouraging acceptable forms of behaviour by using strategies that build children's confidence and self-esteem.

It is important for staff to respond to children's interests and emotions such as pleasure, empathy, and pride. Staff also need to comfort children when they are distressed, unhappy or fearful and need to help them identify and deal with feelings such as anger, frustration and jealousy.

To do this properly, staff need to know and understand the children in their care. They also need to recognise that a child's behaviour may be affected by their development, the environment, the time of day, actions of staff and other children, family experiences and the family's cultural background. Implementing guidance policies, therefore, is most effective when staff reflect on them carefully and consult with one another, with each child's family, and, where appropriate, with the children.

### U Indicators of Unsatisfactory Care

#### For all children:

- Families and staff do not have ready access to a written policy on positive guidance of child behaviour.
- Staff are unsympathetic to children who cry. Their guidance is mostly negative, reactive and verbal - for example, they don't pick children up to comfort them.
- Staff use language that labels the child, rather than labelling the behaviour as inappropriate - for example, staff label some children as naughty.
- Staff control children with physical force, isolation, threats or shouting.
- Staff are permissive in their style of managing children's behaviour. They ignore children's inappropriate behaviour.
- Staff tend to intrude on a child's space, showing insensitivity to the child's non-verbal cues or body language.
- Staff seldom seek reasons why children are unhappy or don't want to participate.
- Staff neither anticipate nor take action to avoid most of the conflict between children.
- Staff enforce unreasonable rules such as sitting without speaking.

#### For infants:

- Staff tend to attribute all crying to being caused by a dirty nappy, hunger or tiredness; they tend to put infants to bed whether tired or not.
- Staff interpret infant's exploratory behaviour as

naughty - for example, making a mess with food or throwing things on to the floor.

### For toddlers:

- Staff are impatient with toddlers' attempts to communicate about their needs. They ignore the signals that point to what the toddlers might be thinking and feeling.
- Staff respond to tantrums with confrontation and anger and display an attitude that toddlers must be brought into line.
- Staff punish toddlers for biting or pinching by biting or pinching back.
- Staff are often impatient with toddlers' attempts at gaining independence.

### For pre-schoolers:

- Staff frequently ignore pre-schoolers' questions or requests, or respond in a limited or dismissive manner.
- Staff tend not to involve pre-school children in setting their own rules for behaviour.
- Staff make little effort to help children resolve conflicts using problem-solving skills.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff actively and consistently implement the centre's written policy on positive guidance of child behaviour.
- Staff regularly encourage children to think about how others might be feeling.
- Staff attempt to understand the reasons for children's behaviour from the children's perspective and also discuss this with their families.
- Staff know about each child's background, competence and culture and respond to these in sensitive ways.
- Staff create environments that are conducive to supporting children's positive behaviour patterns.
- Staff anticipate negative behaviours and use positive strategies to prevent and manage these.
- Staff work actively with children to develop problem-solving skills and support children in resolving conflicts.
- Staff acknowledge children's efforts to solve problems and behave positively.
- Where repeated incidents occur with a particular child, staff consult with each other and the child's family, and where appropriate with the child, - for example, by reviewing expectations, taking account of the context, gathering information on the child's development and needs, and planning and implementing a consistent response to support the child.
- Staff model desirable behaviours in their own everyday interactions with their peers, other adults and children.

### For infants:

- Staff recognise and respond to infants' signs of sadness, boredom, interest, curiosity, pleasure, wariness, frustration and other feelings.
- Staff recognise when an infant prefers a particular caregiver and respond to each infant's need to be close to a trusted adult.
- Staff attempt to understand and respond to infants' vocalisations, gestures and facial expressions.

### For toddlers:

- Staff are sensitive to toddlers' feelings, especially frustration, and help them to recognise, label and manage these feelings.
- Staff manage toddlers' tension or conflict tactfully, without confrontation and distract and redirect the toddlers when necessary.
- Staff are patient with toddlers who spill food, have toileting accidents or leave activities or tasks unfinished.
- Staff share in each toddler's positive emotions and appreciate the pleasure toddlers derive from increased independence and competence.
- Staff provide plenty of materials to avoid toddlers' disputes over ownership.

## For pre-schoolers:

- Staff involve pre-schoolers in setting the rules where these are simple and can be easily understood. Staff discuss the reasons for the rules.
- Staff help children to talk about and manage their feelings.
- Staff use a range of strategies to support children in their attempts to resolve frustration and conflict with others – for example, by changing the environment, adding or removing materials, modelling behaviour and providing possible words to use.
- Staff encourage children in cooperative, helping behaviour.
- Staff model and guide pre-schoolers to treat others with patience and care.

## HQ Indicators of High Quality Care

## For all children:

- Staff are aware of any differences between the guidance strategies used by families and by the centre and actively seek to discuss these with family members in a constructive way.
- Staff encourage children to empathise with and to support other children who are experiencing difficulties.
- Staff encourage children to recognise and challenge inappropriate behaviour.
- Staff provide supervised opportunities for infants to interact with other children.
- Staff are aware of their own responses to challenging situations with children and, when necessary seek the support and advice of other staff.
- Staff systematically reflect on their own attitudes and behaviours and how these may affect children and their families and refine their strategies accordingly.
- Staff involve older children in discussions about dealing with conflict and encourage role-play to practise strategies that lead to fair solutions.
- Staff view children's behaviour challenges as a normal part of development and use an informed approach when dealing with such situations in an objective/supportive manner.

Quality Area 2

# Respect for children

Staff help each child feel valued, capable and interesting by demonstrating respect for the child's skills and background.

Respectful and even-handed communication by staff shows children how to communicate effectively with others.

By experiencing respect, kindness, fairness, acceptance and empathy, children can develop and learn to express these qualities themselves.

By showing respect for children's developing competence, adults promote each child's ability to take calculated risks, to learn new things and to develop self-esteem.

**Principle 2.1:** Staff initiate and maintain communication with children, and their communication conveys respect and promotes equity.

**Principle 2.2:** Staff respect the diverse abilities and the social and cultural backgrounds of all children and accommodate the individual needs of each child.

**Principle 2.3:** Staff treat children equitably.

**Principle 2.4:** Mealtimes are pleasant, culturally appropriate occasions and provide an environment for social learning and positive interaction.

### Key concepts

- The various ways that families care for their children should be respected.
- Respect shown for all children will help overcome any inequities they may experience because of their gender, culture, ethnicity, abilities or other differences.
- Culturally sensitive communications with children and families foster respect.

*Continued next page*

Quality Area 2

# Respect for children

**Key concepts** *Continued*

- Respect for children is reflected in procedures that promote continuity of care.
- Children develop respect for others by experiencing cultural variety in positive ways.
- Sensitive use of language and ideas can promote respect for others by encouraging children to think beyond stereotypes.

# Principle 2.1



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

Verbal and non-verbal communications are two important ways that children learn to access the ideas and guidance of others, to refine and test their own ideas and to form social relationships.

Children's communication and language skills relate directly to how much adults treat them as partners in conversation; listen actively and respond; initiate interactions where necessary; maintain conversations; and communicate courteously. Of course, staff should also be inclusive of children who communicate non-verbally- for instance infants and some children with additional needs.

All children are unique. They are cared for by their families in a variety of ways and each has particular communication needs. To communicate effectively, staff need to know each child well and be aware of the communication methods used by the child's family. This means staff can then find and adapt ways to engage all children as partners in communication.

### U Indicators of Unsatisfactory Care

For all children:

- Staff address children disrespectfully or rudely.
- Staff ignore or are insensitive to some children, especially those coming from a different language background or with communication difficulties.
- Staff communicate with children in an inappropriate tone or in ways that do not convey genuine interest and respect.
- Staff speak negatively in front of children, assuming they cannot understand.
- Staff shout at children
- Staff direct children to finish up activities without giving children advance warning or reasons.
- Children are often kept waiting and when they begin to occupy themselves they are criticised for being noisy or disruptive.
- Staff are not aware of the language and communication styles used at home and are uninformed about basic cultural information and home languages.

For infants:

- Staff do not respond to infants' calls for attention and when staff ask a question they do not wait for a response from the child.
- Staff show disrespect by not telling infants in advance when it is time to change nappies or carry out other care tasks.

### For toddlers:

- Staff show impatience with a toddler's slowness to respond and do not take time to understand what a toddler is trying to communicate.
- Staff do not attempt to communicate with toddlers about their interests.

### For pre-schoolers:

- Staff frequently interrupt pre-schoolers' conversations.
- Staff's communication with pre-schoolers is largely directive/instructional.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff regularly engage with all children in a variety of conversations that are meaningful to the children.
- Staff talk with families about communication patterns in their homes and try to use this information in daily interactions with the children in the centre.
- Staff learn and use children's particular communication methods - for example, signing, pictographs, or key words and phrases from children's home languages.
- Staff communicate courteously with all children, attempting to correctly pronounce their names and showing respect for their cultural customs.
- Staff give notice and reasons when they want children to finish up what they are doing.
- Staff ensure their own verbal communications are consistent with their non-verbal communications (facial expressions and body language).
- Staff access resource people for assistance and ideas about communicating with children from culturally and linguistically diverse backgrounds and with children who have communication difficulties.

### For infants:

- Staff interact frequently with infants and use songs, rhymes and games in playful communication - for example, finger plays.
- Staff use routine activities as a time for playful comment and conversation.

### For toddlers:

- Staff listen actively and show patience and understanding when toddlers are attempting to communicate.
- Staff initiate conversations about experiences that are directly relevant to toddlers' lives and engage them in verbal games, rhymes and songs.

### For pre-schoolers:

- Staff listen attentively to pre-schoolers. They avoid interrupting when a pre-schooler is talking and do not dominate conversations.
- Staff encourage pre-schoolers to listen to each other, to show interest and to ask questions in positive ways.
- Staff initiate frequent conversations with all pre-schoolers about what is important and of interest to them and about past, present and future events.

## HQ Indicators of **High Quality Care**

### For all children:

- Staff listen carefully to all children's communications and value and respond to children as genuine communication partners. Each day staff engage all children in many sustained, pleasant conversations.

- Staff make extensive use of specialist resource people to enhance support for children from culturally and linguistically diverse backgrounds and for children with communication difficulties.
- Staff are proficient at using children's particular communication methods (for example signing, pictographs or using key words and phrases from children's home languages.
- Staff encourage other children to use key words and phrases to support participation by children from culturally and linguistically diverse backgrounds.

## For infants:

- Staff show genuine sensitivity to and advanced understanding of how to adapt communication to meet infants' developing needs.
- Staff are aware of what interests each infant and take time for language play with each of them.

## For toddlers:

- Staff accurately interpret each toddler's attempts at communication by building up extensive knowledge of the toddlers in their care.
- Staff model communication skills and extend conversations by encouraging toddlers to participate, comment and ask questions.

## For pre-schoolers:

- Staff encourage pre-schoolers to communicate their own ideas respectfully and courteously and to listen to other people's ideas.
- Staff extend conversation with pre-schoolers by supportive listening and open-ended questions.
- Staff encourage pre-schoolers to become familiar with the ways other children communicate and to use these when talking with those children.
- Staff encourage pre-schoolers to talk about their ideas for play.

# Principle 2.2

## Staff respect diversity in the social and cultural backgrounds and abilities of all children and accommodate the individual needs of each child.

Children should be treated with respect and it is vitally important that staff value all children as individuals and try to accommodate their diverse abilities and their social, language and cultural backgrounds.

Staff should have a positive attitude towards diversity and Australia's Aboriginal heritage. This includes recognition of Australia as a socially-diverse, multicultural society where different groups with different needs strive to live side-by-side in harmony and as equals, free to maintain and practise their social customs, languages and religious beliefs.

Home cultures typically encompass a wide variety of social, language, religious, economic and family structures. These variations highlight the need to avoid stereotyping of individuals.

A centre that values diversity is one that recognises the importance of similarities as well as differences between and within cultures; incorporates and values the cultural and linguistic backgrounds of families, staff and the community; and meets the individual needs and interests of all children. However, valuing diversity is not just about taking account of the different cultural backgrounds at the centre. It is about promoting respect for all people.

Terms like additional needs are used to define and categorise a whole range of conditions that require and qualify for special support. For example, children with physical disabilities often have additional needs that may mean adapting the environment or intervening in particular ways. Additional needs is also used to include children who have problems with language skills; or are from a background where English is not the home language; or have health concerns like asthma, epilepsy, eczema, or allergies; or are at risk of abuse and neglect; or demonstrate challenging behaviour; or are gifted and talented.

However, the term additional needs can easily shift the focus away from the competencies that a child has and may focus on their deficiencies or narrow aspects of giftedness only. All children should be viewed in a balanced way as individuals with

# Principle 2.2



many competencies and interests, as well as needs.

In valuing and treating children as individuals, it is also important for child care programs to take account of any support children are receiving from other professionals - for example, from paediatricians, child welfare workers, early childhood intervention services, psychologists or other therapists. Staff need to incorporate into the centre's program, the goals that these other professionals have identified, in consultation with the family.

## U Indicators of **Unsatisfactory Care**

### For all children:

- Staff tend to ignore care practices used in children's homes (for example, different eating, sleeping, playing, toileting and soothing practices) and expect children to simply fit in with the centre's requirements.
- Staff are insensitive to possible conflict between the centre's philosophy and family values and practices.
- Staff show only occasional awareness of social and cultural difference when interacting with children and their families.
- Staff do not take account of children with additional needs and do not give them enough support.
- Staff make few attempts to communicate with children who use languages other than English or non-standard dialects.
- Staff do not expose children to cultural experiences other than those from the cultures of families using the centre.
- Staff work only from their own cultural perspective.

### For infants:

- Staff show little interest in how an infant is cared for at home.
- Staff are insensitive to the distress some infants experience when they have to adapt to unfamiliar routines and new places.

### For toddlers:

- Staff do not help toddlers to adapt to unfamiliar routines and new places.
- Staff expect toddlers who only have experience with a few adults to cope with many new people.

### For pre-schoolers:

- Staff fail to respect differences between pre-schoolers - for example by making tactless remarks or having unreasonably high expectations of pre-schooler's behaviour.
- Staff usually expect pre-schoolers to conform to ideals that are important to staff members and their culture.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff recognise and respect variations in children's abilities, backgrounds and family structures and provide experiences that value and respect both similarities and differences.
- Staff use culturally sensitive care practices around eating, sleeping, toileting, playing and soothing.
- Staff respect and encourage the use of home language(s) in the centre.
- During care-giving routines, staff consistently supplement non-verbal communication with key phrases from the child's home language.
- Staff make attempts to correctly pronounce the names of the children and the names of their family members.
- The centre's environment and experiences reflect Australia's Aboriginal and Torres Strait Islander and multicultural heritage.
- The centre's sets of posters, displays, children's books and other materials are monitored to ensure that overall they are inclusive of people from a wide range of backgrounds.
- Information about each child and their home culture is considered/reflected in the program plans.
- Staff actively encourage all children to have a positive attitude to the different backgrounds and abilities of others.
- Staff consult with families when there may be differences between the centre's philosophy and family values.
- Where a family has consulted other professionals, staff work cooperatively with the family to take account of any goals these professionals may have set for the child.
- The care environment reflects, supports and responds to many aspects of diversity.

### For infants:

- Staff consistently make use of information about how the infant is cared for at home.
- The cultural backgrounds of a particular group of infants are reflected in the range of care-giving routines for that group.

### For toddlers:

- Staff make consistent efforts to incorporate aspects of a toddler's background into their interactions with the toddler.
- Consistent care-providers form close relationships with individual toddlers.

### For pre-schoolers:

- Staff recognise the varied backgrounds of pre-schoolers through care-giving routines, conversations and experiences.

## HQ Indicators of **High Quality Care**

### For all children:

- In their interactions with children and families, staff consistently demonstrate sensitivity to a wide variety of backgrounds and family structures.
- Staff show an awareness of the subtle differences and similarities between the cultures of the children and their own cultures.
- By responding to families' similarities and differences, staff promote partnerships with families for the care and development of the children.
- Assigned staff consult with individual families about the care of their children, include information in each child's records and provide such information to other staff.
- Staff encourage children to challenge racial discrimination and prejudice.
- Staff actively promote and support the children's use of their home language in the centre.
- When the centre's policies, procedures and practices are reviewed, families are involved to

ensure cultural sensitivities are taken into account.

- Resource workers visit regularly to work with and advise on programming for children with additional needs.
- Staff use effective individualised teaching strategies for children with additional needs.
- Each child with additional needs is included in all aspects of the day and there is systematic long-term planning for the child in consultation with families.
- The centre actively promotes acceptance and support of children with additional needs by the other children and families.
- Staff are aware of one another's cultural background experiences and skills. Staff members are invited to contribute their diverse individual knowledge and skills to the program.

# Principle 2.3

## Staff treat children equitably.

Staff should respect children as individuals and provide equal opportunity for each child to access all learning experiences. Staff should regularly assess the interactions, materials and equipment provided to children for any evidence of gender or other biases that may affect a child's opportunity to learn and develop. In particular, staff should be aware of the effects of their own language and conversation on children's developing sense of self.

Staff can help children appreciate the importance of equality and equal opportunity through role modelling, discussions with children and in the daily activities of the centre. Staff should ensure that they portray girls and boys (men and women) as equally competent and able to participate fully in a range of life options.

In developing and implementing policies for equity, staff need to be aware of the range of child-rearing practices and attitudes of different cultures and groups within Australian society. Staff should consult with families about the centre's proposed approach to gender equity and other equal opportunity issues.

### U Indicators of Unsatisfactory Care

For all children:

- Staff clearly demonstrate gender bias towards boys and/or girls.
- Staff respond differently and give more/less attention to children according to their gender.
- Staff provide children with experiences that reinforce gender or other stereotypes.
- Staff typically speak gently to girls and forcefully to boys.
- Staff comfort girls but expect boys to be stoic; they are not as willing to respond to a boy's crying as to a girl's.
- Staff show discrimination indirectly - for example, by only encouraging boys but not girls to crawl or walk; only giving cuddly toys to girls and noisy toys to boys; expecting boys to fall over and get into scrapes, but fussing over girls who get dirty; only kicking balls with boys or making cakes in the sand-pit only with girls.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff are aware of their own bias, and do not to project it onto others.
- Staff consistently provide opportunities for all children to participate in all experiences, play with all materials, express a range of emotions; and contribute to discussions.
- Staff show children that they expect them to treat each other with respect.
- Staff encourage inclusive friendships between children.
- Staff use picture books, stories and events that happen in everyday life to discuss and help break down stereotypes.
- Policies for inclusion and reducing bias in centre programs have been developed and discussed with families.
- Staff provide opportunities and support for children to be involved in activities that are traditionally thought of as only appropriate for some children.
- Staff use language that reflects their commitment to equity, equal opportunity and justice.
- The centre has strategies in place for developing acceptance of and support for all children.

## HQ Indicators of **High Quality Care**

### For all children:

- Staff actively encourage all children to show empathy and self-confidence, irrespective of gender and other differences.
- To increase their own self-awareness, staff actively monitor their responses and behaviours to biases.
- Staff monitor children's play and learning to prevent the development of inequity in children's relationships.
- Staff and children discuss any evidence of gender or other bias in children's play and in their relationships with one another.
- To help children develop views about stereotyping, staff encourage them to critically evaluate the text and images in books, films, advertisements, and other media.
- The centre's sets of posters, displays, children's books and other materials are monitored to ensure that overall they are inclusive of all people, regardless of gender or other differences.

# Principle 2.4

## Meal times are pleasant, culturally appropriate occasions and provide an environment for social learning and positive interaction.

Eating is an important source of enjoyment for adults and children alike. Sometimes, it is possible to lose sight of children's enjoyment of food when concern for their nutrition and manners means that staff try to force children to eat or they over-emphasise acceptable behaviour.

Just like adults, children need to have some choices about the food they eat. During meal times, children also like to interact and talk with other children and with staff and most of them want to become independent by eating and serving themselves.

Respect is shown for children at meal times by:

- providing a pleasant and attractive place to eat;
- creating an unhurried, relaxed atmosphere;
- engaging children in interesting and worthwhile conversations;
- providing opportunities for children to develop independence through their choices and actions;
- modelling rather than telling children about acceptable social behaviour;
- respecting each child's rights to choose food; and
- demonstrating staff's own enjoyment of meal times.

At the same time, staff need to balance their efforts to create pleasant meal times against the need for safe food practices.

Flexible schedules allow the needs of individual infants to be met. These needs should be discussed in detail with an infant's family. Introducing solids and new food should only occur after consultation with the family and it should be developmentally appropriate. As well, staff should be alert to signs of allergic reactions when an infant is trying a new food.

When toddlers are learning to eat with a spoon, meal times can often become very messy and their appetites can vary greatly.

# Principle 2.4



Table manners are not important at this stage. Toddlers should be encouraged to try new food. Particular foods should not be used as rewards for eating other foods. Staff should also sit with the toddlers and assist those who need help with eating.

Once toddlers reach pre-school age, growth rates can decrease and this can mean smaller appetites. Smaller food portions and some choice should be offered, with the opportunity for additional helpings. Pre-schoolers enjoy getting ready for meals and will help to set and clear the table. Tables should be arranged so that small groups of children can sit and have conversations with a staff member. If the food is put on the table rather than served in portions, the children can take turns to serve themselves.

## U Indicators of **Unsatisfactory Care**

### For all children:

- Meal times are treated as physical care routines where each child must conform to adult expectations to eat what they are given without fuss or mess.
- Little attention is paid to the physical comforts of, or respect for, children at meal times.
- Little account is taken of individual food preferences.
- There are few opportunities for children to develop independence.
- At meal times, staff talk with one another or at the children, but seldom with the children.
- Emphasis is placed on finishing the meal by a certain time.
- Children are threatened or bribed with food.
- There is little cultural variety in mealtime procedures, or in the food and drink offered.
- Where the centre provides meals, the food selections do not show sensitivity to cultural differences.
- Staff do not encourage children to try new food.
- There are unrealistic expectations of good manners.
- No alternatives are offered if children refuse what is offered.
- Children are told they will not get a second course if they do not eat the first.
- Food is served directly on to the table, not in bowls or on plates.
- Staff do not take account of variations in children's appetites.
- Staff become impatient with fussy or slow eaters.

### For infants:

- Infants are fed without attention, conversation or warmth from staff.
- Infants' attempts to hold a spoon or training cup or try finger food, are discouraged.
- Infants are criticised for making a mess at meal times.

### For toddlers:

- Toddlers are criticised for eating with their fingers.
- Toddlers are criticised for making a mess or eating slowly.
- Implements and tumblers provided are awkward for toddlers to manage easily.

- Toddlers are rushed through meal times.
- Toddler's attempts at self-help are viewed as a nuisance to staff.
- Staff conversations with toddlers during meal times are limited to trying to get them to eat.

### For pre-schoolers:

- Meal times are regimented.
- Pre-schoolers are discouraged from talking to each other during meal times.
- Manners are enforced rather than encouraged and food is withheld from pre-schoolers who do not meet staff's expectations of manners.
- There is no choice in the food that is offered.
- Pre-schoolers chat during meal times, but staff tend to stand and watch.
- Conformity is emphasised with reprimands for eating slowly or lack of manners.
- If they are likely to result in a mess, pre-schoolers' attempts at self-help are neither tolerated nor supported by staff.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Meal times are pleasant occasions for all and a time to talk about many things in relaxed ways.
- Staff interact sensitively with children to encourage good eating habits, an appreciation of a variety of different foods, and the use of a variety of different eating and serving utensils.
- Staff encourage self-help and, where necessary, assist children at meal times.
- Where the centre provides meals, the food selections show sensitivity to cultural differences.
- Staff discuss food from a variety of cultures and talk about health and nutrition.
- Children's food preferences are respected.
- Information on children's eating habits at the Centre is provided to families and families are asked about what foods they think are best for their children.
- Staff sit with the children and demonstrate their enjoyment of meal times.

### For infants:

- Feeding is an occasion for pleasant interaction.
- There is regular consultation with families about their infants' food likes and dislikes.
- When infants indicate they have had enough, they are not expected to eat any more.

### For toddlers:

- Staff assist toddlers to feed themselves, but do not take over.
- Meals are presented attractively in a pleasant, relaxed atmosphere.
- Conversation between toddlers is encouraged.

### For pre-schoolers:

- Where possible, pre-schoolers are encouraged to help set up, serve themselves and others and to help by clearing the tables and scraping the plates afterwards.
- Individual pre-schoolers' needs and choices are taken into account, including food likes and dislikes.
- Where the centre provides meals, the menu includes some choice and a variety of foods from different cultures.

## HQ Indicators of **High Quality Care**

### For all children:

- Staff interactions demonstrate that they understand the links between providing a relaxed, pleasant eating experience and developing

children's social and language skills.
- Staff respect the rights of each child to choose food at meal times.
- Staff actively engage children in interesting conversations at meal times.
- Staff demonstrate flexibility by offering food and drink according to children's individual needs.
- Staff discuss nutrition in their planned and spontaneous program.

Quality Area 3

# Partnership with families

When they have continuity in the care received at home and in the centre, children can develop security and learn to trust. This continuity also facilitates a smooth transition to formal care.

The partnership between families and staff is characterised by an active exchange of information and mutual respect for similarities and differences in child-rearing practices.

Families and staff communicate openly about the children and work together for the benefit of each child.

Family members are welcome in the centre and contribute their knowledge and skills to enrich the children's program.

**Principle 3.1:** Staff and families use effective spoken and written communication to exchange information about individual children and about the centre.

**Principle 3.2:** Family members are encouraged to participate in the centre's planning, programs and operations.

**Principle 3.3:** The centre has an orientation process for all new children and their families.

**Key concepts**

- Families have primary responsibility for their children.
- Staff need to be aware of family lifestyles and child-rearing practices and their impact on children.
- Planning needs to address responsive ways for the centre to work in partnership with families.
- Sensitivity to the cultural and social backgrounds of families can enrich centre programs.
- Family members can contribute to the centre's program of experiences in flexible and varied ways.
- Partnerships with families are promoted by responsive and supportive staff.

# Principle 3.1

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



Forming a partnership between the centre and each child's family is central to providing effective care. These partnerships are characterised by open and extensive communication, which is respectful of and sensitive to cultural or other differences. Staff should recognise that the family is the most important influence in a child's life as well as the primary source of information about their children. Staff should encourage families to become involved in the centre's planning, programs and operations.

Families also need information about a centre to help them decide whether it has the philosophy and practices to provide the kind of care and education that they want for their child. When families make initial inquiries, they should be given a publication or other material that includes the centre's philosophy and clearly and concisely outlines its main policies.

Families from culturally and linguistically diverse backgrounds may need translations of the information about the centre. The centre may also need to develop support for families with low literacy levels and communication strategies such as face to face meetings, noticeboards, posters, photo displays, videos, open days and information nights.

Information about the centre and its philosophy, goals, policies and procedures should be regularly reviewed and updated, at least annually, to take account of suggestions from both staff and families.

Although families know their children intimately, it is important that staff give families specific insights about their child, based on observations at the centre. To support continuity in the care and education of each child, staff should exchange information with families in a variety of ways and centres need to consider having:

- daily communications with families about each child's day-for instance, what happened at home and at the centre; how the child responded during the day; out of the ordinary events; and, especially for infants and toddlers, information about feeding, sleeping and toileting; and

# Principle 3.1

- regular communications about - each child's development; daily experiences and interests; family and centre events; changes to policies and procedures; health and safety issues and about other information the centre wants families to have.

## U Indicators of Unsatisfactory Care

For all children:

- There is little or no written information about the centre and its services.
- What written information is available is either out of date, only provided when families ask, or is not sensitive to the communication needs of families.
- Staff and families share information infrequently.
- There is no systematic, ongoing process to make sure information about individual children is shared between families and staff.
- There are no arrangements for having confidential discussions with families.
- Confidential information is discussed inappropriately by staff.
- Families are not advised of the processes available to express concerns about the centre or the care provided and there are no effective complaints handling procedures.
- Families are not welcome at the centre for any reason other than to drop off and collect children.
- Families are not given the opportunity to meet with new staff before their child moves into new groups or rooms.

## S Indicators of Satisfactory Care

standard required for accreditation

For all children:

- The centre's parent information publication explains the centre's philosophy and outlines the centre's main policies.
- The contents of the family information publication are reviewed and updated in consultation with families and staff.
- There are effective procedures and a range of regular opportunities for families and staff to share information with one another about the child's progress, interests, experiences and significant events.
- There is evidence that the centre communicates effectively with families from culturally and linguistically diverse backgrounds, including those with low literacy levels.
- Information about children that is based on staff observations is systematically passed on to the families.
- There are opportunities for confidential discussions between staff and families and staff respond positively to a family's requests for appointments to discuss their child's progress.
- When the children are dropped off at the centre and collected by their families, there is a process for families and staff to exchange basic information about them.
- Each day, families of infants and toddlers are given information on their child's sleeping, feeding and toileting.
- Families are informed of any out of the ordinary events for their child either by telephone or when

they arrive to collect their child.
- Families have the opportunity to meet with new staff before their child moves into new groups or rooms.
- Staff regularly share with the children's families some of the specific interactions they had with the children during the day.
- Each family is provided with information about the centre's procedures for handling complaints or concerns regarding the centre or the care provided.



## HQ Indicators of High Quality Care

### For all children:

- Information about the centre is thorough and is regularly updated after consultation with families, staff and the appropriate authorities.
- The centre has a specific plan for communicating with all families and the plan provides for possible links with other appropriate community services, for example, health care providers.
- The centre is prepared to communicate with families from culturally and linguistically diverse backgrounds, including those with low literacy levels, even if this is not currently required.
- Information is translated into other home languages when necessary.
- Bilingual support and cross-cultural information is sought from relevant resource people.
- Staff are skilled in reflective listening and use this with families.
- Decisions made jointly by families and the staff about each child's program of experiences are recorded and there is evidence that staff implement these decisions.
- Information about any changes to the centre's policies and procedures is sent in advance and in writing to families.
- Additional sources of information are provided for families, such as guest speakers, resource people and videos for them to borrow.

# Principle 3.2

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

In keeping with the notion of partnership, family members should be free to visit and participate in the daily life of the centre. Families usually have a lot to offer the centre and staff need to work with them to develop a variety of ways to promote better communication and understanding. Involving families could range from formal child-focused activities to relaxed social events with extended family members.

All families' home cultures should be viewed as unique. Management and staff should encourage family members to share valued parts of their family life with the centre's children. This could include sharing favourite foods, important ceremonies, family experiences or history, music, stories, books, dance, hobbies, work skills, holiday experiences, and different languages.

In many families, grandparents play a vital role in children's development and socialisation and staff should be aware of the importance of this contribution.

Sharing family cultures enriches the lives of children, staff and families. This sharing is promoted when:

- family members are welcome at the centre;
- there are informal gatherings so families can meet each other, relax, make friends and get to know centre staff, and
- staff discuss important issues with families daily and at informal and formal events.

Where the families at a centre share a common culture, staff can use this culture to find the most effective ways to encourage family participation in the life of the centre. However, children at such a centre will benefit from being introduced to and having experience of some of the other diverse cultures that make up Australian society. Staff should consider providing children with experiences of other cultures through activities such as reading books, inviting special visitors to the centre and providing food from other cultures.

Where the families at a centre have diverse home cultures, staff

# Principle 3.2

need to make sure that all families feel welcome and that their cultures are respected and valued. Staff should invite families to participate in the centre activities and share aspects of their culture. Staff should also be aware of and show sensitivity to different cultural norms.

Staff should understand that there are different ways in which families can be involved in the centre and that their level of participation may vary over time. Staff should be consistent in making families feel welcome and valued and this may help encourage them to be more active in the life of the centre whenever they can.



## U Indicators of Unsatisfactory Care

### For all children:

- Families are not encouraged to be at the centre for any reason other than to drop off or collect their children.
- Staff do not engage families in conversation about topics other than their children.
- Staff do not gather information about skills, talents or interests that families would be happy to share within the program.
- Families are invited only to formal occasions as observers or with minimal participation, for example, children's performances or orientation nights.
- When families do visit at unscheduled times, little effort is made by staff or management to make them feel welcome and involved.
- There are no relaxed, informal gatherings for staff and families to talk, and for family members to get to know each other and their child's friends.

## S Indicators of Satisfactory Care
standard required for accreditation

### For all children:

- Written information that is given to families invites them and other family members to visit at any time.
- Staff are open and welcoming. They greet family members warmly when they visit and make them feel welcome to stay and be involved in their children's activities.
- Opportunities are arranged for informal contact among families and staff. These occur throughout the year and in ways that suit the centre's families.
- Sensitively worded written and oral invitations are given to families asking them to suggest interesting aspects of their family or working lives that they would be prepared to share to enrich the experiences of the centre's children.
- Invitations are issued to families to share specific experiences with the children - these are planned for and supported by staff.
- Staff seek families' views on children's learning, skills and interests and include these as part of program planning.

## HQ Indicators of High Quality Care

### For all children:

- Families' contributions enrich the children's programs at the centre, and this is documented accordingly.
- Staff plan and program for family members' contributions by sending specific invitations, supporting the person's involvement and planning follow-up experiences for the children.
- Family contributions to programs reflect both the similarities in and the diversity of cultures represented at the centre.
- The centre plans a program of informal gatherings for staff and the centre's families that encourages maximum family participation.
- Conversations between staff and family members are relaxed, friendly, informal and supportive of family cultures.
- Staff take a keen interest in families' cultures and share information with family members.
- Issues raised by families including complaints about the centre's service delivery are taken into account when planning and evaluating the program.

# Principle 3.3

## The centre has an orientation process for all new children and their families.



Children often feel insecure in new environments and some may also be anxious about separation from their family members or other regular carers. As well, families may feel anxious about leaving their children. Staff can help the settling-in process to be a positive experience by implementing a range of strategies to help both families and children feel welcome and included at the centre.

An effective orientation program usually ensures that the relationship between the centre and the family gets off to a good start. Initially, it provides a systematic opportunity for the family and staff to share some preliminary information that will help staff understand and adjust to the child's family contexts and help the family to become familiar with some of the centre's basic procedures and processes.

An effective orientation process also ensures that the child has the opportunity to begin establishing a relationship with assigned primary care-giver(s) and that the primary care-giver(s) actively support the child in settling into the new environment.

At this stage, families can also meet other families at the centre and talk to them about how the centre meets their particular needs and how using child care has made a difference to their family's activities and routines.

The anxiety of children and their families can be reduced when they know what to expect and feel that staff care and are approachable and responsive to their particular needs.This should be the focus of an orientation process and should be seen as the commencement of an on-going process that aims to develop a stable and informed working relationship between the centre and families.

## U Indicators of **Unsatisfactory Care**

### For all children:

- Pre-enrolment visits are not planned or encouraged.
- Family members are discouraged from staying at the centre to help settle their child.
- Information about the child's eating, sleeping, feeding and play preferences is either not gathered or if it is, it is not used by the child's primary caregivers when the child starts at the centre.
- New children are not assigned primary caregivers nor is a primary caregiver available each day to greet the new child and help them to settle in.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff demonstrate a positive approach to the needs of families and children at enrolment. Management and staff discuss and plan with the family how to support their child during the settling in process.
- Before children start at the centre, families and children are encouraged to visit and become familiar with the centre.
- Families are encouraged to stay for a time on the first days their child is in care to reassure them and help them to settle in to a new place.
- Information about the child's eating, sleeping, feeding and play preferences is gathered and recorded systematically and staff have ready access to it.
- Information and reassurance is given to families about the way their child is settling in.
- The child's assigned primary caregivers play an active role in greeting the child each day and helping overcome any anxiety when family members are leaving.
- Primary caregivers from different shifts during the day provide continuity of care and maximise each child's involvement in any experiences planned over the entire day.

## HQ Indicators of **High Quality Care**

### For all children:

- Settling in is tailored to meet both families' and children's needs.
- The assigned primary caregivers play an active and ongoing role in gathering information that will help to provide continuity of care between home and the centre.
- The primary caregivers help other staff to understand and plan for the particular cultural and developmental needs of children that are new to the centre.
- Primary caregivers regularly discuss with the family how their child is adjusting and they plan together to support the child to settle in.
- Primary caregivers and the family work in partnership to plan positive and new experiences for the child.
- Staff encourage family members to stay with their child at the centre for as long as it takes for both the family and the child to comfortably settle in.

Quality Area 4

# Staff interactions

Staff show respect for each other and acknowledge each other's points of view.

Staff teamwork is characterised by equity, mutual respect, open communication and a shared commitment to providing the best possible environment for children and their families.

Staff support new employees and each other. To ensure continuity of care for each child, staff also share information about the centre's programs and about the children in their care.

Staff value their own professional development and they set goals for themselves that complement the centre's goals.

**Principle 4.1:** Staff communicate effectively with each other and function well as a team.

### Key concepts

- Effective communications between staff requires respect for the points of view of others and agreed understandings of equity and justice.
- Teams work best if the experience, skills, talents and strengths of all staff members are recognised and utilised.
- Planning for professional development should recognise the needs of individuals and of their team.
- Staff should interact cooperatively throughout the day.

# Principle 4.1

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

Effective communication is crucial to developing trust and respect between staff members and to providing information and gathering feedback about the children and the centre's programs. It also helps to avoid misunderstanding and conflict and can contribute to high staff morale.

Staff who relate comfortably, equitably and professionally will appreciate each other's feelings, views, needs and interests and come to respect the knowledge and skills that each staff member brings to the centre. Effective staff listen actively to and try to understand fully what their colleagues have to say. They are also prepared to work towards reaching an understanding of equity and justice issues.

By communicating well, staff can share the information that is needed to establish and maintain good relationships with the children and their families.

When things have gone well, it is important for staff involved to be acknowledged for their efforts. It is also important to work as a team to plan and discuss the centre's programs. Unresolved and poorly managed conflict between staff can affect children's emotional well being and social development. If staff cannot resolve problems themselves they should ask their managers for advice and assistance.

Staff who communicate effectively with each other and successfully resolve problems will provide role models of effective working relationships for the children.

## U Indicators of **Unsatisfactory Care**

### For all children:

- Staff do not communicate effectively with each other.
- Staff work independently, with little consideration of each other's needs, interests and goals.
- Staff members do not listen to one another's points of view.
- Staff do not respect the right of colleagues to have different points of view.
- Staff do not resolve different points of view in a professional way.
- Staff do not work together as a team.
- Staff members have skills and talents that are not valued or utilised.
- Sometimes, staff are abrupt or discourteous to one another.
- Staff use raised voices or argue with other staff in front of children.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff express themselves clearly and listen to each other.
- Staff members value the different backgrounds, attitudes and beliefs of their colleagues.
- Staff frequently share their knowledge and experiences with one another.
- Staff demonstrate their ability to work as a team, for example, they discuss issues and concerns and make decisions after listening to each team member.
- Staff are aware of the need to treat some information shared by staff or families confidentially and they are diligent in doing so.
- Staff are aware of and, if necessary, use the centre's policies and procedures for resolving their differences.
- Staff are aware of each other's busy or challenging times and offer assistance to each other throughout the day.
- Staff ask each other for help at busy or challenging times.
- Staff contribute to maintaining the centre's quality standards by monitoring their own behaviour and practices and by following the centre's procedures and policies.
- As part of their daily interactions with each other and the children and their families, staff model effective communication.

## HQ Indicators of **High Quality Care**

### For all children:

- Staff meet regularly to discuss issues that have arisen and opportunities for quality improvement.
- Staff share knowledge and experiences and systematically record relevant information and decisions for future reference.
- Staff work effectively as a team both in their own room and in the centre as a whole.
- Staff discuss and resolve differences amicably amongst themselves. Staff use the centre's conflict and grievance procedures to resolve issues respectfully and promptly.
- Staff support other team members in difficult situations.
- Staff are friendly towards new staff members and willingly help and support them in their orientation and induction.
- Staff support less experienced staff by modelling appropriate behaviour and sharing ideas and solutions that have worked in the past.
- Staff monitor their own behaviour to ensure they are maintaining their contribution to the team and participating equitably, actively and appropriately.
- Staff share responsibility for their own professional development and set personal goals each year. They have a professional development plan that

complements the centre's goals and directions.
- Staff are motivated to contribute to the success of the centre in a variety of ways and contribute new and innovative ideas and approaches.
- Staff are willing to try new ideas and approaches and adapt to change where necessary to ensure the ongoing success of the centre's program.

# Part B The program

- The program involves all children actively in learning.
- Materials and experiences are organised to help children to learn important life skills. Children use these skills to pursue their developing interests at home, in the centre and in the wider world.
- Interactions with other children and interactions with and guidance from adults are important program dynamics.
- The program includes both planned and spontaneous experiences.

The program reflects the interests and competencies of the staff, the children and their families. It also reflects the availability and use of materials, equipment and other resources; the interactions among children and with adults; and the routine procedures and transitions that happen throughout the day.

It involves planned and spontaneous events and emphasises individual and small group (three to four children) experiences more than large group experiences. A program includes all aspects of the children's experiences at the centre, coordinated within a flexible program plan.

Two Quality Areas relate to children's programs. They are:

**Quality Area 5** Planning and evaluation

**Quality Area 6** Learning and development

Quality Area 5

# Planning and evaluation

Program plans take account of information gathered from many sources. As an initial base, the program should complement the centre's philosophy and address the centre's broad goals. In addition, because developments occur rapidly in children's early years, the program needs to include up-to-date observations of each child's learning, development and well-being, as well as information from families about their children.

As part of the planning process, various contextual issues also need to be considered, such as the location and design of the centre; children's and families' characteristics; staff backgrounds; and the dynamics within the groups of children and the local community.

Program planning and evaluation should be undertaken by staff working together as a team. For teams to function effectively written records of the program and the information used to make programming decisions are essential.

**Principle 5.1:** Programs reflect a clear statement of centre philosophy and a related set of broad centre goals.

**Principle 5.2:** Records of children's learning and well-being are maintained by the centre and are used to plan programs that include experiences appropriate for each child.

**Principle 5.3:** Programs cater for the needs, interests and abilities of all children in ways that assist children to be successful learners.

**Principle 5.4:** Programs are evaluated regularly.

Quality Area 5

# Planning and evaluation

**Key concepts**

- Program goals and plans should take account of the centre's philosophy and broad goals; observations of children's learning and well-being; information from families; and the influence of contextual issues such as the location of the centre or the cultural backgrounds of the children.
- Planning for each child's learning should be linked to planning for the groups in which the child is placed or which the child chooses.
- The program should be monitored in terms of outcomes for children.
- Contributions to the program by families is valued and acted on.
- Evaluation provides information for further planning and improvement.

# Principle 5.1

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

A centre's philosophy is a written statement of the values and beliefs that are important to management, staff and families. It is a statement that incorporates each centre's special conditions and focus. It should underpin all the decisions made by management and staff, including goal-setting. It provides the main framework for reviewing the centre's operations.

The philosophy should take account of current knowledge of early childhood development, theories about how children learn; the centre's position on issues such as equity and social justice; and the various social and cultural values of the community. While a statement of philosophy can be brief, it is far more than a mission or business statement because it sets out the centre's values and beliefs about:

- children - their development and the way they learn, the environment the centre will provide, the way children will be cared for and how their learning will be promoted, the approach the centre will take to additional needs and disabilities, and the desired outcomes of the centre's care for all children;
- families - their importance in their children's lives, their involvement in the centre, and the centre's attitude to their cultures and beliefs;
- management - relationships with staff, children and families; and
- staff - their role in the centre and in the children's lives;
- community - the importance and nature of the relationship with the local community;
- social issues - for example: inclusive practices, equity and justice; and
- the children's program of learning experiences - what will be offered and why.

The centre's philosophy is most likely to meet the values and expectations of families if management, staff, families and children

# Principle 5.1

are consulted about what they think is important in the centre, their own lives and the lives of the children. The philosophy should guide all the centre's activities, particularly the program and relationships between management, staff, families and children. To be effective, the statement of philosophy needs to be known, understood and used.

## U Indicators of Unsatisfactory Care

For all children:

- A written statement of the centre's philosophy and broad goals is not readily available to families and staff.
- Where a statement of centre philosophy and goals does exist, families and staff were not asked for comment during its development or most recent review.
- The centre's philosophy does not provide for inclusion of children with additional needs.
- The centre's philosophy does not provide for cultural diversity.
- There is little evidence of children's programs and other centre activities reflecting the stated philosophy and the broad goals of the centre.
- The centre's philosophy does not incorporate current understandings of early childhood development and how children learn.

## S Indicators of Satisfactory Care

standard required for accreditation

For all children:

- The centre's philosophy and broad goals were developed (or reviewed within the past year) with opportunity for consultation with all staff and families.
- The centre's philosophy reflects current understandings of how children learn and develop.
- The centre's philosophy is sensitive to the cultural values of families and provides for cultural diversity.
- The centre's philosophy makes the centre's position clear on issues that will be prominent in the centre's programs and other operations.
- The centre's philosophy provides inclusively for children with additional needs.
- The centre's written statement of philosophy and broad goals is readily available to all families and staff.
- Staff know and understand the centre's philosophy and broad goals and apply them throughout the day.
- The children's records show that plans made for them reflect the centre's philosophy and broad goals.

## HQ Indicators of High Quality Care

### For all children:

- The centre has a systematic process for reviewing its statement of philosophy and broad goals, and maintains a record of changes that are made and the reasons for them.
- Plans, processes and time-lines for achieving the centre's broad goals are recorded and used as part of ongoing evaluation.
- Staff and management are committed to the centre's philosophy and goals and are diligent in making sure that all aspects of the centre's operations are consistent with them.
- Families are aware of the centre's philosophy and broad goals, and are encouraged to ask questions and to raise issues about them with management and/or staff at any time.
- Staff are aware of different cultural and philosophical approaches to child development and discuss with families information that is relevant to the care of their child.

# Principle 5.2

## Records of children's learning and well-being are maintained by the centre and are used to plan programs that include experiences appropriate for each child.

The rate of progress across the various areas of learning and development is different for each child. To plan effectively for all children, it is essential that staff keep a range of documentation profiling each child's learning and well-being and that all staff can contribute to this documentation. These progress records allow staff to set goals for each child; develop strategies to achieve the goals; keep track of the child's progress; and plan experiences for more learning. They are also used as a basis for planning and evaluating learning experiences for all children.



While it is essential to keep progress records on every child, it is inevitable that records kept on children attending full-time are usually more detailed and more regularly updated than the records kept on children attending part-time.

Encouraging periodic family reviews of their child's progress records, and the chance to offer ideas on planning for their child helps to keep families informed and reassured about their child's progress. The family reviews also provide staff with information and insights about how to best support the families' cultural and linguistic backgrounds and their interests.

Adopting an organised approach to record-keeping helps staff to keep track of relevant information from families; examples of children's self-expression; and observations of children in a range of different contexts and situations. Useful methods for organising progress records and information include:

- maintaining personal message books for two-way exchange of information with families;
- keeping diaries of incidental and anecdotal records (that is, descriptions of particular incidents or events and the child's general behaviour);
- recording the particular ways children have participated in experiences, over time;

# Principle 5.2

- keeping samples of children's expressions from the centre and from the home, for example drawings; writing; photographs of dramatic play, constructions or dancing; and print-outs of writing and drawings completed on a computer.
- using developmental indicators to track major milestones reached by children; and
- reflective notes kept by staff on their observations of children's progress.
- documenting children's group and project work.

All of these methods help staff access different types of information. An effective approach would draw on several recording methods.

Importantly, children's progress records are not the property of staff and should remain with the centre and be available to families. This is especially important in terms of continuity of care when a staff member leaves. The centre should also have a policy on confidentiality for maintaining and keeping records. Records should be stored securely at all times.

## U Indicators of **Unsatisfactory Care**

For all children:

- There are no child progress records on children's learning and well-being, or records are only maintained for some children.
- Child progress records relate to a limited range of development areas.
- Entries in child progress records are infrequent and/or do not include significant details about each child's learning and well-being.
- There is little evidence of information from families recorded in child progress records.
- When planning learning experiences, child progress records are either not used or seldom used as a source of information.
- The centre does not have a policy on confidentiality and security of child progress records.
- The centre's policy on confidentiality and security does not cover child progress records or, if the policy does cover these records, it is not followed by all staff.

## S Indicators of **Satisfactory Care**
standard required for accreditation

For all children:

- Concise progress records are maintained for every

child, including children attending full-time, part-time or on a casual or irregular basis.
- Child progress records cover major areas of learning and well-being and focus on competencies rather than on deficiencies.
- Information from families and staff is recorded regularly in child progress records.
- Progress records for children with additional needs show evidence of some specialist input.
- Child progress records are analysed and used as a main source of information for setting individual goals, planning experiences for each child and for groups in which the child participates.
- Child progress records are used both for evaluating the progress of each child and as part of overall program evaluation.
- The centre has developed a policy covering child progress records and the policy is followed by staff and management.
- Families have access to their child's progress records.



## HQ Indicators of High Quality Care

### For all children:

- Information contained in each child's progress records is gathered in a variety of ways.
- Child progress records include reflections by staff on how group dynamics influence individual children's participation and well-being in the centre.
- Staff record examples of spontaneous activities and play that were initiated by children.
- Child progress records are used to profile changes in each child's learning and development over time.
- Progress shown in child records is shared with the child's family.
- The centre's processes for gathering, maintaining and using child progress records are evaluated regularly to ensure their effectiveness.

# Principle 5.3

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

Programs organise the children's day in ways that reflect an understanding of child learning and development; major rhythms and patterns of the day (for example, playing, eating and sleeping); and the times children arrive and leave.

The program provides a structure to the day and links events in order to give children a sense of security and reduce the effects of separation from their families.

Within the program structure, it is also important that staff can respond flexibly to aspects such as the weather; spontaneous activities and play initiated by children; the interests, abilities and needs of individual children; and attendance patterns of children.

A balanced program is one that covers all areas of children's development, facilitates play through a range of materials and equipment; makes use of suitable outdoor and indoor spaces; and offers sensitive adult guidance, assistance and information. It should also recognise that children need to have both social and solitary experiences.

Children need to use materials and equipment in ways they imagine rather than only in the ways that are pre-determined by adults. When 'objectives' are set too tightly, children's exploration and imagination may be limited.

The program should recognise:

**Learning and Development** - Research shows that in the early years of a child's life, there are some predictable sequences of learning and development. Knowing about these sequences and understanding and expecting individual variations, as well as being aware of how environments can impact on development, are key elements in program planning for a safe and stimulating learning environment.

**Individual Uniqueness** - Each child is a unique person and will display individual sequences and patterns of learning and development. These may differ from the general patterns

mentioned above and the rates of learning and development are likely to vary from child to child. Observing and collecting information about each child's learning, development and interests is necessary to plan an appropriate learning environment for each child and for the group.

**Social and Cultural Diversity** - Planning for a group of children requires a general understanding of Australia's Aboriginal and Torres Strait Islander and multicultural heritage; knowledge of the social and cultural backgrounds of each child; and respect for the culture and language of their families.

In developing the program, the structures and processes that need to be considered include:

- rooms - organisation, use by staff, unique features, physical condition, decor;
- equipment and learning materials - relevance, quantity, availability, accessibility, equity, diversity;
- planning methods;
- children's routines - sleeping, feeding, toileting;
- balance of activity - individual, small group, indoor, outdoor, quiet, vigorous;
- planned experiences - quantity, quality, timing, physical resources, staff;
- spontaneous experiences - frequency, ease of incorporating, follow through;
- transitions - frequency, procedures; and
- arrival and departure times of the children.

The program content is usually shaped by:

- recognising children's interests and their special competencies;
- encouraging family input;
- taking an inclusive approach for all children;
- promoting development in the physical, social, emotional,

# Principle 5.3

linguistic and cognitive areas through learning experiences involving music, visual arts, movement, language, literature, drama, maths, technology, science, health, safety, the natural environment, equity and cultures; and

- fostering particular skills and behaviours such as creativity, curiosity, independence, self-help skills, decision-making and negotiating.

## U Indicators of **Unsatisfactory Care**

### For all children:

- Written program planning is not undertaken for all groups of children.
- The program is rigid and allows limited flexibility to respond to unexpected changes in circumstances or to meet children's individual abilities or needs.
- The program is not clearly linked to centre, group and individual goals.
- The program covers a limited range of content areas and does not promote all aspects of child development.
- There is an emphasis on adult-directed experiences.
- Experiences and associated materials do not reflect a diversity of cultures.
- Staff expect children to be involved in whole-group experiences for long periods and expect them to move regularly as a large group.
- Young and older children are expected to conform to the same plan.
- There is little scope for children to play by themselves or in small groups.
- The timing and procedures for routine activities are inflexible and rigid, and place inappropriate demands for conformity on children.
- The program lacks the flexibility required to accommodate children with additional needs.
- Program planning for children with additional needs focuses narrowly on what they can't do, rather than on what they can do.
- Opportunity and time for free play is limited.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Written program planning for all groups and for individuals is regular.
- The program is inclusive of children of all abilities and accommodates their social and cultural backgrounds.
- The program is clearly linked to the centre's philosophy and broad goals as well as with child progress records.
- The program covers a variety of content areas and offers a balance across all areas of child development and types of experiences.
- The program is often adjusted to respond to things like the weather, visitors, spontaneous play, the interests and abilities of individual children and attendance patterns.
- Experiences and materials reflect cultural diversity and avoid bias.
- The program covers outdoor and indoor areas and both are used for experiences that span many aspects of learning.

- The program for infants is responsive to individual needs and routines.
- The program is organised to minimise whole-group settings and there is scope for children to play alone or in small groups.
- Children move to other experiences and activities as individuals or in small groups and are not made to wait.
- Enough time is allowed for children to do things for themselves.
- Families and, wherever possible, resource people are involved in the program planning.
- The program integrates experiences for children with additional needs.
- Adequate resources are provided for all children and the physical environment is adapted as needed.

## HQ Indicators of High Quality Care

### For all children:

- Program planning provides sufficient predicability to give children a sense of security while allowing for considerable flexibility.
- Planning shows a thorough understanding of children's development and the needs and interests of each child.
- Children's own interests, within and outside the centre, provide a focus for planning many of the routines and experiences.
- There are many opportunities for individuals and small groups of children to pursue experiences of their own choosing.
- There is flexibility for staff to meet the individual interests, abilities and needs of children as well as to follow-up on previous play and experiences.
- The centre environment provides scope for children to leave the main play areas and activities set up so that they can return to their play at a later time.
- Children are actively involved in planning and decision-making for their play.
- Staff use a wide range of strategies to foster children's learning, including: wondering, exploring, testing, predicting, problem-solving, seeking out information and negotiating.
- Staff regard all routine procedures as occasions for conversation and learning; for example, about self-help and independence.

# Principle 5.4

## Programs are evaluated regularly.

A program that meets the needs of children, their families and the community reflects a commitment by all staff, families and management to a shared philosophy. This philosophy should translate into consistent goals and practices within the centre.

Specific goals should also be set for each child. These are based on child progress records; information and ideas provided by the family; and knowledge of various contextual issues such as the child's relationships with adults and other children, the child's cultural background and the child's interests. For any group of children within the centre, there should also be group goals that reflect common aspirations for children within the group.

Program evaluation involves judgements about the extent to which the goals for the centre, for groups and for each child are achieved. Evaluation is an important aspect of quality improvement and involves critical thinking to review the centre's practices and strategies and to design improved ones.

To evaluate the program, it is necessary to collect information about the way that it is operating and the way stakeholders would like to see it operate. These stakeholders include the children, staff and families. The collected information should be analysed, interpreted and used to make judgements. If this occurs in an open and honest way, the centre will be able to see whether the program is meeting the stated goals and to identify what needs to be changed in order to meet the agreed goals for children and their families.

Program evaluation also includes planning what will be evaluated; by whom; over what period; and agreeing on the ways information will be gathered; the outcomes to be recorded; and how these will be communicated to others.

Whenever possible, families should be involved in evaluation and should have access to the evaluation results and information about any new goals. Some program elements will need evaluation more frequently than others. Thus, an evaluation plan should include the times for reviewing all elements.

## U Indicators of Unsatisfactory Care

### For all children:

- There is no evidence that the program is evaluated.
- There is some evidence that the program is evaluated (for example, discussion among staff about experiences that interest the children) but no systematic evaluation is undertaken.
- While the program is evaluated, there is no follow-up planning, or where follow-up planning occurs, it is irregular.
- There is no evidence of families being asked for their comments and opinions.
- Program evaluation does not cover all groups of children or all program elements.
- There is no system for recording the evaluations.

## S Indicators of Satisfactory Care
standard required for accreditation

### For all children:

- There is regular evaluation of the structure, processes and content of the program.
- Families, children, management and staff contribute to evaluation of the program and there is evidence of their input.
- Records of children's progress are considered as part of the evaluation process.
- There are regular written records of program evaluations.
- Strengths and weaknesses identified through program evaluations are used to guide future planning.
- There is evidence that previous evaluations have influenced the program.

## HQ Indicators of High Quality Care

### For all children:

- There is an evaluation plan that details the program elements to be evaluated, by whom, using what information, in what order and over what time. The plan includes processes for parent input and for sharing the evaluation outcomes with them.
- Program evaluation is written, concise and clearly identifies the program's strengths and weaknesses and highlights progress for individual children and groups of children.
- Program evaluation incorporates children's spontaneous learning outcomes.
- Program evaluation is related to the centre's philosophy and goals and to the goals for individuals and groups of children.
- The results of program evaluation help to shape both immediate and longer-term goals for children.
- Specialist support is sought for the evaluation of plans for children with additional needs.
- Staff regularly evaluate whether there is balance and flexibility in the program and, if necessary, adjust their plans.

Quality Area 6

# Learning and development

Play is one of the key ways that children learn. Children learn effectively when they are encouraged to exercise choice and self-direction. Ideally, this should be with willing play partners using equipment and materials that are designed for flexible and creative use.

As they explore and experiment with language, relationships, ideas and suitable equipment and materials, children learn about themselves and their world. When they explore through play, children work out their own comfort zones and adjust the level of challenge and the amount of practice they engage in. In this way, they meet their own needs for learning and development across the cognitive, socio-emotional and psychomotor domains.

To maximise learning opportunities, the centre should provide a safe, stimulating and challenging environment for self-directed play. In this context, the environment should allow each child to self-select their play activities and should provide enough time for them to explore, create, experiment and express themselves.

It is important to recognise the spontaneity that characterises children's play and to use such opportunities to promote learning and development throughout the day. Sensitive adults will sometimes be included in children's play, but need to take care that adult participation does not stifle children's initiative. However, adults can often help children to develop their skills (for example - by helping infants reach toys; writing signs and messages; modelling interaction skills, reading instructions, playing musical instruments, helping to solve difficult problems, and so on). Adults can also help children research relevant information and provide the children with emotional support.

**Principle 6.1:** Programs encourage children to make choices and take on new challenges.

**Principle 6.2:** Programs foster physical development.

**Principle 6.3:** Programs foster language and literacy development.

**Principle 6.4:** Programs foster personal and interpersonal development.

Quality Area 6

# Learning and development

**Principle 6.5:** Programs foster curiosity, logical inquiry and mathematical thinking.

**Principle 6.6:** Programs foster creative and aesthetic development using movement, music and visual-spatial forms of expression.

### Key concepts

- Play is a primary means of children's learning for which planning should occur.
- The program should integrate experiences in ways that foster all areas of human development.
- Continuity in relationships can help children to develop security, trust, self-awareness, self-esteem, competence, empathy and the ability to see other people's points of view.
- Appropriate independence, self-help skills, curiosity, problem-solving, logical inquiry, mathematical thinking and originality of thought and action should be valued for learning and development to occur in balanced ways.
- Children should be encouraged to represent their experiences and ideas through language and in a variety of other ways, such as drawing, construction, movement, and so on.
- Physical development includes balance, strength, flexibility, eye-hand coordination and other fine and gross motor skills.
- Developing aesthetic awareness includes exploration of materials and design in nature and in things made by people.
- Children should experience artistic expression in various forms and from a variety of cultures.

# Principle 6.1

## Programs encourage children to make choices and take on new challenges.

Giving children access to a variety of resources and experiences allows them to choose the ones that interest them and match their competence levels. In both the indoor and outdoor environments, children need opportunities to self-select equipment - for instance, having low shelves for infants and toddlers, and materials on trolleys and other shelving for pre-schoolers. Staff should respond positively to children's reasonable requests for extra equipment and materials.

Children gain a greater understanding of their own competence if they are consulted on the equipment and materials available and where these are placed. Talking with toddlers and pre-schoolers about the play-space can be part of a daily, small group experience and can include what happened there that day and what could be planned for the next day.

Open-ended materials are also important because they can be used in a wide range of ways. Using open-ended materials can provide interest, satisfaction and success for children in a group and children playing by themselves.

### Indicators of **Unsatisfactory Care**

For all children:

- The program is regimented and there are few opportunities for children to initiate their own play.
- The program is dominated by large group activities.
- Children do not have ready access to resources and are often dependent on adults to get things for them.
- Available resources are presented in a disorganised way which does not promote or encourage children's access.
- The environment is so cluttered that children are overwhelmed.
- Staff frequently interrupt children's play, expecting them to immediately do what they are told.
- Staff encourage some independence, especially in relation to self-help, but staff priorities often override children's priorities.
- Where there are opportunities for self-initiated play by the children, staff use the time to take a break.
- Infants and toddlers have to compete with pre-schoolers for resources.
- There is not sufficient choice or duplication of resources to avoid conflict.
- Children are encouraged to help staff with tasks such as cleaning up, putting materials away, and so on, but less encouragement is given for child-initiated experiences.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Children have ready access to a wide range of culturally familiar, open-ended resources and equipment for self-initiated play. These resources and equipment are presented/arranged in an organised way to promote and encourage children's access.
- Staff are readily available to assist children with choices, to provide support and to stimulate ideas.
- Staff value children's play as a medium for learning and communicate this to children.
- Staff identify and monitor children's interests and support them to further these interests.
- Children are able to find space to be alone, but are still under adult supervision.
- Children are encouraged to discuss their ideas for play and to choose the activities in which to take part.
- Staff show that they respect children's choices by not interrupting them unnecessarily.
- Staff encourage children's independence, show patience with their efforts and acknowledge their competence.
- Staff make active use of resource people and are particularly sensitive to children's needs to build self-esteem, confidence and competence.
- Play-spaces are set up for varied use – for example, the one space may have construction toys, art materials, dress-up clothes and musical instruments.
- Dress-up materials are used to encourage a variety of types of pretend play.
- Materials and experiences in the environment reflect cultural diversity.

## HQ Indicators of **High Quality Care**

### For all children:

- Staff take an active but sensitive role in extending self-initiated play, so that children feel competent in solving problems that require new skills.
- Staff are creative in challenging children and the challenges are tailored to the competence levels and interests of individual children and small groups.
- Children's suggestions and ideas about materials and experiences are consistently incorporated into the program.
- Small groups of children are encouraged to work together on their own projects.
- Staff are sensitive to the varying levels of competence and confidence of all children and know when to offer challenge/choice/help and when not to.
- Staff appreciate children's efforts and encourage them to appreciate each other's efforts, as well.

# Principle 6.2

## Programs foster physical development.

Physical development facilitates learning and progress in all other areas by allowing children to explore and master their environment. Physical development in early childhood occurs rapidly and a centre's program should give each child opportunities to gain balance, flexibility, strength, eye-hand coordination, fine and gross motor skills and other essential aspects of physical development.

### U Indicators of Unsatisfactory Care

For all children:

- There are insufficient resources for different levels of physical challenge.
- Staff treat children's efforts to do things for themselves as a nuisance or as a threat to order.
- Staff often step in to resolve physical challenges instead of supporting the children's attempts to do so.
- Most outdoor equipment tends to be static and inflexible, and cannot be rearranged or adjusted to provide interest, variety and challenge.
- Basic equipment appropriate for batting, reaching, grasping and other manipulative skills in infants is in short supply and lacks variety.
- Infants are confined for long periods in high chairs, cots, strollers or other equipment where they cannot practise rolling over, sitting unsupported, crawling, standing or walking.
- There are few resources to foster motor development.
- Staff are impatient with slowness or 'clumsiness'.
- Staff expectations of some children are inappropriate for their development.
- Staff limit opportunities for children when mess is involved.

### S Indicators of Satisfactory Care
standard required for accreditation

For all children:

- Staff adapt physical resources so that all children have opportunities to develop and demonstrate their independence and competence.
- Staff not only provide commercial materials and equipment, but often make simple resources to meet the particular skills and interests of the children.
- Most outdoor equipment is flexible, and can be rearranged or adjusted to provide more interest, variety and challenge.
- Programs include regular experiences to help children develop their movement, coordination, balance, flexibility and strength.
- Staff monitor the physical competencies and safety limits for each child and use these as a guide when planning programs.
- All children have opportunities to be outdoors.

For infants:

- Staff provide many safe opportunities for infants to explore with their mouths and hands, and more actively when they are able to crawl.
- At meal times, staff encourages infants to hold

spoons and training cups and make some attempts to feed themselves.
- The centre has many toys and materials suitable for developing batting, reaching, grasping and other manipulative skills in infants.
- Staff encourage and provide many opportunities for rolling, sitting, grasping, standing, crawling, walking, climbing, carrying and other skills.

### For toddlers & pre-schoolers:

- There is a wide variety of materials to develop fine and gross motor skills(for example climbing frames; low balance beams; mats for jumping on; balls; wheeled toys; different-sized implements such as spades, brooms, rakes, scoops, dough cutters, hammers and pegs; dump and fill equipment; push and pull toys; large construction pieces, building blocks; and sand and water.
- Specific, simple movement experiences are planned regularly, with favourites repeated on request.
- Staff give all toddlers many opportunities to use their developing motor and self-help skills (for example, jumping, hopping and running as free activities; and use of open-ended materials such as paint, dough and crayons).
- Outdoor equipment can be adapted to make obstacle courses, trails and different structures for jumping and climbing.
- Regular movement experiences cover a wide range of body movements and may be linked with music, dance, games and other experiences.
- Staff encourage children to engage in joyful, energetic play outdoors.

## HQ Indicators of High Quality Care

### For all children:

- Staff take an active but sensitive role in extending physical play, so that children feel competent in solving problems that require new skills.
- Staff are sensitive to the varying levels of physical competence and confidence of all children and know when to offer challenge/choice/help and when not to.
- Staff appreciate children's attempts to try a range of movement experiences and encourage them to appreciate each other's efforts.
- Staff actively encourage children to accept each other's different physical development and skill levels and to find ways to take them into account when they play together.
- Staff identify children's physical interests, skills and abilities and discuss and extend these with individual children and/or the group.

# Principle 6.3

## Programs foster language and literacy development.

Children come to child care with language that reflects their cultural and social backgrounds. For some children, a language other than English is spoken at home. The program should endeavour to maintain children's home language. At the same time, it also needs to foster and extend a child's English language skills.

Children's proficiency with language supports their learning in all areas and particularly in the development of personal and interpersonal relationships. Spoken language is learned and improved when children are treated as valued conversation partners and have many opportunities to communicate about daily events, people, experiences and the other things that interest them. Children's language skills are enriched when children consistently hear others using language that extends vocabulary, language structures and meanings.

Children should experience language in a variety of forms and for a range of purposes. This can include 'playing' with words through singing, chanting, joking, rhyming and so on; pretend play, where children assume different characters and roles; and playful language used by staff while they tend to an infant. It can also include the precise use of words when counting; the descriptive language used to discuss textures and shapes; and the language used in playing together and building relationships.

The program should provide opportunities for children to develop:

- listening skills and understanding;
- vocabulary;
- questioning;
- predicting and sequencing skills;
- a sense of the rhythm of language;
- confidence in self-expression;
- pleasure in using language effectively;

# Principle 6.3

- an awareness of other languages;
- an appreciation of story and verse; and
- an understanding that there are messages contained in print pictures, diagrams, maps, numbers and other symbols.

The foundations of literacy are laid when children see adults using written language for 'real' purposes and when they are given writing materials and books to try for themselves.

## U Indicators of Unsatisfactory Care

### For all children:

- There is little program planning for language and literacy learning.
- Staff do not provide children with a variety of regular language and literature experiences.
- Typically, staff do not treat all children as valued conversation partners.
- Staff ignore children who do not speak English fluently or belittle attempts to do so.
- Staff do not support children to maintain their home languages.
- Staff seldom use key words, songs or rhymes in children's home languages.
- Children do not regularly see staff writing and reading and staff do not encourage children to use writing materials and books.
- Television and videos are often viewed for lengthy periods.
- The few literacy activities that are provided usually involve opportunities for children to complete adult-designed 'pre-writing' and 'pre-reading' stencils and work-sheets.
- Staff read books to children but only in large groups.
- When children comment on a book, their ideas are generally not taken seriously.
- If children use computers, staff do not share and discuss the experience.

## S Indicators of Satisfactory Care

standard required for accreditation

### For all children:

- Staff plan experiences to promote language and literacy learning.
- Staff regularly immerse children in a variety of language and literacy forms that are used for a range of different purposes.
- Staff treat all children as valued conversation partners.
- Staff frequently reciprocate vocally with infants' attempts to communicate, name objects for them, and represent infants' non-verbal communications in simple words.
- Staff modify their own language to meet each child's level of understanding.
- Children regularly see staff writing and reading and are encouraged to use a variety of writing and reading materials in meaningful ways so that they too see themselves as writers and readers.
- If children watch a television or video segment or use computers as part of the program, staff share

the experience and discuss issues with them.
- Staff read books to individual children and to small groups and adapt the language to keep the children interested.
- Children are encouraged to comment on a book or other literature, and their ideas are considered and discussed.
- Staff model English words and phrases for children, but also use key words, songs and rhymes in the home languages of children.
- Where possible, resource people are used to help plan for children who do not have English as the home language and for those with special communication needs.
- Staff identify where they can extend children's skills by modelling language for particular purposes.
- Staff encourage children to appreciate the language and literacy capabilities and limitations of other children and of children with additional needs, and to support them actively.

## HQ Indicators of High Quality Care

### For all children:

- The program includes many experiences designed to promote children's language skills across all areas of learning and development.
- When a child comes to understand and use words for new concepts, staff use the words in ways that will enrich meanings for the child.
- Staff take many opportunities to involve children in a wide range of functional literacy experiences. This includes experiences that help to support the day to day operation of the centre - for example, compiling shopping lists, producing signs and labels, 'writing' their own names on their work or on 'sign-up' lists.
- Staff make sure the children hear familiar songs and simple phrases in various languages.
- When children who do not speak English as a home language are settling in to the centre, staff arrange for visiting resource people who speak the child's language, if centre staff do not.
- The centre provides books, signs, posters and music in languages other than English to foster children's interest in the written word in a variety of languages.
- Staff challenge children to use their language in new and interesting ways, eg to contribute their ideas cooperatively to a diary or to a story or song.
- The centre provides multilingual information to families on how to maintain home languages and learning English as a second language.

# Principle 6.4

## Programs foster personal and interpersonal development.

A child's sense of their own abilities is affected greatly by the attitudes expressed by others. If, for example, adults see the children as competent, developing and capable, then the children begin to see themselves that way and are more likely to have the confidence to explore their environment and to develop and practise new skills. Similarly, the feedback children receive from other children can affect their self-esteem and their concept of themselves.

When staff are attentive and responsive, infants will tend to be alert, engaged by their environment and inclined to explore, manipulate and play with objects and other people. Infants who are spoken to positively and who are treated warmly and with respect are likely to see themselves as lovable and capable.

Toddlers are becoming independent but need the security and support of a trusted adult when things get too difficult. They need opportunities to make choices about what they will do and how and when they will do it. They need staff who support them to 'do it myself'. When accidents occur the staff should assist the toddler to clean up or fix the situation. This allows toddlers to absorb the idea that they can have a positive impact in situations like these and helps them to develop competence and self-esteem.



Toddlers learn to gauge adults' emotional reactions to situations and use them to guide their own responses. They need to learn acceptable forms of emotional expression, to wait for something they want, and to respect other children in their desire to get what they want.

Pre-schoolers enjoy mastering new skills. They are more capable than younger children of focusing on and solving complex challenges. A positive and developing sense of self means they can feel pride when they complete a task or master a new skill. This pride and sense of accomplishment builds their confidence and allows them to take calculated risks to learn more things. They are more aware of their peers and are more interested in them. Pre-schoolers develop increasingly complex relationships

# Principle 6.4

with their friends and need opportunities for playing games together, sharing equipment, working on group projects and helping to prepare for activities. They learn the difference between acceptable and unacceptable behaviour, how to enter activities with their peers, how to lead and how to follow.

## U Indicators of **Unsatisfactory Care**

### For all children:

- Most interactions between staff and children are brief and for functional purposes only. Questions asked by staff are often closed.
- Staff recognise children's obvious feelings, but do not deal constructively with negative emotions such as anger or jealousy.
- When children have 'accidents' they are sent away and made to feel like a nuisance rather than learning positively from the experience.
- Children are criticised for not sharing or turn-taking or are bribed to behave well.
- Staff engage in interactions with children which are confrontational.
- Staff try to restrain children who show initiative, or they allow independence in some tasks but become controlling and impatient at other times.
- Children are humiliated, threatened or compared unfavourably to others.
- Staff demand manners and compliance from children but seldom discuss the reasons for this.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff plan experiences to promote the personal and interpersonal development of all children.
- Staff actively build and maintain trusting relationships with all children.
- Staff recognise the importance of attachment figures for children and support their efforts to gain attention or assistance from chosen staff.
- Cross-group friendships that mix children from various ages, gender, cultures or abilities, are encouraged.
- Resource people are used to help foster the personal and interpersonal development of children who do not have English as home language and for children with special communication needs.
- Staff encourage children to appreciate the capabilities and limitations of other children including children with additional needs and to actively support them.
- Staff encourage each child to express personal feelings and provide assistance to the child to constructively manage negative emotions.
- Staff are sensitive to children's emotional expression, recognising fear and frustration and typically providing support before a child becomes distressed.
- Staff assist children to clean up accidents, or make amends for things they have done, and take time to discuss with the child what to do 'next time'.
- Each child's positive behaviour with peers, such as

sharing, initiating and playing in socially-positive ways, is encouraged.
- Staff explain in simple terms the reasons for rules and the consequences of behaviour, including the effects of behaviour on others.

## HQ Indicators of High Quality Care

### For all children:

- Staff actively encourage children to have positive attitudes towards each other and to empathise with the feelings of others.
- Children are encouraged to manage conflict by using non-aggressive strategies that have been modelled by staff.
- Staff plan experiences that encourage children to learn how to negotiate and cooperate.
- When a child is settling in to the centre, staff arrange visits from resource people who speak the child's home language, if centre staff do not.
- Each child has many opportunities to experience personal and interpersonal competence in the course of a day.

# Principle 6.5

## Programs foster curiosity, logical inquiry and mathematical thinking.

Children are active learners and explorers who are curious to find out about and understand their physical and social worlds. As they explore, they develop the ability to think in increasingly complex and sophisticated ways using a rapidly expanding range of cognitive skills.

Staff have a significant role in supporting children's learning. Staff are responsible for ensuring there is a balance between continuity in the learning environment and the introduction of new experiences. Continuity allows children to consolidate learning by revisiting situations and repeating experiences using logical inquiry processes. New challenges and variations stimulate children's curiosity and extend their learning as they move from the 'known' to the 'unknown'.

Staff contribute to each child's cognitive development through the language they use, the questions they ask, the information they offer and the praise and recognition they give. To contribute effectively, staff need to know about the children's interests, observe the ways they think and reason, and understand the values the home culture places on various types of learning.

Young children learn quickly and easily what is important in their culture and what interests them. They learn by watching their peers and watching adults' responses to their peers' behaviour. They also use their own methods of trial and error. Children need time, materials, experiences and encouragement.

The quality of social and emotional interactions between an infant and staff is a key element in cognitive development. Staff should respond to infants consistently and promptly and provide materials that stimulate all the senses. Infants perceive similarities and differences and are able to form generalisations for grouping objects. They can solve simple problems through trial and error. Infants gain confidence to explore their surroundings when staff sit at their level and talk with them. Staff should regularly introduce new words and phrases, which describe what the infants are doing and name the objects they are handling.

# Principle 6.5

Toddlers actively explore relationships, real life experiences and issues that are important to them. Their memories support developing abilities to anticipate, imagine and predict. They are curious about things in the natural and physical world and like to explore, while watching and imitating the actions of family members, staff and other children. They know that their actions and ideas are valued when staff describe them in simple and encouraging ways. This fosters further exploration and problem-solving.

Pre-schoolers develop understanding about themselves, others and the world around them by observing, interacting with people and objects and seeking solutions to concrete problems. They need opportunities to experiment, think, reason and question, with staff offering support and guidance along the way. Preschool children enjoy exploring their ideas by talking, drawing or constructing and staff can extend their interests by asking questions, offering information and providing materials.



## U Indicators of Unsatisfactory Care

### For all children:

- Staff seldom stimulate curiosity, logical inquiry, problem-solving, or mathematical thinking. Staff emphasis is on keeping children 'occupied' with 'busy' activities.
- Programs show little evidence that play and interaction with adults and other children are seen as contributing to cognitive development.
- Staff seldom use everyday experiences such as eating, dressing and packing up to foster curiosity, logical inquiry and mathematical thinking.
- Staff rarely initiate conversations with children that share and explore ideas. Communication is mainly about providing physical care.
- Staff have limited understanding of ways to achieve a balance between continuity in the learning environment and the introduction of new interests.
- If children ask questions or seek help, staff tend to be directive rather than helping children to think, or they close off discussion quickly by saying things like 'that's nice!'
- Staff seldom use numeracy concepts when talking with children.
- Staff focus on closed activities designed to teach concepts such as colours and shapes, rather than fostering inquiry and thinking processes.
- Staff do not recognise the significance of cultural influences on cognitive development.

### For infants:

- Staff provide toys and other objects but seldom sit with infants and encourage them to discover and imitate by watching how their peers and the adults behave.
- Staff sing songs and play games with the infants

but usually take little notice of the infant's responses or their growing ability to anticipate and explore.

### For toddlers:

- Staff tend to ignore toddlers' questions and comments.
- Staff have unrealistic expectations of toddler's understanding.

### For pre-schoolers:

- Staff provide books and materials but seldom talk with pre-schoolers about them.
- When staff interact with children, they tend to ignore pre-schoolers' ideas and contributions.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff recognise children's desire to explore and understand, and they plan a variety of experiences that focus on children's particular interests.
- There is evidence that staff understand how to achieve a balance between continuity in the learning environment and the introduction of new interests.
- Staff recognise the significance of cultural influences on cognitive development and bilingual and cultural support is accessed as required.
- Staff provide many experiences to help children refine perceptual discrimination and come to know the properties and relationships that distinguish familiar objects and people in the environment.
- Staff provide many experiences to help children use their observations to construct generalisations and concepts; make inferences and predictions; and use information creatively in solving problems.
- Staff ask open-ended questions to encourage children to predict, hypothesise, explain, reason and express their opinions - for example 'what would happen if...'?
- Staff frequently refer to numbers and other mathematical concepts in relevant and real life situations.
- Children are encouraged to use language to reason.
- Staff use the natural environment and all areas of the program to encourage children to think, share ideas and experiences and ask questions.
- Staff frequently use everyday experiences such as eating, dressing and packing up to foster curiosity, logical inquiry and mathematical thinking.
- Planning for children with additional needs shows a detailed understanding of their cognitive development and interests.

### For infants:

- Security and comfort needs are met before infants are expected to explore.
- Staff regularly take infants to watch interesting events.
- Staff play games that have an element of surprise, like 'peek-a-boo' and 'I see'. They also offer infants objects like spoons and lids to explore and play with.

### For toddlers:

- Staff familiarise themselves with each toddler's interests so that they can stimulate the toddler's curiosity and thinking.
- Staff help toddlers to use a variety of materials to discover relationships.
- Staff use conversation, rhymes and games to encourage imitation and prediction.

### For pre-schoolers:

- All pre-schoolers are encouraged to use a range of construction materials.
- Staff have regular conversations with each pre-schooler in which ideas are shared.
- Members of the community contribute information and ideas that can enrich the pre-schooler's knowledge.

## HQ Indicators of High Quality Care

### For all children:

- Staff are skilful in helping children to explore ideas by modelling strategies, suggesting a next step, and highlighting aspects the children may have overlooked.
- Staff do not take over from the children; they step back whenever a child is actively engaged, but they know when a child needs adult input.
- The environment and materials are set up to support peer collaboration for inquiry and problem solving.

### For infants:

- Staff have many one-to-one interactions with infants, realising that people are often the most interesting aspect of the infant's environment at this age.
- Staff understand the infant's perspective and recognise an infant's delight in repetitive behaviour.

### For toddlers:

- Staff create opportunities in stories, songs and everyday experiences to use each toddler's growing capacity for prediction and anticipation.
- Staff join toddlers in imaginative activities - for example, talking to a puppet.

### For pre-schoolers:

- Staff encourage pre-schoolers to work together on problems and projects.
- Staff encourage pre-schoolers to share ideas for group problem-solving.
- Staff show an understanding of the ways each pre-schooler thinks and how their thinking might be extended during everyday conversations.
- Where possible, staff take small groups of pre-schoolers to places that will stimulate them to explore and discuss different objects, people and experiences.

# Principle 6.6

## Programs foster creative and aesthetic development using movement, music and visual-spatial forms of expression.

Creativity is a term that covers a wide range of behaviour, attitudes and skills. It is a way of thinking, inquiring, making and doing that involves originality of thought or expression. Manipulating materials, constructing, painting, making music, dancing and playing are important for developing a child's creativity.

While the indicative practices for this Principle focus mainly on creative competence and aesthetic awareness in relation to movement, music and visual-spatial forms of expression, creativity also occurs in other areas like language, science, technology, relationships, problem-solving and maths. Therefore, planning for creative development should be part of all areas of the program

Aesthetic awareness focuses on the principles of beauty found in nature and emotional responses to beauty. Children develop aesthetically as they respond to the many colours, textures, sights and sounds of their environment. Staff can support them in this by sensitive arrangement of the centre to create 'beautiful' indoor and outdoor places. Here, children can experience the rich sensory stimulation inherent in nature, in built environments and in a variety of visual and performing arts.

It is important for all children to have many opportunities to be creative and to express their aesthetic views, as well as opportunities to appreciate the creativity of others. These dimensions can develop together, especially when children are encouraged to explore, experiment and express ideas in their own ways. They can do this by using dramatic play, music and dance and a variety of media such as paint, crayons, prints, clay, dough and construction materials.

Through dramatic play, in particular, children become active in experimenting, exploring and expressing their ideas. While they may behave in an 'adult' way, their creative behaviour should not be limited by adults' expectations.

Creativity and aesthetic appreciation can be developed in a

# Principle 6.6

variety of ways. For example, children learn by singing songs and listening to music, by inventing chants and rhythms, by using a variety of musical instruments and inviting other children to join them in creative movement or dance.

Children have differing views about the world and express these through their creativity. By encouraging children to produce their own work and to express themselves in their own way, we are telling them that their ideas are valued.

Children's aesthetic awareness is also fostered by ongoing discussion about and exposure to other people's creative work. This includes exposing them to the creative work of other children, as well as to music, stories, and art from various cultures.

Language and aesthetic development complement each other. Children's language skills develop in conjunction with their emerging aesthetic awareness.

Children's creative and aesthetic development is influenced by the way staff respond to their creative expression. Rather than judging children's work, staff can talk about the aesthetic qualities of the work in ways that invite the child to respond. Staff can also discuss difficulties and encourage children to solve problems. This gives young children opportunities to express themselves in different ways and to look back on their efforts with satisfaction and a sense of accomplishment.



## U Indicators of **Unsatisfactory Care**

For all children:

- Staff have made little or no effort to make the indoor and outdoor settings appealing for children and there is little effort to stimulate children's senses.
- The program exposes children to very little or no music, art, drama, dance or other creative arts.
- Children do not have ready access to simple musical instruments.
- Music for children tends to be played in the background rather than featuring as a key part of the program.
- Children are seldom encouraged to respond to music with creative movement and dance.
- A radio or recorded music that meets staff preferences is frequently played.
- There are few books containing colourful and attractive illustrations.
- Few poems or stories are read that prompt

imaginative responses.
- Painting, collage and other art media are used for 'busy activities' or staff-directed activities, rather than for creative and aesthetic experiences.
- Staff regard and use stencils and colouring-in as creative experiences.
- Children's work looks uniform and reflects standardised adult expectations.
- Staff place importance only on the child's "finished product" and do not take account of the learning and problem solving opportunities of creative experiences.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff have made the indoor and outdoor settings appealing for children and the environment stimulates children's aesthetic awareness.
- The infants' area has mobiles, wall pictures and toys with features that appeal to infants.
- Staff talk frequently with the children about the aesthetics of the environment and encourage the children to notice and respond to beauty in nature, in the built environment and in artistic creations and performances.
- Staff frequently sing to children and emphasise rhythms, sounds and melodies.
- Staff plan regular music and movement experiences.
- Older children are encouraged to create verses, rhymes and actions for music and songs.
- Children use musical instruments to experiment with sound and rhythm - for example, home-made shakers, tone blocks, triangles, bells
- Children listen to well-produced recordings that are appropriate for their age group.
- The program provides toddlers and pre-schoolers with a wide range of expressive materials and media (for example, sand, clay, dough, bark, fabric pieces, recycled 'junk', chalk, crayons, charcoal, paints and dress-up props).
- All children have access to a variety of pretend-play props.
- There are many attractively-illustrated books and they are made accessible to the children in appropriate ways.
- Children learn finger-plays and sing songs from various cultures with simple rhythms and melodies.
- Children experience the creative expression of various cultures, including those of centre families and Aboriginal and Torres Strait Islander groups.
- Humour is recognised as creative and children experience it through books, verse, drama and puppets, as well as informally with their peers and with staff.
- Staff response shows a genuine interest in and appreciation for what the child does, and their process of problem-solving and creating, rather than focusing on the product or how well it meets adult criteria.
- Staff planning for individual children includes regular opportunities to learn through the process of creating.

## HQ Indicators of **High Quality Care**

### For all children:

- The program includes an integrated approach to creativity that links various areas of the program.
- The program emphasises a wide variety of areas for creative expression.
- The program includes excursions and/or visitors to the centre for a wide variety of exhibitions and performances which serve as a stimulus for children's own creativity.
- There is a sense of enthusiasm as children create in various media and they are invited to share their creations by showing or talking about them.
- Children are encouraged to respect and appreciate the work of their peers and to create work together.
- Staff recognise and honour children's work. Work in progress is recorded and the end product is displayed carefully and respectfully throughout the centre - for example, photos of sand creations, block constructions, creative play episodes and other temporary creations; and recordings of music and stories for families to hear.

# Part C Child protection, health and safety

■ The physical and emotional well-being of children is protected and enhanced.

No amount of positive interaction or good program planning can compensate for an environment that is dangerous or unhealthy for children. Good quality child care aims to fulfil duty of care in relation to child protection matters, prevent accidents, promote healthy living, foster good nutrition and culturally appropriate eating habits and reduce the spread of infectious diseases.

Recommended practices that relate to child protection, nutrition, health and safety change over time, some more rapidly than others. Therefore, all policies and procedures relating to these issues should:

- be in writing;
- include the date they were developed or last updated;
- be referenced to relevant and recognised protection, health and safety authorities;
- take account of local circumstances; and
- be included systematically in staff orientation and professional development.

The centre program should teach each child about healthy and safe practices. At the same time, it is important for management to recognise that the health and safety of staff is vital for them to work effectively.

The physical and emotional well-being of children is protected and enhanced through three Quality Areas. These are:

**Quality Area 7** Protective care

**Quality Area 8** Health

**Quality Area 9** Safety

Quality Area 7

# Protective care

Management and staff share a responsibility to keep up to date with current thinking and practices and with the legal requirements that relate to the health, welfare and protection of children in child care. Central to this Quality Area are staff sensitivity and responsiveness to early signs of illness or distress; to the basic physical and emotional needs of children; and to signs and indicators that may suggest problems requiring developmental support or protective action.

In exercising duty of care in the areas of health, welfare and protection of children, staff are engaged frequently in risk assessment. Therefore, staff require the support of clearly documented policies and procedures to help them reduce risk and satisfy legal requirements. Effective communication between staff and with families is also essential.

**Principle 7.1:** The centre has written policies and procedures on child protection, health and safety; and staff monitor and act to protect the health, safety and well-being of each child.

**Principle 7.2:** Staff supervise children at all times.

**Principle 7.3:** Toileting and nappy-changing procedures are positive experiences and meet each child's individual needs.

**Principle 7.4:** Staff ensure that children are dressed appropriately for indoor and outdoor play and that rest/sleep-time and dressing procedures encourage self-help and meet individual needs for safety, rest and comfort.

Quality Area 7

# Protective care

**Key concepts**

- Clear policies and procedures relating to child protection, health and safety are in the best interests of children, management, staff and families.
- Management and staff should access current information and regulations from recognised authorities on child health, child safety and child protection.
- Staff require continuing professional development on child health, child safety and child protection.
- Staff need to be sensitive and responsive to each child's:
  - happiness, development and emotional well-being;
  - physical safety and well-being
  - sleep and rest requirements;
  - needs for clothing appropriate to weather and activities;
  - cultural differences and similarities;
  - illness and distress;
  - independent attempts at self-help; and
  - signs and indicators that suggest the need for developmental or protective support.
- Effective supervision, health and safety practices require regular monitoring and consistent implementation.

# Principle 7.1

## The centre has written policies and procedures on child protection, health and safety; and staff monitor and act to protect the health, safety and well-being of each child.

The policies that are developed by centre management, in consultation with staff, families and recognised health and safety authorities, provide the framework for good practice and a safe environment for children and adults.

Written policies should include provisions for:

- child protection
- infection control
- sick children
- administering medications
- nutrition
- food handling and storage
- immunisation
- sun protection
- accidents and emergencies
- dental care, and
- safety.

These policies should include the date they were developed or the date they were last reviewed and updated, and should identify the information sources - for example, relevant health and safety authorities and publications. All families should receive written information about these policies and procedures when they first enrol their child and after each time they are updated.

Policies and procedures should be reviewed systematically to ensure that they address local issues, are up to date, follow current recommended practices and meet legal requirements. Recommended practices can change over time in the light of new research and thinking. Centres need to be aware that while some

# Principle 7.1

policies and procedures may remain stable for many years, others will need frequent review and amendment.

Centres need to be aware of local community resources that support children and will find it useful to list relevant local contacts for the use of both staff and families.

It is the centre's responsibility to ensure that its practices minimise accidents; provide guidance for staff in their daily practice and during emergencies (including natural disasters and those caused by humans); promote nutritionally adequate, culturally appropriate foods; and minimise the spread of infectious diseases.

As young children can become sick in a very short time, staff should also be alert to and aware of the common signs of illness. Staff should monitor closely a child with early signs of illness or atypical behaviour or development, and consult with other staff and the child's family. This requires sensitive, appropriate and timely action.

Centre management must ensure that each staff member is aware of:

- signs and symptoms of common childhood illnesses;
- common signs and indicators that may suggest developmental problems;
- common signs and indicators of child abuse and neglect;
- policies, procedures and legal responsibilities about reporting incidences of child abuse and neglect; and
- the need for sensitivity and confidentiality in handling this information.

Families are a prime information source on their child's development, health and well-being. Centre staff need to take the time to listen to families' comments about their day to day observations of their own child.

Staff should be aware of and sensitive to the care practices of each child's family. Where these differ from the centre's practices, staff should try to reach agreement with the child's family on how the centre will care for the child.

# Principle 7.1

For a child with additional medical needs, it is important that the centre has an individual health management plan prepared by the child's family in consultation with the child's doctor or specialist. Relevant staff should know how to implement the plan.

## U Indicators of Unsatisfactory Care

### For all children:

- The centre does not have written policies and procedures on child protection, infection control, sick children, administering medications, nutrition, food handling, immunisation, sun protection, accidents and emergencies, safety and dental care.
- Policies and procedures relating to child protection, health and safety are not dated and sourced or they have not been reviewed in the past year.
- Policies and procedures relating to child protection, health and safety are not readily accessible to families and staff.
- Staff do not comply with centre policies and procedures in relation to child protection, health and safety.
- Volunteers, students and visitors to the centre are not informed about centre policies and procedures in relation to child protection, health and safety.
- Where a child with specific medical needs attends the centre, there is no documented individual health management plan for this child.
- There is no provision for keeping staff up to date with their responsibilities and practices in relation to child protection, health and safety.
- Staff ignore or do not observe signs of illness in children.
- There is inadequate provision for the comfort and care of sick children.
- Staff do not recognise signs and indicators of child abuse or neglect.
- Staff do not comply with the centre's policies and procedures for dealing with suspected incidences of child abuse or neglect.
- Management provides little assistance to staff and/or families to help them deal with issues related to child protection.
- There is little or no awareness at the centre of relevant cultural practices relating to the health care and protection of children.
- There is little or no consultation with families on a child's health, development and welfare.

## S Indicators of Satisfactory Care
standard required for accreditation

### For all children:

- The centre has clear written policies and procedures on child protection, infection control, sick children, administering medications, nutrition, food handling, immunisation, sun protection, accidents and emergencies, dental care and safety.
- At all times, there is at least one staff member with a current first aid qualification on duty.
- Polices and procedures relating to child protection, health and safety are dated and sourced.
- All staff, volunteers and students are informed of and follow the centre's policies and procedures on child protection, health and safety.
- There is provision for keeping staff up to date with their responsibilities and practices in relation to child protection, health and safety.

- The centre ensures that families are kept informed about its policies and procedures on child protection, health and safety.
- Written information on medical, emergency and accident procedures is displayed prominently in relevant places and emergency telephone numbers are clearly displayed near telephones.
- Emergency evacuation and accident procedure drills are practised regularly.
- Staff discuss emergency and accident procedures with children.
- Where a child with specific medical needs attends the centre, the centre has an individual health management plan for this child, as provided by the family in consultation with their doctor.
- Staff are receptive to information families provide about their child's development, learning and behaviour, and link this information with their own observations to promote the health and welfare of each child.
- All staff observe and respond to signs of illness in children and these observations are recorded systematically.
- Provision is made for the comfort and care of sick children.
- Staff are sensitive to relevant cultural views on child health and protection - for example, where the care practices of a child's family differ from the centre's practices, staff try to reach agreement with the child's family on how the centre will care for the child.
- Management consistently seeks ways to improve the centre's standards on child protection, health and safety practices.
- Records of emergency, evacuation and accident drills are systematically maintained and evaluated and used to improve relevant policies and procedures.
- The centre provides families with a wide range of information on child health, development and welfare issues.
- The centre provides relevant support to families with particular child health, development or protection needs.
- The centre encourages referrals from support agencies and works with them to develop programs for children with health, development and/or welfare needs.

## HQ Indicators of High Quality Care

### For all children:

- The centre consults with families in developing and reviewing its policies and procedures on child protection, health and safety.
- The centre ensures that staff are appropriately trained to promote compliance with the centre's child protection, health and safety policies.
- The centre has a system for monitoring staff compliance with its child protection, health and safety policies and procedures.

# Principle 7.2

## Staff supervise children at all times.

Supervising children in child care involves keeping each child within sight and/or sound of staff members at all times. Staff need to be alert to and aware of the potential for accidents and injury throughout the centre, not just within their immediate area.

Positioning staff for effective supervision should take account of the:

- number of children;
- number of staff;
- experience, knowledge and skill of each staff member;
- developmental profile of each child;
- current activity of each child(for example, running, climbing, eating, drinking;
- characteristics of each child and each group of children;
- spaces available:
  - indoors
  - outdoors
  - during outings;
- characteristics of the setting:
  - potential hazards
  - visibility
  - accessibility; and
- accident and emergency procedures.

Staff should have the skills to assess risk potential, based on their knowledge of each child. Sometimes staff will need to actively intervene to prevent harm. Staff also need to foster each child's developing independence and competence by supporting the child in some activities that the child perceives as risk taking.

New and relief staff should be given the necessary information and support to supervise each child effectively.

## U Indicators of Unsatisfactory Care

### For all children:

- Staff do not supervise all areas available to children and, on occasions, a child may be out of sight and/or hearing.
- Children are left unattended on the change table.
- Children are left unattended to eat or drink, including from bottles.
- At times, supervision is ineffective because staff do not position themselves or arrange equipment, furniture and activities appropriately.
- Staff do not inform other staff before they leave an area.
- Staff are not aware of the procedures that relate to releasing each child to authorised people.

## S Indicators of Satisfactory Care
standard required for accreditation

### For all children:

- Where multiple areas are available to children at the same time, all areas are supervised.
- All children are within sight and/or hearing of staff at all times.
- Children are never left unattended on the change table.
- Children are never left unattended when they are eating or drinking.
- To ensure effective supervision, staff position themselves and arrange equipment, furniture and activities appropriately.
- Staff communicate effectively about supervision of children - for example, staff inform other staff before they leave an area.
- Staff are aware of the procedures that relate to releasing each child and ensure they are released only to authorised people.
- Staffing arrangements are flexible enough to allow supervision of individuals or small groups of children - for example, children who may need more time to eat.
- Staff are aware of and plan for relevant cultural expectations and each child's needs for supervision - for example, the need for private space.
- When infants, toddlers and pre-schoolers spend time together, staff ensure that the health and safety of the younger children is not compromised.

## HQ Indicators of High Quality Care

### For all children:

- Staff regularly evaluate their supervisory practices, particularly in relation to group dynamics and adjust their approaches accordingly. They also keep notes on changes that are made and the reasons for making them.
- Where the design of buildings and grounds makes effective supervision difficult, there is a plan (covering both the short and long-term) for improving facilities to correct problems.

# Principle 7.3

## Toileting and nappy-changing procedures are positive experiences and meet each child's individual needs.

It is important that staff concerns for hygiene and for guiding each child's developing toileting abilities are combined with a sensitive approach. They should ensure each child's comfort and foster each child's developing sense of competence.

An infant's nappy should be changed as necessary in a safe and hygienic manner. Staff should wash their hands before and after each change. Change times should be used to talk and sing to the children and to give them time to respond.

Observing a toddler will help in the assessment of readiness for toilet training. Discussing this with the child's family will help to determine whether toilet-training should be started. It is important that staff encourage toddlers when they show an interest in imitating other children using the toilet. Staff should have a relaxed attitude to toilet-training.

Preschoolers are usually responsible for their own toileting and hand washing, but some still need modelling and encouragement in good hygiene practices.

### U Indicators of **Unsatisfactory Care**

#### For all children:

- Toileting and nappy-changing tend to be regimented.
- Expectations for bladder and bowel control tend to be individually or culturally inappropriate.
- Children are humiliated or treated insensitively for toileting 'accidents'.
- Staff seldom encourage children's efforts to develop independence and control in toileting.

#### For infants:

- Infants are left in wet or dirty nappies.
- There is no pleasant interaction between staff and infants during nappy-changing.
- Staff react negatively to infants with dirty nappies.
- Infant's nappies are changed without regard to their individual needs.
- Nappy-changing may be regarded as the major form of care for infants.

#### For toddlers:

- Staff's expectations of toddlers for toilet-training

are inappropriate.
- Toileting and nappy-changing are carried out impersonally.

### For pre-schoolers:

- Pre-schoolers are discouraged from using the toilet except at scheduled times.
- There is little or no supervision of or support for simple hygiene practices.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- The centre has adopted standard practices for toileting and nappy-changing that are consistent with current recommendations by recognised health authorities.
- Nappy-changing and toileting procedures are displayed in toilet and nappy-changing areas.
- Staff are consistent in implementing the centre's practices for nappy-changing and toileting.
- Staff are sensitive to the emotional and physical needs associated with toileting each child.
- Staff consult with families to develop a consistent approach to toilet-training.
- Staff's expectations of children for toileting are individually and culturally appropriate.
- Staff manage toileting 'accidents' in positive and supportive ways.
- Staff appreciate and actively encourage each child's efforts to develop independence in toileting and in applying simple hygiene practices.

### For infants:

- Nappy-changing is an occasion for playful interaction between staff and infants.
- Staff model simple hygiene practices.

### For toddlers:

- Toileting and nappy-changing are positive experiences.
- Families are consulted about toilet-training.
- There is a positive approach to toddler's abilities in toileting.
- Staff describe simple hygiene rules, they model them and support toddlers in implementing them.
- Whenever necessary, each toddler has access to a toilet.

### For pre-schoolers:

- Staff support pre-schooler's independent attempts to apply simple hygiene rules.
- Staff explain to pre-schoolers the reasons for hygiene practices in toilet areas.
- Staff encourage independence in toileting.
- Whenever necessary, each pre-schooler is able to use the toilet.

## HQ Indicators of **High Quality Care**

### For all children:

- Cases of cross-infection that may relate to ineffective toileting and nappy-changing practices are recorded and monitored systematically.
- Staff compliance with standard nappy-changing and toileting procedures is monitored systematically and strategies to improve practices are implemented.
- Staff keep records of all adjustments made to nappy-changing and toileting policies and practices, the date of these changes and the reasons for them.
- Toileting occurs at any time throughout the day and is individualised.

# Principle 7.4

## Staff ensure that children are dressed appropriately for indoor and outdoor play and that rest/sleep-time and dressing procedures encourage self-help and meet individual needs for safety, rest and comfort.

Dressing time provides good opportunities for playful conversation and interaction with younger children. For older children it provides opportunities to develop independence. Staff need to be sensitive to cultural differences in both attitudes to dress and in dressing procedures.

Staff need to ensure that children are appropriately dressed for indoor and outdoor activities and conditions. The centre should consult families about its clothing policy. It should also have a policy on sun protection that takes account of recommendations of State and Territory cancer organisations.

Many toddlers and pre-schoolers will be keen to dress themselves and staff should make sure there is plenty of time and support when children get dressed. While offering encouragement, staff should make sure they have reasonable expectations of children. For example, a pre-schooler may be able to put on a jumper or shirt, but may have trouble with buttons or shoelaces. Along with adult help when needed, recognition of the child's own efforts will help make getting dressed a positive experience.

Centres need to adapt rest procedures to meet children's individual needs. This means that children who want to rest or sleep should be able to, and that children who do not want to sleep are not forced to. Infants and toddlers will have individual routines, and for some children, a quiet place for sleeping will probably need to be available at any time of the day. Staff should consult with parents about each child's individual needs for rest and sleep in order to maximise continuity between routines at home and at the centre.

Sleeping (and waking up) in an unfamiliar place can sometimes frighten a child. Sensitive and responsive staff can help overcome problems with dressing, going to sleep and waking up by making them comfortable experiences, rather than frightening ones.

# Principle 7.4

Having a favourite toy or blanket ready can also help some children.

Music or a recorded story can be used for a short period as part of the transition to rest/sleep. When the music or story is finished, children can choose to stay resting or move to some quiet play, perhaps in another room, or behind a physical barrier in the same room, or outdoors. Quiet play can include things like reading, talking and listening, writing or drawing and solving puzzles or playing games. Quiet play doesn't have to be a solitary experience. However, if other children are sleeping in the same room, some guidelines for appropriate play should be discussed with the children.

Providing safety information to staff and families about children's sleep and rest routines and equipment promotes continuity between home and the centre.

Infants have individual sleep patterns and needs and staff should discuss these with families. Staff should spend time settling each infant so that going to sleep is a pleasant experience.

All staff working with infants should be aware that:

- the recommended sleeping position for infants is on their back;
- the infant's feet should be placed at the end of the cot with the sheet folded back in the centre of the bed;
- the room should be smoke-free and should not be over-heated; and
- pillows, doonas and bumper pads should not be placed in infants' cots.

Toddlers like to be independent and, if their clothes are loose and have fasteners that are easy to use, they may decide to adjust these at sleep-time. Staff need to be on hand to help them with this.

Some pre-schoolers may need to sleep during the day, while others may require only some restful periods of play. Pre-schoolers generally like to be responsible for their own dressing and undressing, apart from difficult items like shoelaces.

## U Indicators of **Unsatisfactory Care**

### For all children:

- The centre either does not have a written policy on sun protection or, if it does, the policy is not implemented consistently.
- Staff do not wear hats or use other sun protection.
- Staff are not consistent in their efforts to protect children from exposure to the sun.
- The centre does not hold and maintain up to date information for staff and families from recognised health and safety authorities about sun protection, appropriate clothing and sleep and rest-time procedures.
- Sleep and rest-times are rigidly scheduled for all children, without considering their individual needs.
- Sleep-time is sometimes used as a punishment.
- Sleep procedures and sleep equipment do not take account of current safety advice from recognised health and safety authorities.
- Getting dressed is a physical routine without positive interactions between staff and children.
- Staff take undue control during dressing procedures.
- Cultural differences in relation to clothing and dressing procedures are not respected.
- Staff do not ensure that children are appropriately dressed for activities and conditions and do not ensure that children's clothing is adjusted as the temperature changes.

### For infants:

- Infants who have irregular sleep patterns are regarded as 'difficult'.
- Infants who cry during the day are typically labelled 'tired' and put to bed.
- Cots contain pillows, doonas or bumper pads.
- Infants are dressed without positive interaction from staff.

### For toddlers:

- All toddlers are expected to sleep and to wake at the same time.
- Staff do not attend to each toddler's comfort at sleeptime.
- Toddlers who do not sleep or do not settle down quietly are reprimanded.
- No provision is made for toddlers who are not sleeping.
- Toddlers' efforts to help in dressing themselves are discouraged.

### For pre-schoolers:

- There is no provision for non-sleepers to go to a quiet place to read books or take part in other activities that do not disturb sleeping children.
- Pre-schoolers are humiliated if they cannot manage a part of dressing themselves.
- Pre-schooler's attempts to dress themselves are tolerated, but not encouraged.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- The centre has policies on sun protection and clothing and implementation is consistent and routinely monitored.
- Staff ensure that children are appropriately dressed indoors and outdoors and, if necessary, they adjust each child's clothing during the day.
- Staff wear hats and use appropriate sun protection.
- Staff are consistent in their efforts to protect children from exposure to the sun.
- The centre maintains current information from recognised health and safety authorities on sun protection and rest/sleep time safety, equipment and procedures; and this information is readily available to staff and families.

- Sleep and rest procedures are adapted to meet individual needs of the children.
- There is a sensitive approach to each child's comfort and to their self-help attempts in getting dressed and undressed.
- The centre keeps a supply of clothing for weather changes and toileting accidents.
- Staff discuss weather, seasons and appropriate clothing with children.
- Within the scope of the centre's policy, staff respect each child's clothing preferences.
- Cultural differences in relation to clothing and dressing procedures are respected.
- The centre provides families with information about suitable clothing for play experiences, both indoors and outdoors.
- The centre encourages use of protective clothing for messy play.

### For infants:

- Staff are patient and playful in their approach to getting dressed.
- Dressing infants is made a pleasant experience by talking about what is happening and sometimes diverting their attention with things to play with.
- Infants' sleep procedures and sleep equipment take account of safety advice from recognised health and safety authorities.
- Staff are sensitive to infants' needs and identify correctly when they are tired.

### For toddlers:

- Quiet and restful activities are provided for toddlers who need less sleep.
- There are quiet activities before and after sleep, to smooth the transition.
- Toddlers who need more sleep are allowed to sleep longer.
- Staff comfort toddlers who are irritable on waking.
- Self-help skills in dressing are actively encouraged and appreciated and staff provide assistance when needed.

### For pre-schoolers:

- Pre-schoolers who are known to need less rest or sleep are able to play quietly in ways that will not disturb resting/sleeping children.
- As pre-schoolers wake, they are encouraged to dress quietly and go off to other activities.
- Self-help in dressing is encouraged and appreciated and staff provide assistance when needed.

## HQ Indicators of High Quality Care

### For all children:

- The centre consults actively and effectively with families on rest/sleep, clothing, sun protection and dressing procedures.
- Infants and toddlers have individual routines and a quiet place for sleeping is available all day for any child to use.
- On good-weather days, children who are awake may be able to take part in quiet experiences outdoors while other children sleep indoors.
- To ensure that risks are minimised, sleeping and rest routines and equipment are evaluated at least annually in accordance with advice from recognised health and safety authorities.

Quality Area 8

# Health

Management and staff share a responsibility to keep up to date with current health research and with practices recommended by relevant safety, health and nutrition authorities. Staff need to be sensitive and responsive to each child's daily nutritional needs and eating patterns, food preferences and cultural or special dietary requirements. This should be complemented by a focus on the child's emotional well-being and on providing developmentally appropriate support for each child's growing confidence and independence.

Whether the families or the centre provides food, the centre needs to follow proper food-handling procedures to ensure that the food eaten by children is safe and retains its nutritional value.

Eating should be a pleasurable experience, as well as a nutritional one. It can also help to introduce children to a variety of food from both their own and other cultures.

Evidence suggests that the primary factors in promoting child health are effective hand-washing, nutrition, breast-feeding and immunisation.

In relation to immunisation, centres need to:

- provide families with relevant information on immunisation schedules for children;
- provide names of local agencies offering immunisation services;
- monitor each child's immunisation profile;
- when there are outbreaks of a notifiable disease, implement a policy for the exclusion of any children who are not immunised, as well as those carrying the disease, and advice must be sought from relevant health authorities; and
- keep current information for families on childhood diseases that are not preventable by immunisation.

Cultural differences are also significant and must be recognised and accommodated by staff when planning for health at the centre.

**Principle 8.1:** Food and drink are nutritious and culturally appropriate and healthy eating habits are promoted.

**Principle 8.2:** Staff implement effective and current food-handling standards and hygiene practices.

Quality Area 8

# Health

**Principle 8.3:** Staff encourage children to follow simple rules of hygiene.

**Principle 8.4:** The centre acts to control the spread of infectious diseases and maintains records of immunisation.

## Key concepts

- Centres should access current information from recognised authorities on children's daily nutritional requirements, on food-handling and on hygiene practices.
- Staff require ongoing professional development on nutrition, food-handling and storage, and hygiene practices.
- Staff should be sensitive and responsive to each child's:
  - daily nutritional needs and eating patterns;
  - food preferences and choices;
  - special cultural or dietary requirements
  - hygiene practices relating to handwashing, toileting and eating;
  - safety at meal and snack times;
  - cultural differences and similarities; and
  - self-help skills.
- Staff should seek parents' views on nutrition, food-handling and storage, toileting and hygiene.
- Children should be offered a variety of foods.

# Principle 8.1

## Food and drink are nutritious and culturally appropriate and healthy eating habits are promoted.

During early childhood, many food habits are developed which may continue throughout life. Therefore, at an early age it is important for food to be nutritious as well as meeting the social, cultural and educational needs of children. Meal-times provide a valuable opportunity to build a sharing and caring environment that can flow over into other aspects of life of the centre.

Children have high nutritional needs because of their rapid growth and these needs must be met to promote their normal development. Centres should seek up to date information on nutrition from recognised health authorities working in this area. Staff also need to work cooperatively with families to ensure that the centre plays its part in meeting each child's daily nutritional needs. Families can also assist the centre in its efforts to ensure that food and drink are culturally appropriate.

The quality of a centre's practices in this area is likely to be enhanced when staff participate in professional development on food-handling, menu planning and healthy eating habits.

### U Indicators of Unsatisfactory Care

For all children:

- The centre does not actively seek and maintain current information on nutrition from recognised health authorities.
- The centre has not developed a written nutrition policy based on current information from recognised health authorities or, if it has, the policy is not implemented consistently.
- Where the centre supplies food and drink, the variety of food does not satisfy current Commonwealth (National Health and Medical Research Council) and State recommendations on children's food requirements.
- Where the centre supplies food and drink, the variety is appropriate but quantities are not adjusted for individual appetites.
- Where the centre supplies food and drink, sensitivity to cultural difference is seldom evident.
- Where the centre supplies food and drink, written menus are not displayed for families or they do not accurately describe the meals that are served.
- Where families provide food and drink, the centre does not provide them with food guidelines based on current Commonwealth recommendations on children's food requirements.
- Children do not have ready access to drinking water throughout the day.
- Staff seldom discuss food (taste, texture, colour,

good eating habits) with children.
- Staff seldom encourage children to try new foods.
- Meals and snacks are served on a regular but rigid schedule. Timing does not accommodate individual needs.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- The centre actively seeks and maintains current information on nutrition from recognised health authorities.
- A written nutrition policy and procedure has been developed in consultation with staff and families and is implemented consistently.
- The centre's nutrition policies and procedures incorporate current recommendations from recognised health authorities.
- Where the centre supplies food and drink, the variety selected reflects current Commonwealth and State recommendations on children's food requirements.
- Where the centre supplies food and drink, quantities are adjusted for individual appetites.
- Children with special dietary needs have adequate and appropriate food provided either by the centre or by the children's families.
- Where a child has special dietary needs for health or religious reasons, the centre seeks detailed information from families and evidence of advice from an appropriate health professional.
- Where the centre supplies food and drink, menus are planned in advance.
- Where the centre supplies food and drink, the menus provide cultural variety and show sensitivity to cultural differences.
- Where the centre supplies food and drink, written menus are displayed for families and accurately describe the meals that are served.
- Where families provide food and drink, the centre provides them with food guidelines based on current Commonwealth and State recommendations on children's food requirements.
- Drinking water is readily available to all children throughout the day.
- Meals and snacks are served on a regular schedule but individual needs for quantity and timing are accommodated.
- Staff encourage each child to try new foods.
- Where appropriate, each child is encouraged to access or pour drinks independently.
- Staff discuss food (taste, texture, colour, good eating habits) with children in appropriate ways and at relevant times.
- Each child's food preferences are respected.
- Details of food actually eaten are provided to families of infants and toddlers at the end of the day, and if necessary, to families of pre-schoolers as well.

## HQ Indicators of **High Quality Care**

### For all children:

- Families and children participate actively in menu planning and food selection.
- The centre systematically provides all families with information on nutrition and good eating habits from recognised health and nutrition authorities.
- At least one staff member has undertaken specific training in nutrition for young children.
- The menu introduces children to foods from a variety of cultures and meal-times are used to discuss cultural differences and similarities.
- Planning menus and preparing food are often linked to children's other experiences.
- Where the centre supplies food and drink, menus are planned in advance and families are invited to contribute to and comment on them.
- In response to the needs of individual children, food is available on a flexible basis.
- Menus are evaluated regularly against guidelines from recognised nutrition and health authorities; and staff and families are consulted during this process.
- The centre provides information on children's nutrition for families in home languages.

# Principle 8.2

## Staff implement effective and current food-handling standards and hygiene practices.

When young children are together in child care and other group settings, the probability of infection becomes higher. However, most childhood illnesses are relatively mild and can even boost a child's immunity.

Special care needs to be taken with recurrent colds. These increase the likelihood of repeated ear infections which, untreated, can lead to hearing and learning difficulties.

Regular spread of infections in the centre can cause stress for working families if the infection requires them to take extended time off work. It can also cause stress for centre staff who may also require time off work whilst infectious or recovering from infection.

Some reasons for increased transmission of infection among children in group care can include:

- children's limited previous exposure to infection;
- being exposed to a greater number of people and a greater number of infections;
- poor hygiene of young children because of their learning and development levels;
- infrequent or ineffective hand-washing by staff and children;
- the developing state of young children's immune systems; and
- inappropriate hygiene and safety standards during food preparation, storage and consumption.

Infection rates in centres can be significantly reduced when staff are aware of, and consistently practise, effective infection control measures. Studies have found, for example, that regular and thorough hand-washing is one of the most effective ways to reduce the spread of many infections. A hand-washing routine for staff might include:

- on arrival at the centre
- before commencing work;

# Principle 8.2

- before and after administering first aid
- before handling food;
- after visiting the toilet;
- after handling raw food;
- after using a handkerchief or nasal tissue;
- after handling garbage;
- after touching eyes, ears, nose, hair, or mouth;
- after every break;
- after changing babies' nappies or children's soiled clothes;
- after handling animals;
- after any other unhygienic practice; and
- after removing gloves.

Hands should be dried on single-use or disposable towels or, when safety permits, under an air dryer. If hand-washing is not possible, 'wet wipes' containing antiseptic may be used or some other tested procedure that provides a barrier to germs.

## U Indicators of **Unsatisfactory Care**

### For all children:

- The centre does not hold information from recognised health and safety authorities about hygiene procedures and food safety standards.
- The centre does not have written procedures for hygiene and food-handling based on advice from recognised health and safety authorities.
- Staff are inconsistent when implementing procedures for hygiene and food-handling.
- Staff allow children to eat food which has been handled by another child in an unhygienic way.
- Staff allow children to eat food or use utensils that have dropped on the floor.
- Staff allow children to share drinking and eating utensils.
- Mouthed-toys are not cleaned or disinfected and are shared among children.
- Storage and handling of food and drinks consumed by children do not follow safety advice from recognised health and safety authorities.
- Staff do not wash their hands effectively before preparing, serving or eating food; after each nappy change; after assisting each child with toileting; after wiping a nose; after handling animals; or after any other unhygienic practice.
- Staff do not clean the cover of the change table (or dispose of the cover) after each nappy change.
- Staff use the same cloth or tissue to wipe more

than one child's face or nose.
- Staff do not dispose of tissues effectively after wiping a child's nose.
- Staff do not ensure that bedding is washed between different children using it; or after soiling; or at least once a week if used by the same child.
- Food-preparation staff do not have access to information on food-handling and storage standards currently recommended by recognised health authorities.
- The food-preparation area is used for other activities, such as craft preparation.
- Surfaces are inadequately cleaned before and/or after food preparation.
- Serving utensils and infants' bottles are not cleaned and sanitised before use.
- The same equipment is used for the preparation and/or storage of raw and cooked food.
- The centre does not have or adhere to an appropriate food-safety plan.
- Food and drinks brought from home are not individually labelled and are not stored at a temperature recommended by recognised health authorities.
- Buildings and equipment are not cleaned regularly and thoroughly.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff are up to date with the hygiene practices currently recommended by recognised health and safety authorities.
- The centre has written procedures for hygiene and food-handling and storage based on standards currently recommended by recognised health authorities.
- Staff consistently implement the centre's hygiene procedures and food safety plan.
- Where families provide food, the centre provides guidelines and information about food-handling and storage, in keeping with its food-handling and food-safety procedures.
- The centre respects families' wishes for the religious or cultural aspects of food preparation and provision.
- Where appropriate, staff are aware of the religious and cultural aspects of food-handling.
- Staff actively discourage children from eating food which has been handled by another child, unless the handling was hygienic.
- Staff do not permit children to eat food or use a utensil that has dropped on the floor.
- Drinking and eating utensils are washed thoroughly between uses.
- Staff use separate cloths or tissues to wipe each child's face and nose.
- Staff effectively dispose of a tissue immediately after wiping a child's nose.
- Staff ensure that bedding is washed between different children using it; and after soiling; and at least once a week if used by the same child.
- The food-preparation area is used only for that purpose.
- Work surfaces are cleaned and sanitised before and after food preparation.
- Serving utensils and infants' bottles are cleaned and sanitised before use.
- Separate equipment is used to prepare and store raw and cooked food.
- Food and drinks are stored in keeping with the centre's food-safety procedures.
- Food and drinks brought from home are individually labelled and are stored at a temperature recommended by recognised health authorities.
- The centre meets the individual hygiene requirements of all children, recognising that some children may have additional needs.
- Staff wash and dry their hands effectively before preparing, serving or eating food; after each nappy change; after assisting each child with toileting; after wiping a nose; after handling animals; and after any other unhygienic practice.
- Staff clean the cover of the change table (or dispose of the cover) after each nappy change.
- Staff know and use procedures for ensuring buildings, grounds and equipment are hygienic.
- The building is thoroughly cleaned daily. Bathroom fixtures are cleaned and disinfected regularly and rubbish is removed.
- At least one staff member has completed a food-handler's course recognised by a relevant health authority and advises other staff on appropriate food-handling.

## HQ Indicators of High Quality Care

### For all children:

- The centre has quality control measures to ensure that its policies and procedures relating to hygiene practices and food-handling and storage standards are implemented systematically and consistently.
- Most staff have completed a safe food-storage and handling course that is recognised by an appropriate health authority.
- Food-preparation staff keep up to date with current developments in safe food-handling and storage.
- The centre provides ongoing professional development for all staff on hygiene and safe food-handling and storage in child care centres.
- Staff periodically discuss hygiene and safe food-handling and storage practices with families and evaluate these practices.
- Information on safe food-handling and nutrition is available to families in home languages.

# Principle 8.3

## Staff encourage children to follow simple rules of hygiene.

Many of the hygiene habits developed during early childhood will continue throughout life. Centres provide a learning environment where careful guidance and role-modelling by staff and basic hygiene-awareness activities can help children become competent and independent and develop valuable life skills.

Centres should consult with families to identify hygiene practices that are workable at home and in the centre. These practices should be consistent with the standards and procedures recommended by recognised health authorities.

To focus children's learning process, staff should demonstrate and explain to children the procedures and reasons behind certain hygiene routines. They will also need to be sensitive to each child's attempts to copy adult hygiene practices and reinforce and support these attempts consistently and positively.

Hand-washing is the single most effective procedure children can learn for controlling the spread of infection and disease. Staff can use a variety of resources on effective hand-washing techniques (charts, videos, and so on) However, it is important to ensure that hand-washing is portrayed as an enjoyable, but automatic procedure, undertaken by adults and children alike, before and after certain activities.

### U Indicators of Unsatisfactory Care

For all children:

- Staff do not set an example of good health and hygiene practices.
- Staff do not actively promote children's hand-washing procedures: before eating; after toileting; after handling animals; after wiping noses; and after other unhygienic practices.
- Staff seldom talk with children about effective health and hygiene practices.
- Staff do not consistently encourage children to flush toilets after use as required.
- Toilets, hand-washing and hand-drying facilities are not easily accessible to each child.
- The centre does not address dental care in any way.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Staff consistently set an example of good health and hygiene practices which are based on recommendations from recognised health authorities.
- When necessary, staff demonstrate for children specific hygiene procedures and explain the reasons for them.
- Staff actively promote each child's hand-washing and drying procedures before eating; after toileting; after handling animals; after wiping noses; and after other unhygienic practices.
- Staff talk with children about health and hygiene practices.
- Staff encourage children to flush toilets after use as required.
- Toilets and hand-washing facilities are easily accessible to each child.
- The centre has a policy on dental care based on current recommendations from recognised dental health authorities and implements it consistently.

## HQ Indicators of **High Quality Care**

### For all children:

- The centre provides families with information on hygiene and dental care practices that are recommended by recognised health and dental care authorities.
- Arrangements are made for health care professionals to visit the centre to talk with staff, children and/or families about hygiene and dental care.
- The centre liaises with families to establish hygiene and dental care practices that are workable at home and at the centre.
- The centre systematically incorporates information on hygiene and dental care into the children's learning program.
- Hygiene and dental information is provided to families in home languages.

# Principle 8.4

## The centre acts to control the spread of infectious diseases and maintains records of immunisations.

In Australia, immunisation is widely accepted as one of the most effective ways of reducing serious infection in children. That is, the risks of infectious diseases are typically far greater than the risks associated with being immunised. Children who are too young to be immunised against infectious diseases, or whose immunisation schedule is incomplete, are particularly at risk.

Child care staff are also at risk from common childhood infections. Management should actively inform staff that they can help to protect themselves by making sure that their own schedule of vaccinations is complete and as up to date as possible.

When a vaccine preventable disease is present or suspected in a centre, it is important that staff can quickly refer to and implement an established and well-publicised exclusion policy. Up to date records of the immunisation status of each child means the centre can respond swiftly by notifying families of children at risk of contracting the disease.

The State or Territory health authority must also be advised of notifiable diseases and can give advice to the centre and families about further action.

Even when a child is well, if they have incomplete immunisation or the centre has no record of their immunisation, they may have to be excluded from the centre during outbreaks of some infectious diseases (such as measles or whooping cough). It may be an appropriate to provide families with information from recognised health authorities about recommended immunisation schedules and the benefits of immunisation.

## U Indicators of **Unsatisfactory Care**

### For all children:

- The centre does not maintain a record of each child's immunisations.
- The centre does not update its records of children's immunisations systematically.
- The centre does not use a record of immunisations as part of its exclusion procedures during an outbreak of vaccine preventable disease.
- The centre does not provide to staff and families up to date information about immunisation from recognised health authorities.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- The centre has a policy on immunisation based on current recommendations from recognised health authorities and it is communicated to staff and families and is implemented consistently.
- The centre actively seeks the cooperation of families in providing up to date information of each child's immunisation record and maintains and updates these records systematically.
- The centre regularly provides information on immunisation schedules to staff and families.
- Where the centre has identified a number of children with incomplete or no immunisations, the centre arranges for recognised health professionals to visit the centre to share information on immunisation with staff and families.
- The centre ensures that all families are advised of its exclusion policy relating to immunisation at the time of enrolment and are reminded of this policy from time to time.
- The centre implements a policy of exclusion based on current recommendations from recognised health authorities when a vaccine preventable disease is present or suspected at the centre.
- Management is familiar with its legal responsibilities to report an outbreak of specified diseases in the centre and the centre advises the relevant health authority of any incidence of notifiable disease.
- Families are made aware that when a vaccine preventable disease is present or suspected at the centre, children for whom the centre does not have a complete immunisation record may be treated as un-immunised.

## HQ Indicators of **High Quality Care**

### For all children:

- The centre routinely obtains up to date information on immunisation schedules and procedures as recommended by relevant recognised health authorities. It also provides this information to families, particularly for those children whose centre records show an incomplete immunisation profile.
- The centre provides staff with appropriate immunisation information for adults working in children's services and, where appropriate, encourages staff to be vaccinated.
- The centre maintains up to date details of current available immunisation programs that may be of interest to families and provides these details to families.
- Centre records of staff immunisation profiles are complete and are up-dated regularly and systematically.
- Information on immunisation is provided to families in home languages.

Quality Area 9

# Safety

In relation to the safety of children in child care, management and staff share a responsibility to keep up to date with the current research and practices recommended by relevant health and safety authorities. Also, centres are subject to workplace health and safety legislation that has implications for children, staff and anyone else who enters the premises.

Within the legislated guidelines, staff need to recognise the fine balance between child safety and the risks children take to create and meet new challenges in their physical world. Child safety is enhanced when staff are sensitive and responsive to each child's patterns of risk-taking behaviour and predict accurately a child's additional needs for support in new and challenging situations.

**Principle 9.1:** Buildings and equipment are safe.

**Principle 9.2:** Potentially dangerous products, plants and objects are inaccessible to children.

**Principle 9.3:** The centre promotes occupational health and safety.

### Key concepts

- Centres should access current information from recognised authorities on relevant child health and safety practices.
- Staff require ongoing professional development on health and safety issues.
- Staff should be sensitive and responsive to each child's:
  - risk-taking behaviour patterns
  - need for physical support in challenging situations
  - immunisation profile
  - specific medical needs
  - cultural differences and similarities.

# Principle 9.1

## Buildings and equipment are safe.

The safety of centre buildings and equipment directly contributes to the safety, health and well-being of children, staff and others. Child care licensing regulations, public health laws and occupational health and safety laws in each Australian State and Territory help promote acceptable safety standards in child care settings. These laws vary between States and Territories, but they include aspects such as keeping buildings and equipment in good repair.

Other agencies such as departments of health, fair trading or consumer affairs may also provide centres with information - for instance, safety inspection checklists for assessing and minimising risks in centre buildings and equipment.

Centre management should provide staff with up to date information, perhaps in a Staff Handbook, about building and equipment safety, including:

- responsibilities of centre management and staff;
- reducing the risks of hazards in the workplace (for example, those associated with electricity, chemicals, buildings and equipment);
- emergency procedures, including evacuating the building.

Centre management needs to be aware of their legal responsibilities in relation to the selection, installation and maintenance of equipment. It is very important that centre management keeps up to date with any changes about this and chooses play equipment and furniture which meets safety standards recommended by recognised health and safety authorities. Regular and systematic safety inspections of all equipment are essential for child safety and to satisfy duty of care legal requirements.

It is essential that staff have well-practised procedures for the efficient evacuation of children in emergencies. It is also important for staff to be appropriately trained in using the relevant emergency equipment in the centre, such as fire extinguishers.

## U Indicators of **Unsatisfactory Care**

### For all children:

- The centre has not developed a systematic procedure for checking the safety of buildings, grounds and equipment.
- Power points that are readily accessible to children do not have secure, protective caps.
- Unsecured electrical cords are within reach of children and double-adaptors are used in areas accessible to children.
- Physical hazards for children and/or staff are caused by the actions of staff (or lack of actions), or poor maintenance of facilities.
- Climbing equipment, swings or large pieces of furniture are not securely anchored or do not have safe and stable bases.
- Infants' and toddlers' toys and/or detachable parts of toys are not large enough to prevent swallowing or choking - that is, they are smaller than a film canister.
- Children have access to items that may cause choking if placed in their mouths.
- Staff do not clear tables throughout the day and do not sweep floors after meals or remove tripping/slipping hazards.
- When children with different levels of competence have access to the same equipment or materials, staff do not take adequate safety precautions.
- If wheeled toys are provided, there are no safe areas to use them.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- The centre has policies and procedures for safety checks and maintenance of buildings and equipment and these are consistently implemented.
- The centre regularly obtains updated information from recognised and relevant safety authorities about selecting, installing and maintaining equipment and furniture and maintaining buildings.
- Staff know and use procedures for ensuring buildings, grounds and equipment are safe.
- Before use each morning, the centre grounds are checked thoroughly for dangerous objects.
- In areas accessible to children, power points have secure, protective caps or internal safety barriers to any object other than a three-point plug.
- All electrical cords are out of reach of children or are secured and double-adaptors are not used in areas accessible to children.
- In areas accessible to children, there is a systematic audit procedure to identify and remove physical hazards to children and/or staff.
- Climbing equipment, swings and large pieces of furniture have stable bases and/or are securely anchored.
- Infants' and toddlers' toys and/or detachable parts of toys are large enough to prevent swallowing or choking - that is, they are all larger than a film canister.
- Staff clear and clean tables throughout the day, sweep floors after meals and remove tripping/slipping hazards.
- Staff discuss safety issues with children and, where appropriate, involve them in setting safety rules.
- When children of different ages have access to the same equipment or materials, staff take adequate safety precautions.

## HQ Indicators of **High Quality Care**

### For all children:

- The centre provides families with information from recognised and relevant health and safety authorities about the selection, installation and maintenance of play equipment and children's furniture.
- The centre has a plan for playground improvements that is based on current information from recognised child safety

authorities and which reflects sound early childhood learning practice.

- The centre has quality control measures to ensure that its policies and procedures relating to the safety of buildings and equipment are implemented systematically and consistently.
- The centre actively seeks advice from families about their views on the safety of buildings and equipment.
- There is a systematic, realistic and costed plan for ongoing maintenance of the buildings and equipment.
- Information on health and safety within the centre is provided to families in home languages.

# Principle 9.2

## Potentially dangerous products, plants and objects are inaccessible to children.

Young children do not understand the potential dangers of many products commonly used in centres. Potentially-dangerous products are those which pose a risk of poisoning or injury to children and may include:

- medications
- cleaning products
- garden chemicals
- pest control treatments and devices
- sharp utensils, and
- soiled nappies or other soiled clothing.

It is particularly important to monitor garden plants accessible to children, because many of them are poisonous or hazardous if children and adults touch or eat them. Spiders and vermin can also threaten child safety and constant surveillance is required. In some locations, foreign objects such as syringes and broken glass are found in gardens and grounds and it is good practice for centres to have effective procedures for checking grounds systematically to remove any foreign objects and to dispose of them in keeping with acceptable safety protocols.

Centre management and staff are responsible for ensuring that potentially dangerous products, plants and objects are inaccessible to all children at all times. Recognised health and safety authorities, such as departments of health or child safety authorities can provide information and advice for centre staff and families about strategies to ensure children are not in avoidable danger. Staff training in first aid is also an important aspect of ensuring the safety of children in care.

## U Indicators of Unsatisfactory Care

### For all children:

- Medications, detergents/cleaning products and garden chemicals are not clearly labelled and are not stored inaccessible to children.
- Containers for soiled nappies or other soiled clothes are uncovered or have easy to remove covers and/or they are easily accessible to children.
- Fumes or spray from potentially dangerous products are used in the presence of children.
- Poisonous or hazardous plants are growing in locations which children can access.
- Grounds and buildings are not checked systematically and regularly for foreign objects, spiders and vermin that may be hazardous to children and staff.

## S Indicators of Satisfactory Care
standard required for accreditation

### For all children:

- The centre maintains current information from recognised health and safety authorities on labelling and safe storage of medications, detergents/cleaning products and garden chemicals. They also have information on the precautions required to protect children from other potential dangers like foreign objects, spiders and vermin.
- Potentially dangerous products are inaccessible to children at all times.
- The centre has procedures that are consistently implemented to ensure clear labelling and safe storage of medications, detergents/cleaning products, garden chemicals and other potentially dangerous products.
- Staff post simple warning signs where potentially dangerous products are stored that are designed to alert adults but not to attract the curiosity of children.
- Containers for soiled nappies and other soiled clothes are securely covered and the contents are not accessible to children.
- Procedures for safe storage of potentially dangerous products are displayed for relief staff and visitors to the centre.
- No poisonous or hazardous plants are growing within centre grounds which children can access.
- Buildings and grounds are checked systematically and regularly for foreign objects, spiders and vermin that may be hazardous to children and staff.
- Where appropriate, staff discuss with children safety issues relating to dangerous products, plants, vermin and objects.
- The centre has a first aid/action plan on dangerous products - for example, responding to inhalation of fumes, skin burns, swallowing, and so on.
- A list of emergency contacts is readily accessible to all staff.

## HQ Indicators of High Quality Care

### For all children:

- Families are provided with information from recognised health and safety authorities about safe storage of potentially dangerous products at home.
- Families are consulted periodically on the centre's policy and procedures for preventing child access to potentially dangerous products.
- The centre has clear procedures for monitoring staff compliance with its policy for preventing child access to potentially dangerous products.
- If compliance checks suggest that staff need to update their practices in relation to potentially dangerous products, the centre amends its procedures appropriately and/or provides staff training.
- The centre has a policy for minimising the use of toxic products and other potentially dangerous products without jeopardising hygiene.
- Information on safe storage of dangerous substances is provided to families in home languages.

# Principle 9.3

## The centre promotes occupational health and safety.

The care of young children demands physical and emotional energy and a healthy working environment for staff. It is important to ensure that staff know about public health and safety regulations and about occupational health and safety.
All Australian States and Territories have child care regulations, public health laws and occupational health and safety laws to ensure acceptable standards of health and safety in child care settings. Centres are required to comply with relevant legislation relating to such matters.

However, there are some important procedures that must be observed to ensure that relevant legislation is implemented effectively. They include informing all staff of:

- their responsibilities and the responsibilities of centre management in relation to occupational health and safety issues;
- hazards in the workplace (such as electricity, chemicals, buildings and equipment);
- back care and correct manual-handling lifting procedures;
- procedures for responding to and reporting work-related accidents/injury involving staff or visitors to the centre;
- emergency evacuation;
- response to natural/environmental disaster
- managing stress and burnout
- adult immunisations.

This information should be included in a staff handbook.

## U Indicators of Unsatisfactory Care

### For all children:

- The centre does not provide staff with current information on occupational health and safety issues.
- The centre does not have the necessary resources to effectively implement legislated occupational health and safety requirements.
- The centre has not developed clear procedures for staff to report occupational health and safety concerns to management.

## S Indicators of Satisfactory Care
standard required for accreditation

### For all children:

- The centre's staff handbook includes information for staff about occupational health and safety issues.
- The centre regularly provides staff with updates about current information on occupational health and safety issues.
- The centre has clear guidelines for staff to report concerns about occupational health and safety issues to centre management.
- All staff are encouraged to complete a relevant and recognised first aid certificate course and to keep this qualification current.

## HQ Indicators of High Quality Care

### For all children:

- To minimise risks to staff, families, children and visitors, the centre obtains advice from recognised occupational health and safety professionals.
- The centre has an occupational health and safety representative who monitors staff practice, informs staff about training opportunities and makes recommendations to management for improving practice and the work environment.
- Management supports staff in undertaking professional development related to occupational health and safety.
- The centre has a procedure for regularly assessing occupational health and safety risks for staff, children and other visitors to the centre.
- Staff members meet to discuss current occupational health and safety issues and a record of the outcomes of these meetings is kept.
- The centre has a procedure for rectifying any occupational health and safety risks for staff, children and other visitors to the centre.
- The centre regularly provides families with relevant information about occupational health and safety issues as they relate to the children and to families visiting the centre.

# Part D Management

- The centre has an effective overall management plan.
- Families and staff receive up to date information about relevant management decisions.
- Families and staff have appropriate opportunities to comment on management decisions and centre procedures.
- Ongoing quality improvement, continuity of care and cultural sensitivity are promoted through:
  - staffing practices;
  - systematic monitoring of centre operations;
  - families and staff contributions to relevant management decisions; and
  - professional development of staff.

A management plan designed to support quality programs for children and families will include elements like:

- an analysis of the contexts in which the centre operates;
- a brief mission or business statement;
- a clear statement of the beliefs and values (philosophy) underpinning the centre's operations;
- statements of the centre's major goals and policies;
- details of the personnel, resource and communication strategies to achieve the centre's goals;
- priority action plans
- provision for evaluation and client feedback and
- provision for managing complaints and grievances

Part D comprises one Quality Area:

**Quality Area 10** Managing to support quality

Quality Area 10

# Managing to support quality

**Principle 10.1:** Management consults appropriately with families and staff and written information about the centre's management is readily available to families and staff.

**Principle 10.2:** Staffing policies and practices facilitate continuity of care for each child.

**Principle 10.3:** Management provides an orientation program for new staff with a focus on the centre's philosophy, goals, policies and procedures.

**Principle 10.4:** Management provides and facilitates regular professional development opportunities for staff.

## Key concepts

- Effective management works in partnership with staff and families to create and sustain environments that foster learning and development for all children.
- Effective management takes account of the views of staff and families.
- The centre should have a clear procedure for parents and staff to raise any concerns, grievances, complaints, comments or suggestions as they arise.
- Centre policies, goals, procedures and practices should be consistent with the centre's philosophy and should be well-known to staff and families.
- Continuity of care is beneficial to children's learning and development and is fostered through effective management practices.
- Effective provisions are necessary for the orientation of new staff and for professional development of all staff.

## Management consults appropriately with families and staff and written information about the centre's management is readily available to families and staff.

Child care centres are managed in a variety of ways, by an owner, a manager, a management committee, local government or other organisations. When searching for child care, families that want to make an informed choice about the centres they visit may seek information concerning the centres' management arrangements. This information should be readily available at centres, together with information on the centre's philosophy, goals, policies and procedures, including the centre's procedures for families to raise issues about the care of children and about aspects of management.

On occasion the centre may need to manage complaints about the care or practices provided and/or the centre. Complaints are best dealt with and resolved at the centre level. Families can feel very anxious raising concerns. Some families are concerned that in raising issues their child may be disadvantaged. Clear procedures for managing complaints can help settles families' anxieties. The best way to ensure that complaints are handled well in the centre is through consistent policies and practices. Simple, transparent grievance and complaints handling procedures to which staff and parents agree are essential.

While most centres choose to provide written information about the centre's management in family and staff handbooks, other strategies may be preferable in some contexts and circumstances. Regardless of the nature of the strategy, each centre should have an effective and ongoing process for informing families about management decisions that will directly or indirectly affect their child or their own experience of the centre. Centres should also provide information on appropriate ways for families to comment on and influence management decisions.

## U Indicators of **Unsatisfactory Care**

### For all children:

- Information about centre management structures and processes is not readily available to families.
- Procedures for families and staff to raise issues with management are not included in family and staff handbooks or equivalent information material.
- The centre does not have a written procedure for families and staff to raise any concerns, grievances, complaints, comments or suggestions about the care of children and aspects of management.
- Centre management does not provide for families to be involved in an advisory, consultative or decision-making role, or the areas in which they can contribute are not stated clearly.
- Information on relevant management decisions is not available to families and staff in a systematic and timely way.
- Where the centre has a current certificate of Accreditation from the National Childcare Accreditation Council, the certificate is not clearly displayed for families, staff and visitors to see.

## S Indicators of **Satisfactory Care**
standard required for accreditation

### For all children:

- Information about centre management structures and processes is readily available to families.
- The centre has a written procedure for families and staff to raise any concerns, grievances, complaints, comments or suggestions about the care of children and aspects of management.
- Where the centre has a current certificate of Accreditation from the National Childcare Accreditation Council, the certificate is clearly displayed for families, staff and visitors to see.
- Information about the national Quality Improvement and Accreditation System is readily available to families and staff.
- Procedures for families and staff to raise issues with management are included in handbooks or equivalent information material.
- Agendas for staff or family meetings are distributed in advance and records of decisions affecting staff, children or families are promptly available for staff and families.
- Information on relevant management decisions is available to both families and staff as quickly as possible.

## HQ Indicators of **High Quality Care**

### For all children:

- Information about management structures and processes is available for families in home languages.
- Regular newsletters for families include details of relevant management decisions and/or changes to policies.
- Families are consulted about the most appropriate methods for communicating management information and families' suggestions are considered carefully.
- Management actively seeks the views of families when policy and other significant changes are being updated.
- The centre's written procedures for families and staff to raise any concerns, grievances, complaints, comments or suggestions are regularly reviewed/evaluated in consultation with staff and families.

# Principle 10.2

## Staffing policies and practices facilitate continuity of care for each child.

Children need to develop trusting relationships with staff. Where several staff members work together, each of them should care for a particular group of children to help provide continuity of care. Staff should support each other in this and the staff roster should provide for it. Families should be informed who is primarily responsible for their child.

Continuity of care is critically important for children younger than three years old. Without continuity they may have difficulty in developing relationships based on trust. Infants, toddlers and their families need access to a staff person who will take the time to understand home routines and care practices. Where appropriate, these practices can be continued in the centre for the child's benefit.

Continuity of care includes continuity of care-giver and care practices. It follows, therefore, that high staff turnover is not conducive to maintaining a good quality, caring program. Thus, centre management needs to review any proposed staffing and roster changes to determine the possible effects on all children and their families.

When change is inevitable, it needs to be managed to minimise negative effects. For example, when staff go on leave, it is best for children if they already know the replacement staff.

Wherever possible, information about changes needs to be provided to families ahead of time and staff should prepare children for the change, taking account of their age, needs and experience.

Staffing rosters should be as stable as possible in order to meet all children's needs. This is especially important for new children and for infants who should be greeted by familiar care-givers who knows them individually and can help them settle in each day.

## U Indicators of Unsatisfactory Care

### For all children:

- The staff roster reflects the needs of staff more than those of the children.
- Staffing practices do not adequately support children settling into the centre each day or facilitate their departure at the end of the day.
- Staffing practices do not allow children to develop a secure attachment to one or two staff members.
- Staffing practices do not facilitate effective daily communication with families about the child's needs, experiences and care.
- Children's needs tend not to be a priority at times of change.

## S Indicators of Satisfactory Care
standard required for accreditation

### For all children:

- The staff roster is planned to promote continuity of care for children, especially for infants, toddlers and children new to the centre.
- A specific care-giver is assigned for each child and he/she assumes responsibility for initial communication with the families and for ongoing planning, observing and maintenance of the child's progress records.
- The staff roster is planned so that for the majority of time each child is greeted by the same one or two care-givers.
- Families are informed in advance of changes to staff that will affect their child and, in the case of staff illness or unplanned absence, as soon as possible.
- The centre uses a regular pool of relief staff as much as it can.

## HQ Indicators of High Quality Care

### For all children:

- Management and staff systematically review all staff changes (such as new staff, ill staff, staff leave) for their possible effect on the children and plan and implement ways to minimise stress for the children, their families and the staff.
- Strategies are implemented to promote long-term continuity of care.
- Staff establish secure relationships with their assigned children and families and then support the children to develop close relationships with other regular staff.
- The centre has procedures for building continuity between the care practices used in the child's home and the practices used in the centre.
- Photos of regular staff are displayed where families can see them.
- Where possible, the centre employs staff from the cultural and linguistic backgrounds of the children at the centre or staff who represent the local community profile.

# Principle 10.3

## Management provides an orientation program for new staff with a focus on the centre's philosophy, goals, policies and procedures.

New staff need an induction in order to maintain standards and provide continuity of care. As part of the initial orientation, they should receive a job description; terms and conditions of employment; grievance procedures and information outlining the centre's philosophy, goals and policies. Important parts of these documents should be highlighted for immediate attention.

New staff members should be introduced to all other staff and to the families. Existing staff should welcome new staff members, and time needs to be set aside to discuss the children and the program. To be effective, a full induction process may need to continue over weeks or perhaps months. As part of staff induction, centres could consider arranging for new staff to:

- read and ask questions about staff and family handbooks;
- meet other staff to share details about the children;
- work with an experienced staff person, perhaps as their mentor;
- meet regularly with relevant staff and/or the Director in the early days and weeks to clarify practices and provide feedback; and
- attend an appraisal meeting with the Director after a couple of months to identify the new person's strengths and to plan for their professional development.

A full induction for relief staff is not always easy to arrange, so there may need to be a special, short orientation process for them. In this context, experienced staff should support and oversee relief staff to ensure the maintenance of continuity in the centre's practices and standards.

## U Indicators of Unsatisfactory Care

### For all children:

- The centre does not have a comprehensive induction process in place for new staff.
- New staff are not given written information about the philosophy, goals and policies of the centre as part of their initial induction.
- Job descriptions and terms and conditions of employment may be discussed with staff but are not given in writing.
- New staff are not introduced to the children, other staff and families.
- Before starting to work directly with the children, new staff have not read the centre's documentation, that was highlighted in the initial induction.
- New staff, who have not previously worked with the Quality Improvement and Accreditation System, have not received information about the System.
- The centre does not have an induction process for relief staff.

## S Indicators of Satisfactory Care
standard required for accreditation

### For all children:

- As part of an initial orientation process, new staff receive a written copy of the centre's philosophy, goals and policies; a job description; conditions of employment; and information about grievance procedures.
- Key aspects of the staff handbook are highlighted for staff to read before starting to work directly with children.
- New staff are expected to read all sections of the staff handbook within a fortnight of starting.
- New staff are introduced to families, other staff and the children.
- While new staff are settling in, they are 'teamed' with an experienced staff person who is responsible for their support and who oversees their interactions with children and families.
- The centre has a process for ensuring that existing staff are made aware of changes to the staff handbook.
- There is a brief orientation and induction process specifically for new relief staff and they are placed with regular staff and are closely supervised.
- When new staff start, they are made aware of how to access information about children's health conditions and protection requirements and, in particular, are informed about the children in their immediate care.
- New staff receive an orientation to the Quality Improvement and Accreditation System if they have not previously worked with the System.

## HQ Indicators of High Quality Care

### For all children:

- There is a systematic, extended induction process to ensure that new staff are well prepared to provide continuity for the children and families.
- During the initial induction, new staff read the staff handbook and discuss and clarify aspects of it with a senior staff member or management.
- The induction process for new staff includes: organised and specific support throughout an initial orientation period; a comprehensive, written information package; ongoing peer support (perhaps a mentor); and regular appraisals with written comments and goals set.
- Towards the end of their induction, an ongoing professional development commitment is negotiated with new staff.
- The views of existing staff are sought when developing an induction process for new staff and when evaluating its effectiveness.
- New staff have the opportunity to give feedback to existing staff and management.

# Principle 10.4

## Management provides and facilitates regular professional development opportunities for staff.

The quality of the program depends on staff having knowledge of current theory and practice in relevant early childhood professions. In-service professional development is important to up-date and maintain staff's knowledge and is a joint responsibility of staff and management.

To identify a centre's training needs and to plan professional development experiences, it is necessary to collect information from various sources. For example, a needs-assessment survey or an overall staff evaluation process will help identify staff strengths and professional development needs.

A range of professional development opportunities and topics should be considered. For example:

- staff could share their expertise on the job, at regular staff meetings and/or by organising workshops for their colleagues;
- staff from different centres could exchange specific expertise;
- in-house professional development sessions could be run by early childhood intervention professionals working with children attending the centre;
- People from diverse cultural backgrounds from the local area, and particularly families with children attending the centre, could be invited to share their experiences, perceptions and views with staff. This would heighten staff awareness of any needs and issues facing culturally diverse and indigenous communities;
- family members who may have expertise in an area specific to the professional development needs of the staff could be invited to share their expertise and experience with staff;
- staff could share their own cultural knowledge and skills;
- short courses offered by resource and training agencies, professional development agencies, TAFE colleges or universities;
- conferences and seminars provide an opportunity for staff to gain information, meet other people in the same field and exchange experiences;

# Principle 10.4

- staff undertaking formal studies at university or TAFE could share with other staff relevant information they have learned ; and
- videos, journal articles and other professional publications and resources could be used individually or discussed in staff meetings.

Asking staff to fill in an evaluation or report form about the professional development they have already undertaken can assist management to assess whether these are particularly relevant to the centre's program, and can assist in planning future professional development experiences.

Professional development in specialist areas needs to be provided by appropriately qualified and experienced people.

## U Indicators of Unsatisfactory Care

For all children:

- Staff are not actively involved in professional development.
- Management and/or staff do not value ongoing professional development.
- Videos or other professional materials (books and journals) are not made available for staff.
- Staff meetings are infrequent and/or irregular.
- Staff meetings are not used to share resources and ideas.
- Staff who have attended professional development experiences outside the centre do not systematically share information with other staff.
- Staff do not participate in a variety of professional development opportunities.

## S Indicators of Satisfactory Care
standard required for accreditation

For all children:

- Staff meet regularly and the meeting agendas and outcomes are documented.
- Resources skills and ideas are shared at regular staff meetings.
- Management works with staff to identify and plan professional development strategies that meet both centre and staff priorities.
- Management provides for and encourages participation in a variety of regular professional development opportunities for staff.
- Staff members systematically share with other staff the information they have gained from professional development experiences.
- Staff training and development information is readily accessible to staff.
- Staff participate in a variety of professional development opportunities.
- The centre keeps records of staff training and professional development.

## HQ Indicators of High Quality Care

### For all children:

- Staff actively seek the support and advice of resource people to help them develop their skills and knowledge.
- Each staff member has a personal professional development plan, which is developed from an evaluation of the individual's professional strengths and goals, from wider centre goals and from the needs of the children in that person's care.
- Staff show professional judgement in applying new learning in the workplace.
- Staff network with staff in other centres to share effective work practices and staff professional development programs and strategies.
- Members of centre management participate in relevant professional development.

# Addendum

## Consultation on the Source Book Criteria.

The National Childcare Accreditation Council (NCAC) began administering the Quality Improvement and Accreditation System (QIAS) on 1 January 1994. During the first six years of operation, some 4 200 centres progressed through the quality improvement and accreditation process a number of times. Many centres cycled through the System three or four times.

By 1998, the processes of the QIAS had become familiar to most centres and it became time to evaluate and refine the System. The Commonwealth Child Care Advisory Council (CCCAC) was appointed in March 1998 by the Commonwealth Minister for Family Services. One of the responsibilities of the CCCAC was to conduct a review of the QIAS. The CCCAC consulted a broad range of individuals and organisations within the Australian Early Childhood profession, including service providers, parents, child care centre staff, peak organisations, QIAS Reviewers and Moderators, Early Childhood training institutions and resource agencies for comments and suggestions regarding improvements and refinements to the QIAS. The Australian Council for Educational Research (ACER), was commissioned to undertake psychometric analysis of the 52 Principles (QIAS 1993). This analysis showed that the 52 Principles had not been measuring 52 independent aspects of quality. The analysis instead identified 10 overarching factors that form the structure of the revised QIAS.

In July 1999, the CCCAC released *Draft New Principles*, followed in September 1999 by the release of *Issues for Consultation* which outlined recommendations for change to the QIAS process. Interested parties were invited to submit comments to the CCCAC by November 1999.

In February 2000, the CCCAC sent a detailed paper outlining proposed changes to every centre participating in the QIAS, inviting attendance to the *Review of the Quality Improvement and Accreditation System - Information Sessions on Latest Proposals*. These information sessions were held during February 2000 in Canberra and in each State capital. Following the information sessions, drawing upon the consultations and expert analyses, the CCCAC submitted its recommendations in March 2000 to the Minister for Family and Community Services, Senator Jocelyn Newman, for her consideration.

In November 2000, Minister Newman announced the revised QIAS and instructed the NCAC to begin administering the revised QIAS by 2002.