



VMC
Capability
Program

MODULE 2

The National Quality Framework

Compliance, Quality and Regulatory Requirements
for Approved Providers

Duration: Approximately 60 minutes

Participant Workbook

Name: _____

Date: _____

Organisation: _____



How to Use This Workbook

This workbook is your companion to Module 2 of the VMC Capability Program training. Use it to follow along with the training module, record your notes and reflections, and keep as a reference document after your training is complete.

This workbook includes:

- Background reading and explanations to accompany each section of the presentation
- Summary tables, frameworks, and real-world case studies
- Regulation references for key compliance requirements
- Reflection prompts to help you apply learning to your own service context
- Space to record your own notes throughout

Learning Objectives

By the end of this module, you will be able to:

1. Understand the application of the Education and Care Services National Law and Regulations to OSHC services in Queensland
2. Identify Queensland regulatory priorities and steps to minimise compliance risks
3. Develop and implement effective policies and procedures that meet regulatory requirements
4. Ensure educators are equipped to follow policies through reasonable steps
5. Apply the National Quality Standard to OSHC contexts and understand the assessment process
6. Understand Quality Improvement Planning processes and requirements
7. Understand the approved learning framework My Time, Our Place and its application to OSHC programs
8. Recognise and follow child safety requirements

Section 1: Overview of the National Quality Framework

What is the National Quality Framework?

The National Quality Framework (NQF) is Australia's national approach to regulation, assessment and quality improvement for early childhood education and care services, including Outside School Hours Care (OSHC). Implemented in 2012, the NQF established a more consistent approach to regulations and quality standards across all Australian jurisdictions.

The Four Key Components of the NQF

| Component | What it covers |
|---|--|
| Education and Care Services National Law | The overarching legislation establishing the framework, including offences, penalties, and enforcement mechanisms. The guiding principle: the safety, health and wellbeing of children is paramount. |
| Education and Care Services National Regulations | Detailed operational requirements covering ratios, qualifications, policies, documentation, and service operations. |
| National Quality Standard (NQS) | Seven quality areas against which services are assessed and rated, representing best practice in education and care, including OSHC. |
| Approved Learning Frameworks | Evidence-based frameworks guiding educational programs. For OSHC: My Time, Our Place (MTOF) — the nationally approved framework for school age care. |

Reflection

How familiar are you with the four components of the NQF? Which area would benefit from deeper knowledge-building within your committee or service?

Your notes:

Section 2: The Paramouncy Principle

The Paramouncy Principle in the National Law

From 27 February 2026, the Education and Care Services National Law embeds the paramouncy principle: ***the safety, rights and best interests of children are the paramount consideration in the operation of all education and care services***. This is a legal requirement, not just best practice. Failure to apply it is not merely a quality concern; it may constitute a breach of the National Law.

Why This Principle Exists

Every organisation that works with children operates at the intersection of two worlds. The Child Death Review Board's *In Plain Sight* report, an investigation into systemic responses to child sexual abuse, put this tension into words that every governance volunteer should sit with:

“Finally, there is the world of organisations and the world of families. Organisations are governed by boards, shareholders, profit and loss statements, and corporate accountability mechanisms. The world of families is led by relationships, care, and the messy complexities of love and survival. When these worlds intersect, the question is always about whose priorities take precedence—compliance or compassion, profit or care. Where organisations see liability, families see their children’s futures. When corporate systems and families clash, it is too often families, and children, who bear the cost.”

— Luke Twyford - Chairperson, Child Death Review Board, *In Plain Sight*

The paramouncy principle is the law's answer to that question. It is not a new idea, child-centred practice has always been the aspiration of quality OSHC, but from 27 February 2026 it became a legal requirement embedded in the Education and Care Services National Law. The safety, rights and best interests of children are the paramount consideration in the operation of all education and care services. Not one consideration among many. The paramount consideration.

For VMCs, this has direct implications. As the Approved Provider, your committee's decisions, about fees, staffing levels, complaints handling, risk management, facilities investment, are now subject to a clear legal test: does this decision uphold the safety, rights and best interests of children? Where the answer is uncertain, the principle provides the guidance.

What the Paramouncy Principle Means in Practice

The principle operates as an overarching lens through which all governance and operational decisions must be viewed. It does not replace other legal **obligations**; it sits above them.

Key implications include:

It applies to every decision, not just obvious child safety matters. A decision about staffing ratios, an HR matter involving an educator, a budget decision that affects the physical environment, all must be considered through the lens of children's safety, rights and best interests.

It shifts the burden of justification. Where previously a committee might have weighed child welfare as one factor among several, the principle requires that any decision which compromises children's safety, rights or best interests must be exceptionally well justified. The starting position is always the child.

Compliance is the floor, not the ceiling. Meeting minimum legal requirements is necessary but not sufficient. The principle requires that services demonstrate, through their culture, their decision-making, and their practice, that children's interests genuinely come first. A service that ticks every regulatory box but tolerates a culture where children's concerns are minimised is not meeting the law.

It protects staff who speak up. The paramouncy principle reinforces the importance of educators and staff raising child safety concerns without fear of being overridden by administrative or financial considerations. Committees must create governance cultures where child-focused concerns are heard and acted upon, not managed away.

The Paramouncy Principle and VMC Governance

The role of the volunteer management committee is not merely administrative, it carries a profound responsibility for the safety, wellbeing and futures of the children your service exists to serve. Most VMC members are parents and community members who chose to govern their local OSHC service precisely because they care about children's outcomes. The paramouncy principle gives legal force to what you already believe.

In practice, applying the principle at the governance level means asking a consistent question in every committee discussion: *What does this mean for the children in our care?*

This question should be visible in how your committee:

- **Sets and reviews fees** — are fees being set based on the genuine cost of quality care, or are they being set based on profit margins and revenue targets?
- **Approves staffing structures** — are ratios and qualifications genuinely sufficient for quality education and care, or are they based on minimum standards?
- **Responds to complaints** — are children's and families' concerns taken seriously and resolved in children's interests?
- **Makes capital decisions** — does the physical environment support children's safety, wellbeing and learning?
- **Considers risk** — are risks to children identified and mitigated proactively, before incidents occur?

The paramouncy principle does not make governance harder. It makes it clearer. When you are uncertain about a decision, the principle tells you where to start.

 **Reflection**

Think about a recent decision your committee made — or a decision currently under consideration. How explicitly did children's safety, rights and best interests feature in that discussion? What would it look like to apply the paramouncy principle more deliberately to your committee's decision-making processes?

Your notes:

Section 3: National Law and Regulations

Educator-to-Child Ratios

Minimum Ratio for OSHC (Queensland)

1 educator to 15 children (1:15) — Regulation 123

Ratio breaches are among the most serious compliance issues and can result in immediate enforcement action.

Key requirements:

- To be counted in the educator to child ratio, educators must be working directly with children and not undertaking other duties, for example, cleaning the kitchen
- Minimum ratios are the foundation standard and do not guarantee adequate supervision
- Ratios apply to all educators being counted — not just qualified educators
- All children present must be counted, including those temporarily in different areas
- Excursions, high risk and special activities must maintain required ratios determined by risk assessment

| Children present | Minimum educators required | Always round up! |
|------------------|----------------------------|------------------------------------|
| 15 or fewer | 1 | |
| 16–30 | 2 | |
| 31–45 | 3 | |
| 46+ | 4 | <i>e.g. 46 children = 4, not 3</i> |

Important: Minimum ratios does not guarantee regulatory compliance

- Minimum ratios are the legal floor — they are not sufficient to demonstrate that the safety, rights and best interests of children are the paramount consideration.
- Supervision ratios must always be determined through detailed, child-centred risk assessments that consider: the nature of the activity, the environment, the ages and individual abilities of children, and the experience and skill level of the educators supervising.

Qualification Requirements

OSHC services must ensure appropriately qualified educators are present at all times. In Queensland:

| Role | Qualification | Enrolment timeframe for new hires |
|-----------------------------|---|--|
| First Qualified | AQF Level 5 (Diploma or higher) — e.g. Diploma of OSHC or Early Childhood Education | Must enrol within 6 months of commencement |
| Second Qualified | AQF Level 3 (Certificate III or higher) — e.g. Certificate III in OSHC | Must enrol within 3 months of commencement |
| Unqualified Educator | No qualification required in Queensland | N/A |

Number of qualified educators required — the 50% rule (Regulation 299):

- The first qualified educator must hold or be working towards a 2 year (Diploma) or higher qualification. This meets the qualification requirements for the first 30 children
- Thereafter, for every additional child up to 30 present must meet the 'second qualified' educator requirement
- In other words: at least 50% of the educators required to meet the minimum ratio must be qualified
- Example: 120 children = 8 educators required for minimum ratio → 1 must be 'first qualified' + 3 must be 'second qualified' = 4 qualified educators total
- Additional educators above the minimum ratio are not required to also meet the 50% rule
- All educators under 18 years of age must hold or be actively working towards at least a 1-year qualification (Regulation 299(6))

Only qualifications listed on the ACECQA Approved Qualification List for OSHC are recognised. Always verify qualifications through checking the ACECQA list before employment.

Physical Environment Standards

Regulations specify minimum requirements for OSHC facilities:

| Space Requirements | Safety Standards |
|---|---|
| 3.25m ² minimum unencumbered indoor space per child (Regulation 107(2)) | Premises must be safe, clean and hazard-free (Regulation 103) |
| 7m ² minimum unencumbered outdoor space per child for outdoor programs (Regulation 108(2)) | Adequate lighting, ventilation and temperature control (Regulation 110) |

| | |
|--|--|
| | Age-appropriate furniture and equipment (Regulation 105) |
| | Compliance with Building Code of Australia (NCC/BCA Class 9B) |
| | Adequate toilet and handwashing facilities with privacy for older children (Regulations 109 and 115) |

Health, Safety and Wellbeing Requirements

| Area | Requirements |
|---|---|
| Supervision | Adequate supervision at all times (National Law Schedule 165); supervision plans for all areas and activities; risk assessments for all activities and environments |
| Food and Nutrition | Adequate food and beverages provided or accessible (Regs 78 & 79); dietary requirements and allergies considered (Reg 79); hygienic food handling (Reg 77) |
| Medication and Medical Conditions | Written authorisation required for medication administration (Reg 93); medical management plans for children with specific conditions (Reg 90); staff trained in first aid and emergency medication administration — EpiPens, asthma medication (Reg 136) |
| Incident, Injury, Trauma and Illness | Parents notified as soon as practicable, no later than 24 hours after occurrence (Reg 86); written records maintained (Reg 87); serious incidents reported to regulatory authority within 24 hours (Reg 176(2)(a)(ii)) |
| Emergency and Evacuation | Documented emergency and evacuation procedures (Reg 97); practice drills at least quarterly; records of drills maintained |
| Sleep and Rest | Reasonable steps to meet children's sleep and rest needs (Reg 84); sleep and rest policies and procedures must be in place; sleep and rest risk assessment must be conducted and reviewed regularly |

Reflection

Think about your service's current compliance with ratios and physical environment standards. Are there any areas where you have concerns or where you need more information?

Your notes:

Section 4: Queensland Regulatory Priorities and Compliance

The Regulatory Authority in Queensland

In Queensland, the regulatory authority is the Department of Education — Early Childhood Regulatory Authority. It is responsible for assessing service and provider approvals, conducting NQS assessment and rating visits, investigating complaints, monitoring compliance, taking enforcement action, and supporting quality improvement.

Current Queensland Compliance Priorities

Based on compliance data and enforcement trends, the Department of Education has identified three key regulatory priorities:

| | |
|-------------------------|---|
| 1. Child Safety | Child safety is paramount. Approved providers must ensure robust, child-safe policies and practices are embedded at every level. As children's needs grow increasingly complex, educators have both a professional and legal obligation to engage every child in ways that are positive, respectful and safe, with adequate controls in place to prevent serious incidents and uphold children's rights at all times. |
| 2. Staffing | Competent, qualified and well-supported educators are critical to delivering high-quality care and upholding child safety. Effective leadership must ensure all staff are properly managed — when these foundations are in place, children's safety, rights and best interests are protected. |
| 3. Outdoor Space | Most incidents in early childhood settings occur outdoors, making thoughtful design, effective supervision and quality educational programming essential. Investment in outdoor spaces must begin at the design phase and continue through ongoing operation and maintenance. |

Learning from Real Compliance Actions

Understanding recent compliance cases helps services avoid similar issues. The following case studies illustrate the serious consequences of non-compliance.

Case Study: Primary School P&C Association — Failure to Report Child Sexual Abuse Allegations

The P&C Association, as approved provider of an OSHC service in Townsville, failed to meet its mandatory obligations to report allegations of child sexual abuse — a fundamental breakdown in child safe governance. The P&C was fined \$50,000, and the Queensland Regulatory Authority subsequently cancelled the provider's approval entirely, effective 21 March 2025, on the grounds that continued operation posed an unacceptable risk to the safety, health and wellbeing of children. Lesson: Under Queensland's Criminal Code (s.229BC) and the National Law and Regulations, approved providers and educators have a legal obligation to report allegations of child sexual abuse to police and to the Regulatory Authority. This is not discretionary. All staff and VMC members must understand their

mandatory reporting obligations, reporting systems must be embedded in policy and procedure, and leadership must act swiftly and without hesitation when allegations arise.

Other common compliance breaches include:

| Issue | What happened | Lesson |
|---|---|--|
| Ratio Breaches | Service regularly operated with insufficient educators during peak times, particularly during school pickup. Compliance notice issued; follow-up visit scheduled. | Plan staffing for all operational periods including transitions. Have contingency plans for staff absences. |
| Inadequate Supervision | Child left the service unnoticed and was found outside the premises. Emergency suspension; full investigation; conditions placed on approval. | Implement robust supervision systems including entry/exit monitoring, regular headcounts, and clear procedures for transitions. |
| Failure to Report Serious Incident | Child sustained injury requiring medical attention but incident was not reported within the 24-hour window. Infringement notice issued. | Ensure all staff understand serious incident definitions and reporting requirements. Embed clear internal reporting systems in policy. |
| Expired Working with Children Checks | Multiple educators working with expired WWCCs. Compliance direction; educators immediately excluded until checks renewed. | Maintain a tracking system for all staff checks with renewal reminders well in advance of expiry. |

Minimising Compliance Risks — Proactive Strategies

- **Regular Internal Audits:** Conduct monthly self-assessments against key requirements. Use checklists to verify ratios, qualifications, policies and documentation. Address issues immediately when identified.
- **Staff Training and Induction:** Comprehensive induction for all new staff covering regulatory requirements. Regular refresher training on critical compliance areas. Document training to demonstrate 'reasonable steps'.
- **Systems and Processes:** Implement systems for tracking qualifications, WWC checks, and other requirements. Clear procedures for daily operations including ratio monitoring.
- **Documentation Culture:** Maintain accurate, contemporaneous records. Document decisions, incidents, and actions taken. Conduct regular file audits.
- **Responsive Management:** Take immediate action when issues are identified. Investigate incidents thoroughly and implement preventative measures. Engage proactively with the regulatory authority when concerns arise.
- **Stay Informed:** Subscribe to regulatory authority updates and newsletters. Attend professional development. Network with other OSHC providers.

 **Reflection**

Which of these six proactive strategies does your service do well? Which is the biggest gap, and what would one practical step look like to address it?

Your notes:

Section 5: Roles and Responsibilities Under the Law

The Three-Tiered Structure

The National Law establishes a clear accountability structure with three distinct roles. Each carries specific legal obligations and individuals can face prosecution for failures in their specific duties.

| Role | Primary Focus | Who typically holds this role |
|-----------------------------|--|---|
| Approved Provider | Strategic oversight and legal accountability for the service | <i>The VMC / management committee</i> |
| Nominated Supervisor | Day-to-day management and compliance monitoring | <i>The OSHC Coordinator, Director or Service Manager</i> |
| Responsible Person | On-site supervision and operational delivery when the Nominated Supervisor is not present at the service | <i>A senior educator or team leader designated by the Approved Provider or Nominated Supervisor</i> |

Approved Provider Obligations

The Approved Provider holds the service approval and provider approval. If this is a VMC, the committee collectively carries the obligations of the Approved Provider.

Core Legal Obligations of the Approved Provider:

- **SERVICE OPERATION:** Ensure the service operates in accordance with the National Law and Regulations; maintain service approval conditions; notify the regulatory authority of changes
- **PERSONNEL:** Appoint a suitable Nominated Supervisor; ensure adequate Responsible Persons are in place; verify qualifications and suitability of all appointed persons
- **COMPLIANCE OVERSIGHT:** Ensure compliance with all regulatory requirements; take reasonable steps to ensure policies are followed; maintain required records and documentation
- **NOTIFICATIONS:** Notify the regulatory authority of serious incidents within 24 hours; report complaints alleging National Law breaches; advise of changes to service details or circumstances
- **FINANCIAL AND INSURANCE:** Maintain adequate insurance coverage; meet financial viability requirements; ensure fees are transparent and manageable for families
- **QUALITY ASSURANCE:** Develop and maintain a current Quality Improvement Plan; facilitate assessment and rating processes; drive continuous quality improvement

Due Diligence Obligations for Committee Members

Committee members and directors of the Approved Provider are considered 'persons with management or control' and have officer duties to exercise due diligence, including:

- Acquiring and maintaining knowledge of OSHC regulatory requirements
- Ensuring appropriate resources and systems are in place for compliance
- Ensuring effective processes exist for receiving and responding to compliance information
- Ensuring effective reporting systems exist
- Taking reasonable steps to ensure the organisation complies with the National Law

Nominated Supervisor Responsibilities

The Nominated Supervisor is formally appointed by the Approved Provider and accepted by the Regulatory Authority. They hold day-to-day responsibility for the service.

| Responsibility Area | Key Obligations |
|---------------------------------------|--|
| Day-to-Day Management | Manage daily operations; coordinate service delivery; supervise educators and staffing |
| Compliance Monitoring | Ensure compliance during all operating hours; monitor ratios; verify qualifications and WWCCs, make notifications |
| Policy Development and Implementation | Identify required policies and manage updates as directed by the Approved Provider. Ensure educators understand and implement policies; review effectiveness; recommend updates |
| Documentation and Records | Maintain required records; document incidents, complaints and actions; keep QIP current |
| Communication and Liaison | Communicate with families; liaise with Approved Provider; coordinate with regulatory authority |
| Continuous Improvement | Lead the cycle of continuous improvement ensuring that the service's Quality Improvement Plan is based on an assessment of service practice against the NQS and Qld Child Safe Standards |
| Quality Educational Program | Ensure programs are delivered in accordance with the APLM TOP; monitor program quality; support reflective practice |

Note on Qualification Requirements for Nominated Supervisors

- There is no mandated minimum qualification for Nominated Supervisors in the National Law. However, they must be at least 18 years of age, have adequate knowledge and understanding of education and care, and have the ability to effectively supervise and manage a service.

- A Diploma-level qualification is strongly recommended as it aligns with the 'first qualified' requirement and the implied seniority of the role.

Responsible Person Obligations

A Responsible Person is placed in day-to-day charge when the Nominated Supervisor is not present at the service. They must be formally delegated by the Approved Provider or Nominated Supervisor and must consent to the role in writing.

While the regulation does not state 'informed consent', it is important that in the appointment of a Responsible Person that they know and understand what is expected and required of them in this role as well as any legal implications in their consent to be placed in charge from time to time.

Minimum Requirements for the Responsible Person

- Must be a minimum of 18 years of age
- Must be placed in charge by the Approved Provider or Nominated Supervisor
- Must consent to the placement in writing
- The Approved Provider or Nominated Supervisor must have taken reasonable steps to ensure the person has adequate knowledge and understanding of the provision of education and care and the ability to effectively supervise and manage a service
- The Approved Provider or Nominated Supervisor must have had regard to the person's history of compliance as per Regulation 117B(2)(a) and any decisions to refuse, suspend or cancel relevant approvals

No mandated qualification level is required for the Responsible Person role, however it is strongly recommended that this person holds or is actively working towards a two year or Diploma level qualification or higher — the implied structure is that the most qualified person is the most senior, skilled and capable.

Individual Accountability and Due Diligence

Personal Liability

Individuals in these roles can be personally prosecuted for breaches of the National Law. 'I didn't know' is not a defence — individuals must actively maintain knowledge of requirements. Delegation of tasks does not remove accountability.

To demonstrate due diligence, individuals should:

- Participate in regular training and professional development on regulatory requirements
- Implement systems and processes to monitor compliance
- Conduct regular self-assessments
- Document actions taken to ensure compliance
- Respond promptly and appropriately to identified issues
- Maintain accurate records of decisions and actions

 **Reflection**

As a VMC member, you hold obligations as part of the Approved Provider. Are you confident you understand your due diligence responsibilities? What support or training would help you feel more equipped?

Your notes:

A large, empty rectangular area with a light beige background, intended for participants to write their reflections and notes.

Section 6: Policies and Procedures Framework

Why Policies Matter

Policies and procedures are essential governance and operational tools. They ensure consistent, quality practices across the service; demonstrate compliance with regulatory requirements; provide clarity for educators, families and stakeholders; support decision-making and risk management; and protect children, families, staff and the organisation.

Required Policies Under Regulation 168

Regulation 168 requires services to have documented policies and procedures for the following areas:

| Category | Required policy areas |
|----------------------------------|--|
| Health and Safety | Nutrition, food and beverages, dietary requirements; sun protection; water safety; first aid administration; sleep and rest for children |
| Incident Management | Incident, injury, trauma and illness procedures; dealing with infectious diseases; dealing with medical conditions |
| Operations and Excursions | Emergency and evacuation; delivery and collection of children; excursions; safe arrival of children travelling between services; transportation |
| Child Safety | Providing a child-safe environment; safe use of digital technologies and online environments; obtaining authorisation for images and videos; use of optical surveillance devices |
| Staffing | Code of conduct for staff; determining the Responsible Person; participation of volunteers and students on practicum placements |
| Governance and Families | Interactions with children; enrolment and orientation; governance and management; confidentiality of records; acceptance and refusal of authorisations; payment of fees; dealing with complaints (including harmful sexual behaviours) |

Policy Development Process

- 1. Research and Consultation:** Review regulatory requirements, consult with stakeholders, and consider service context
- 2. Drafting:** Use clear language, structure logically, include purpose and procedures, reference relevant legislation
- 3. Review and Approval:** Circulate for feedback, present to management committee for approval

4. **Implementation:** Communicate to all staff and families, provide training, make policies accessible
5. **Monitoring and Evaluation:** Monitor implementation, gather feedback, schedule regular reviews

Understanding 'Reasonable Steps'

The National Regulations require approved providers to take 'reasonable steps' to ensure that the nominated supervisor, staff members and volunteers follow service policies and procedures.

What constitutes 'Reasonable Steps'?

1. **ACCESSIBILITY:** Policies and procedures are readily available and accessible to staff as required.
2. **INDUCTION & TRAINING:** Staff are given adequate onboarding and ongoing support to ensure up-to-date knowledge and skills.
3. **QUALITY ASSURANCE & GOVERNANCE:** Policies and procedures are regularly reviewed and maintained.
4. **MONITOR & AUDIT COMPLIANCE:** Implementation of policies and procedures is regularly monitored to ensure staff are following them correctly.
5. **REMEDIAL ACTION:** Non-compliance with policies and procedures is promptly addressed.
6. **RESOURCING & SUPPORT:** Adequate resources and time are allocated to enable staff to comply with policies and procedures.

[6 reasonable steps to ensure staff follow policies and procedures](#) – Can be found on the ECEC website

Warning

- Simply having policies on paper is insufficient. Services must demonstrate active, ongoing measures to ensure policies are understood and followed.

Reflection

Does your service have a systematic process for reviewing and updating policies? When were your Regulation 168 policies last reviewed? Who is responsible for managing this process?

Your notes:

Section 7: The National Quality Standard (NQS)

Overview of the NQS

The NQS represents the benchmark for high-quality education and care, including OSHC. It consists of seven Quality Areas, each containing multiple standards and elements that services are assessed against. Understanding the NQS enables VMCs to make confident, informed decisions about governance, staffing, environments and educational programming.

The Seven Quality Areas

| QA | Quality Area | Concepts | What assessors look for in OSHC |
|----|---|---|--|
| 1 | Educational Program and Practice | <ul style="list-style-type: none"> • Approved Learning Framework • Child-Centred • Program learning opportunities • Intentional Teaching • Responsive teaching and scaffolding • Assessment and planning cycle • Critical reflection • Information for families | Programs based on MTOP; recognition of school-age children's developing independence; balance between child-directed and educator-supported experiences; documentation capturing learning; children's input into planning; families informed and evidence of critical reflection |
| 2 | Children's Health and Safety | <ul style="list-style-type: none"> • Wellbeing and comfort • Health practices and procedures • Healthy lifestyle • Supervision • Incident and emergency management • Child Safety and protection | Adequate supervision including during transitions; healthy eating promoted; physical activity embedded; safe environments; risk assessment for activities and excursions; strong child protection policies including mandated training undertaken |
| 3 | Physical Environment | <ul style="list-style-type: none"> • Fit for purpose • Upkeep • Inclusive environment • Resources support play-based learning • Environmentally responsible | Adequate space for diverse activities; age-appropriate furniture and equipment; spaces that support independence and social interaction; safe, clean, well-maintained facilities; sustainable practices modelled |
| 4 | Staffing Arrangements | <ul style="list-style-type: none"> • Organisation of educators | Educators hold required qualifications; ratios consistently maintained; |

| | | | |
|---|------------------------------------|--|---|
| | | <ul style="list-style-type: none"> • Continuity of staff • Professional collaboration • Professional standards | professional development planned and supported; collaborative team culture; reflective practice |
| 5 | Relationships with Children | <ul style="list-style-type: none"> • Positive educator to child interactions • Dignity and rights of the child • Collaborative learning • Self-regulation | Warm, trusting relationships; children feel safe and supported; positive guidance supports self-regulation; inclusive practices; recognition of developing autonomy |
| 6 | Collaborative Partnerships | <ul style="list-style-type: none"> • Engagement with the service • Parent views are respected • Families are supported • Transitions • Access and participation • Community engagement | Open, two-way family communication; families feel welcomed; family input valued; partnerships with schools support learning continuity; community connections enrich programs |
| 7 | Governance and Leadership | <ul style="list-style-type: none"> • Service philosophy and purpose • Management systems • Roles and responsibilities • Continuous improvement • Educational leadership • Development of professionals | Clear governance structures and accountability; strategic planning drives improvement; effective leadership; management systems ensure compliance; positive workplace culture |

Understanding Rating Levels

Services are assessed against each Quality Area and receive an overall rating. Ratings are cumulative — your overall rating reflects your lowest-rated standard.

| Rating | What it means | Implication |
|---|--|-----------------------------|
| Significant Improvement Required | Service does not meet NQS or key legislation — significant risk to child safety | Immediate regulatory action |
| Working Towards NQS | Does not meet all elements. Significant improvements required in one or more Quality Areas | Improvement plan required |

| | | |
|----------------------|--|---------------------------------------|
| Meeting NQS | Meets all elements of the NQS. Satisfactory quality across all seven Quality Areas | Strong foundation |
| Exceeding NQS | Exceeds NQS in at least four of the seven Quality Areas (must include at least two of QAs 1, 5, 6, 7) | High-quality practice demonstrated |
| Excellent NQS | Highest rating. Exceptional quality in all seven Quality Areas — must apply to ACECQA after achieving Exceeding in all seven | Applied for separately through ACECQA |

How the overall rating is calculated:

- Services receive the overall rating of 'Working Towards' or 'Meeting' equivalent to their lowest-rated standard
- Each element of the NQS is assessed as either 'Met' or 'Not Met'
- To receive 'Exceeding' overall, all Quality Areas must receive at least 'Meeting', and four or more must be rated 'Exceeding' — with at least two of those being QA 1, 5, 6 or 7
- To receive 'Excellent', a service must apply to ACECQA after achieving 'Exceeding' in all seven Quality Areas. Once awarded, it applies for five years as long as the 'Exceeding' rating is maintained

 **Reflection**

Where does your service currently sit on the NQS rating scale? Which Quality Areas represent your greatest strengths, and which need the most work? How does your committee engage with the QIP to drive improvement in weaker areas?

Your notes:

Section 8: Continuous Improvement

What is Continuous Improvement?

Quality services regularly monitor and review their performance to guide planning and improve service quality. This creates a shared understanding of the principles that guide the service, and encourages continuous improvement in practice, policies and procedures. A Quality Improvement Plan (QIP) is one way that services can demonstrate their continuous improvement. It is a living document that guides service improvement and demonstrates commitment to quality outcomes for children and families. The QIP is a regulatory requirement under the National Regulations — the Approved Provider must prepare, maintain, and make it available.

Requirements for the QIP

The Approved Provider must:

- Prepare a QIP for the service
- Review and revise the QIP regularly — at least annually
- Make the QIP available at the service
- Provide the QIP to the regulatory authority on request

The QIP must include:

- Service Context Statement — describing the service, philosophy and community context
- Self-Assessment of performance against each of the seven Quality Areas
- Statement of Philosophy — beliefs, values and vision
- Quality Improvement Goals — with specific actions, timelines and responsibilities
- Ongoing Review and Evaluation — records of progress towards goals

Developing an Effective QIP — Step-by-Step

1. **Establish Your QIP Team:** Include the Nominated Supervisor, educators, management representatives, and consider how to involve children and families
2. **Review Service Context:** Describe location, facilities, service model, children and families served, staffing and unique characteristics
3. **Develop/Review Philosophy Statement:** Reflect core beliefs about children, learning and OSHC — should align with My Time, Our Place
4. **Conduct Self-Assessment Against NQS:** Review standards and elements, gather evidence, identify strengths and areas for improvement
5. **Identify Improvement Priorities:** Based on self-assessment, identify key areas for development that will have the most impact on children's outcomes
6. **Develop SMART Goals:** Goals should be Specific, Measurable, Achievable, Relevant and Time-bound
7. **Plan Actions:** Break goals into actionable steps, assign responsibility, allocate resources, establish timelines
8. **Document and Share:** Use the approved QIP template; make accessible to all staff and families

The QIP as a Strategic Tool

An effective QIP is more than a regulatory requirement — it's a strategic tool for driving continuous improvement with clear direction; supporting staff development aligned with service goals;

engaging families by demonstrating commitment to quality; demonstrating accountability to the regulatory authority; and supporting governance by informing strategic planning.

 **Reflection**

How actively is your committee involved in the QIP process? Is the QIP used as a genuine planning tool, or does it feel more like a compliance document? What would make it more useful?

Your notes:

Section 9: The Approved Learning Framework — My Time, Our Place

What is My Time, Our Place?

My Time, Our Place: Framework for School Age Care (MTOF) is the nationally approved learning framework specifically designed for OSHC services. Published in 2011, MTOF guides curriculum decision-making and educational programming for school age children. It forms the basis for Quality Area 1 assessment.

The Five Learning Outcomes

| # | Outcome | What this looks like |
|---|--|---|
| 1 | Children have a strong sense of identity | Feel safe, secure and supported; develop autonomy, resilience and agency; build confident self-identities |
| 2 | Children are connected with and contribute to their world | Develop a sense of belonging; respond to diversity with respect; become aware of fairness; show respect for the environment |
| 3 | Children have a strong sense of wellbeing | Become strong in social and emotional wellbeing; take responsibility for their own health and physical wellbeing |
| 4 | Children are confident and involved learners | Develop curiosity, cooperation, confidence and creativity; build problem-solving and inquiry skills |
| 5 | Children are effective communicators | Interact verbally and non-verbally; engage with texts; express ideas using various media; use ICT effectively |

The Eight Principles of MTOF

MTOF is built on eight interconnected principles that inform practice:

- Secure, respectful and reciprocal relationships
- Partnerships with families and communities
- High expectations and equity
- Respect for diversity
- Ongoing learning and reflective practice
- Holistic approaches to teaching and learning
- Responsiveness to children
- Promoting children's agency

The Program Planning Cycle

| Step | What educators do |
|----------------------|---|
| Observe and Listen | Notice children's interests, strengths, and needs; listen to their ideas |
| Document and Analyse | Record observations; analyse for learning progress; link to MTOP outcomes |
| Plan and Implement | Plan experiences responding to observations; balance child-directed and educator-supported activities |
| Reflect and Evaluate | Assess effectiveness of the program; evaluate engagement and learning; identify improvements |

Reflection

How well does your service's program reflect the five MTOP learning outcomes? Is the planning cycle documented in a way that demonstrates intentional programming? How does the committee receive information about program quality?

Your notes:

Section 10: Child Safety

Child Safe Standards

Child safety is paramount in all education and care services. Beyond the Education and Care Services National Law and Regulations requirements, services must embed child safety into all aspects of operations through adherence to the Child Safe Standards and the broader Child Safe Organisations Act 2024.

The Child Safe Standards are ten legally binding standards established under Queensland's *Child Safe Organisations Act 2024*, overseen by the Queensland Family and Child Commission (QFCC). They came into effect for OSHC services from 1 January 2026 and represent a fundamental shift in how child safety is approached in Queensland — moving beyond incident response toward building organisations where safety is embedded in culture, leadership, policy and everyday practice.

Each standard addresses a different dimension of a child-safe organisation, from governance and leadership through to complaints handling, staff capability and the physical environment. Together they require services to demonstrate not just that they have the right policies in place, but that child safety is actively lived across the whole organisation. For VMCs, this means child safety is not solely an operational matter delegated to the Nominated Supervisor, it is a governance responsibility that belongs to the committee. The Universal Principle sits across all ten standards, requiring services to create environments where Aboriginal and Torres Strait Islander children feel culturally safe.

| # | Child Safe Standard |
|----------------------------|---|
| 1 | Leadership and culture |
| 2 | Voice of children |
| 3 | Family and community |
| 4 | Equity and diversity |
| 5 | People |
| 6 | Complaints management |
| 7 | Knowledge and skills |
| 8 | Physical and online environments |
| 9 | Continuous improvement |
| 10 | Policy and procedures |
| Universal Principle | Creating environments that make Aboriginal and Torres Strait Islander children feel culturally safe |

Reportable Conduct Scheme

Queensland's Reportable Conduct Scheme commences on 1 July 2026, introducing a consistent, state-wide approach to reporting and responding to allegations of harm to children by workers. Established under the *Child Safe Organisations Act 2024* and overseen by the Queensland Family and Child Commission (QFCC), the Scheme sits alongside the Child Safe Standards as the second major pillar of Queensland's reformed child safety framework. Where the Standards focus on prevention, the Scheme addresses response.

OSHC services are required to have systems in place to receive, assess and manage allegations of reportable conduct by staff and volunteers. This is on top of the reporting that is also mandated under the Education and Care Services National Law.

Reportable conduct includes a child sexual offence, sexual misconduct committed in relation to or in the presence of a child, ill-treatment of a child, significant neglect of a child, physical violence committed in relation to or in the presence of a child, and behaviour that causes significant emotional or psychological harm to a child. Where a concern or allegation is raised, or a conviction is recorded, workers must notify the head of their organisation, who must commence an internal investigation as soon as practicable and notify the QFCC within three business days. Failure to report can result in a financial penalty of \$16,690 and details being recorded on a public register.

For VMCs, the Scheme carries direct governance responsibilities. The committee, as Approved Provider and head of the organisation, is responsible for ensuring the service has a compliant reportable conduct policy and procedure in place, that all staff and volunteers understand their obligations, and that any allegations are handled promptly and in accordance with the Act.

Action Required: Reportable Conduct Scheme — Approved providers must ensure your service has: a reportable conduct policy and internal reporting procedure; a nominated person responsible for receiving and managing allegations; a process for notifying the QFCC within three business days of a reportable allegation; and staff and volunteer training on obligations under the Scheme.

Further guidance and resources are available from the QFCC at www.qfcc.qld.gov.au

Mandatory National Child Safety Training

Compliance Deadline: 27 February 2026

From 27 February 2026, ALL persons with management and control, Nominated Supervisors, persons in day-to-day charge, staff, volunteers and students in the ECEC sector must complete mandatory national child safety training through Geckko — the Australian Government Department of Education's online learning platform. This applies to VMC members. If your committee has not yet completed this training, this requires action.

Mandatory Reporting Obligations

All OSHC educators must understand mandatory reporting obligations for child protection. What must be reported: reasonable grounds to suspect physical abuse, sexual abuse, emotional abuse, or neglect. When to report: as soon as possible after forming reasonable suspicion — do not investigate, report to appropriate authorities.

Important principles for mandatory reporting:

- Reporting is a legal obligation, not optional
- Confidentiality requirements apply — do not disclose details inappropriately
- Mandatory reporters are protected from civil liability when reporting in good faith
- Services must actively support staff who make reports
- VMC members who become aware of concerns must ensure appropriate action is taken immediately

Working with Children Checks

All staff and volunteers working with children must hold current Working with Children Checks (Blue Cards in Queensland) before commencing work. This includes paid staff, volunteers, management committee members and regular contractors. The Approved Provider must verify all checks and maintain a register with expiry dates — no person with an expired check may work at the service.

CCS Compliance Linkage

The Australian Government has strengthened linkages between Child Care Subsidy (CCS) eligibility and regulatory compliance. Serious or repeated non-compliance can result in suspension of CCS payments or cancellation of CCS provider approval — creating significant financial impact on the service.

Changes to the National Law and Regulations

A comprehensive package of reforms was agreed by Education Ministers in 2025, described as the most substantial strengthening of child safety requirements since the NQF began. Key changes are rolling out across 2025–2026:

| Effective date | Changes |
|-------------------------|--|
| 1 September 2025 | Safe use of digital technologies and online environments; earlier notification requirements for physical and sexual abuse; vaping substances and devices banned from services |
| 10 December 2025 | Extended limitation period for offences; expanded information sharing by regulatory authorities; new offence for persons subject to a prohibition notice providing false information to recruitment agencies |
| 1 January 2026 | Strengthened child safety focus embedded in the NQS (Quality Areas 2 and 7) |
| 2 January 2026 | Increased penalties; expanded infringement offences |
| 27 February 2026 | Paramountcy principle — children's safety, rights and best interests are the paramount consideration; mandatory child protection and national child safety training; new inappropriate conduct offence; strengthened WWCC requirements; expanded regulatory authority powers; managing |

devices in services; establishment of a National Early Childhood Worker Register

 **Reflection**

Has your committee completed the mandatory national child safety training through Geccko? Does your service's WWCC register include all committee members? What actions does your committee need to take as a result of the 2025–2026 legislative reforms?

Your notes:

Conclusion and Key Takeaways

This module has covered the essential knowledge required for effective compliance and quality management in OSHC services under the NQF. Understanding and implementing these requirements is fundamental to protecting children, meeting legal obligations, achieving quality outcomes, maintaining service viability, and supporting families.

Key Takeaways:

- Protecting children through safety, wellbeing and positive outcomes is paramount — now legally enshrined through the paramountcy principle
- Meeting legal obligations is a non-negotiable responsibility for all people with management or control of an approved service
- Achieving quality outcomes means working toward Exceeding NQS through genuine, reflective quality practice
- Supporting stakeholders means providing transparent, accountable services that serve the whole community

Next Steps

1. Review your service's constitution, policies, and procedures thoroughly
2. Familiarise yourself with the current Quality Improvement Plan
3. Complete mandatory national child safety training through Geckco if not already done
4. Engage in reflective practice regularly
5. Pursue further learning through workshops and professional development
6. Collaborate and network with other OSHC services

Resources and Support

National Resources

- ACECQA (Australian Children's Education & Care Quality Authority) — www.acecqa.gov.au
- My Time, Our Place Framework — free download from the ACECQA website
- NQS Assessment and Rating Instrument — available from ACECQA

Queensland-Specific Resources

- Early Childhood Education and Care (Queensland) — state regulatory authority
- Queensland Children's Activities Network (QCAN) — state peak body for OSHC
- Queensland Family and Child Commission — regulatory body for the Child Safe Organisations Act
- Bluecard Services — Queensland Working with Children Checks
- Geckco — mandatory national child safety training platform

Developing a working knowledge of the NQS enables volunteer committees to make confident, informed decisions about governance, staffing, environments and educational programming — and to have meaningful, productive conversations with their Nominated Supervisor about quality and compliance.