



# Early Childhood Education and Care in Malta

A REPORT ON THE QUALITY OF SERVICE PROVISION IN CHILDCARE CENTRES  
JANUARY 2018 TO DECEMBER 2019

EXTERNAL REVIEW SECTION

DIRECTOR FOR QUALITY AND STANDARDS IN EDUCATION

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# INTRODUCTION



# Introduction

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As from 1st July 2016, the responsibility of external quality assurance in childcare centres (0-3 years) shifted from the Department of Social Welfare Standards (DSWS) within the Ministry for the Family, Children's Right and Social Solidarity to the Quality Assurance Department (QAD)<sup>1</sup> within the Directorate for Quality and Standards in Education (DQSE) pertaining to the Ministry for Education and Employment (MEDE). This shift was one of the major recommendations made in the white paper *Early childhood education & care in Malta: The way forward* (Sollars, 2013) and it sought to ensure an integrated system of governance in education, providing the child with a more

comprehensive and seamless learning journey from 0 to 16 years. Following this move, the DQSE sought to collaborate with the service providers, sustaining its vision of creating a balance between accountability and improvement. Improvement in quality is a process that needs commitment from all stakeholders. This commitment involves, among other aspects, ownership by the service providers, appropriate guidance from the DQSE, and continuous professional development of those involved in the service provision.

Early childhood is a time of rapid growth and development. Much of the benefits of early childhood education and care for children's future learning and development depends on the quality of service in this sector (OECD, 2017). Providing services with a disregard to quality, or of poor quality, can have long-lasting detrimental effects on child development (OECD, 2012). Externally reviewing ECEC service provision is thus an opportunity to progress towards a scenario where all children can experience responsive and nurturing care as well as a learning environment that supports their overall education and wellbeing.

External reviews in childcare centres provide an evaluation of ECEC services and seek to ensure the holistic wellbeing and education of children by:

- overseeing that legislative and regulatory requirements are adhered to,
- driving improvement in the quality of education and care provided,
- fostering quality in management and organisation.

External reviews are important for the DQSE to issue the centres' annual registration. They also serve to investigate further how well a childcare centre is addressing complaints/concerns raised by different stakeholders.

This report is divided into three sections. Section A gives a general overview of the current context of ECEC service provision (0-3 years) in Malta and the contribution of the QAD in assuring that childcare centres provide high quality service. Section B presents the findings and analysis of the quality of the service provision in childcare centres between 2018 and 2019. The sources used to inform this report consist of the QAD external review visit reports based on the *National Standards for Child Day Care Facilities* (MFSS, 2006) and the record of complaints<sup>2</sup> registered with the DQSE by various stakeholders related to the service provided in childcare centres. The conclusion of this

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<sup>1</sup> As from 2020, following a restructuring exercise within the DQSE, the regulatory functions (related to structure quality) carried out by the QAD in relation to ECEC service provision were transferred to the Regulatory and Compliance Section. The QAD is now referred to as the Education Review Section and is responsible to evaluate the process quality in ECEC service provision.

<sup>2</sup> Refer to *Report on the complaints on ECEC provision (0-3 years) for years 2017, 2018 and 2019 investigated by the Directorate for Quality and Standards in Education* (DQSE, 2020).

report indicates a way forward for service providers, the DQSE and policy makers aiming for further progress towards high quality service provision.



# SECTION A





## Section A

# ECEC service provision (0-3 years) in Malta: An Overview

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### The background and context

Early Childhood Education and Care (ECEC) service provision in Malta for children under three years has rapidly expanded in recent years. The demand for ECEC services has increased considerably and whereas in 2001 there were 15 private childcare centres/nurseries (Child Care Task Force, 2001), by the end of 2019 there were 142 centres registered with the DQSE.

This increasing demand for ECEC services is primarily a “response to economic demands and support for women’s contributions to the workforce” (Sollars, 2018) due to drastic changes in social and family structures in Maltese society. Furthermore, there is a growing local awareness that investing in quality ECEC for children between 0-3 years has “substantial economic, social, educational and developmental benefits that enhance children’s holistic development and enable them to fully develop their full potential” (Vandenbroeck, Lenearts, & Beblavy, 2018).

The launching of the national Free Childcare Scheme in April 2014<sup>3</sup> made ECEC service provision for many children under three years more accessible. This led to an increase in registered centres of almost 80%, from 80 centres in 2014 to 142 in 2019. Figure 1 illustrates the number of registered childcare centres at the end of each year since the shift of regulatory responsibility from the DSWS to the DQSE in 2016 through to 2019.

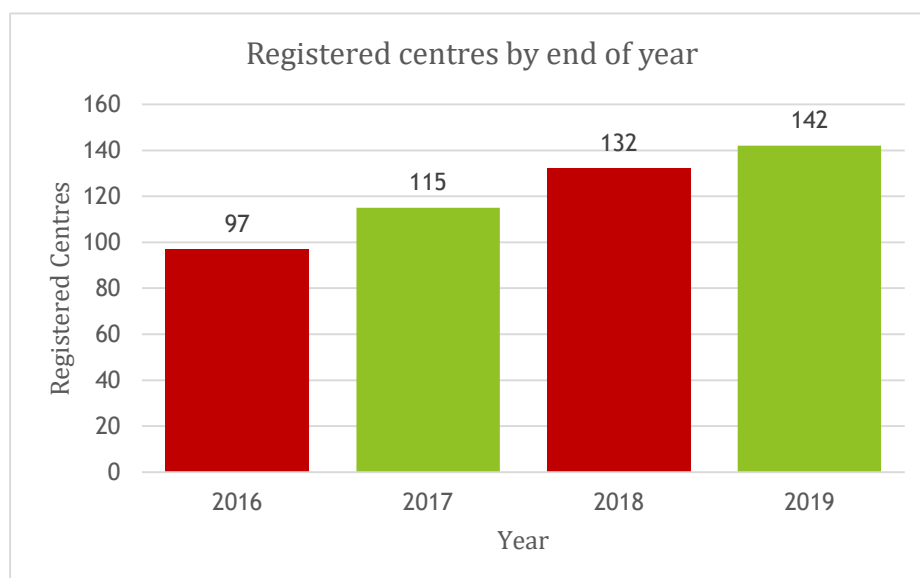


Figure 1: Number of registered ECEC centres by end of 2016, 2017, 2018 and 2019

Figure 2 illustrates the distribution of ECEC centres across the different Maltese districts according to the National Statistics Office. Figure 3 gives the percentage of ECEC centres by district. At the end of 2019, over 60% of ECEC centres were concentrated in the Northern and

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<sup>3</sup>Through the Free Childcare Scheme, the government provides free childcare services to parents/guardians who are employed or pursuing their education.

Southern Harbour districts. Notwithstanding the increase in number of centres, their geographical distribution remained virtually unchanged from 2013 (Sollars, 2013).

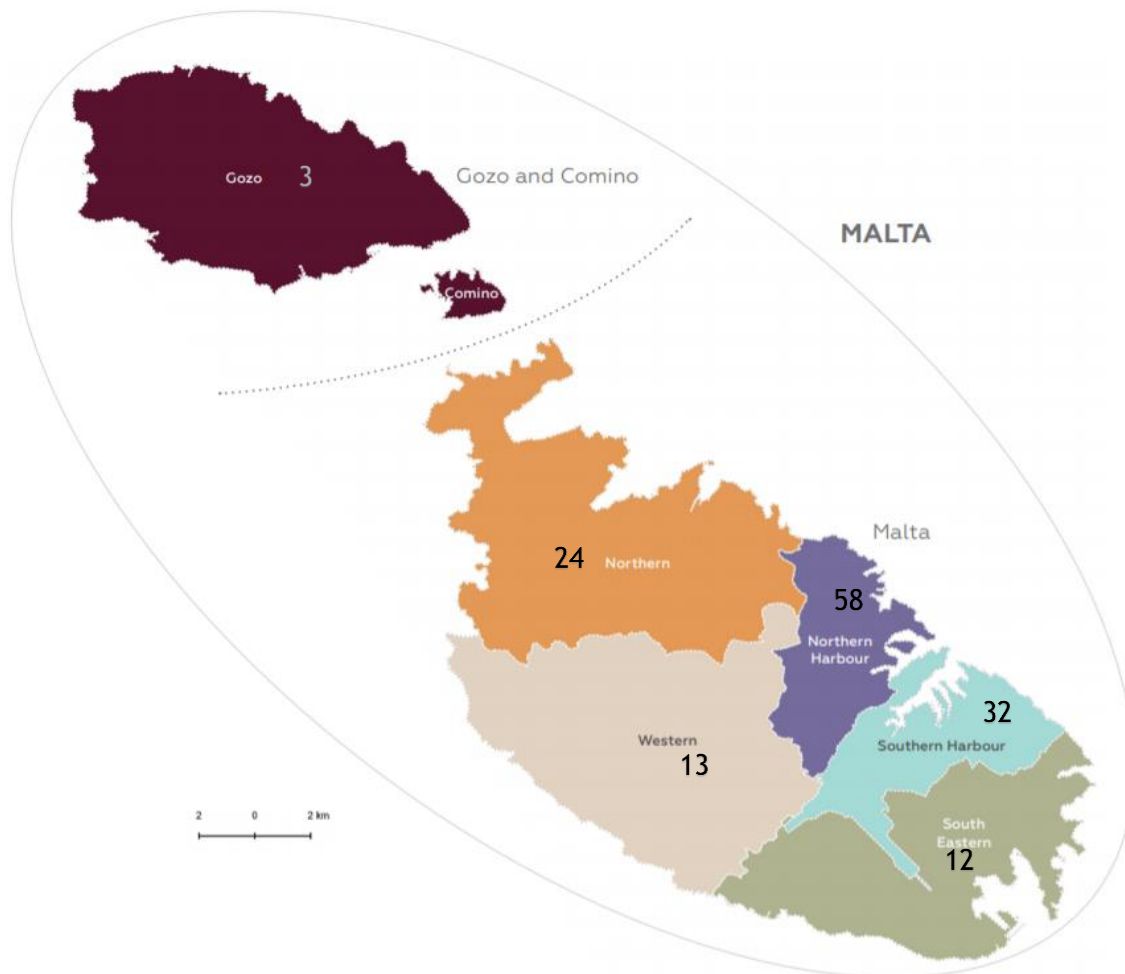


Figure 2: Number of registered ECEC centres by end of 2019 by district (map and districts as in [National Statistics Office, Regional Statistics – Malta – 2019 Edition](#))

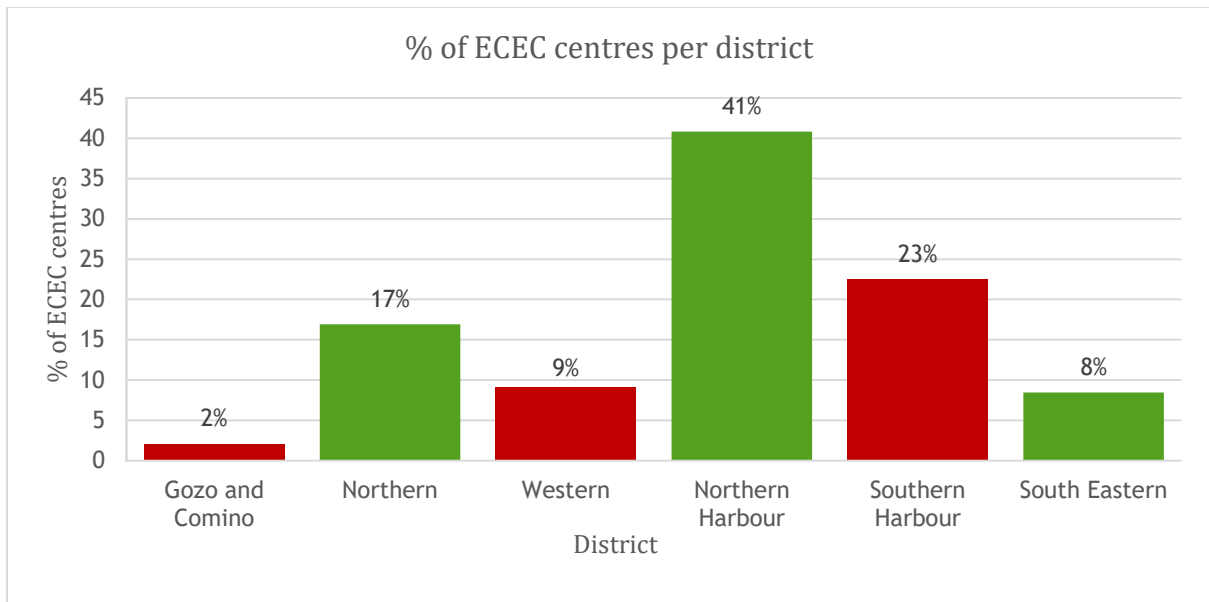


Figure 3: Percentage of registered ECEC centres by end of 2019 by district

As shown in Figure 4, by the end of 2019, 81% of childcare centres in Malta were privately owned. Of the rest, 15% were publicly owned, most of which run by the Foundation for Educational Services (FES), a public entity within MEDE, 2% were owned by Church entities and 2% administered through a public-private partnership. Almost all the centres in Malta are centre-based, that is, they are solely equipped and used for ECEC provision. There is only one work-based centre, which caters exclusively for children of employees and is situated within the workplace. One service provider offers home-based ECEC service provision within own residence.



Figure 4: Ownership of ECEC centres (end of 2019)

Table 1 shows the number of childcare centres operating without connection to other childcare centres, and those belonging to businesses or organisations responsible for a cluster of centres.

Table 1: Ownership of ECEC centres (end of 2019) – whether they form part of a cluster or not

Ownership/Type	No connection with other centres	Part of a cluster	Total	%
Church entities	3	0	3	2.1
Private entities	65	50	115	81.0
Public (FES)	0	14	14	9.9
Public (local councils)	2	0	2	1.4
Public (higher education institutions)	1	2	3	2.1
Public (workplaces)	2	0	2	1.4
Public-private partnership	0	3	3	2.1
Total	<b>73</b>	<b>69</b>	<b>142</b>	
Percentage of centres	51.4	48.6		100

Table 2 shows the childcare centres integrated within a licensed school or sharing a school’s premises, and those with no association to a school. Licensed schools include also kindergarten centres.

Table 2: Ownership of ECEC centres (end of 2019) – centres integrated within a licensed school or sharing a school’s premises, and centres with no association to a school

Ownership/Type	Associated with a school	Not associated with a school	Total	%
Church entities	1	2	3	2.1
Private entities	19	96	115	81.0
Public (FES)	10	4	14	9.9
Public (local councils)	0	2	2	1.4
Public (higher education institutions)	0	3	3	2.1
Public (workplaces)	0	2	2	1.4
Public-private partnership	2	1	3	2.1
Total	<b>32</b>	<b>110</b>	<b>142</b>	
Percentage of centres	22.5	77.5		100

## QAD initiatives and main achievements between 2016 and 2019

To fulfil its role effectively, upon taking responsibility for quality assurance of childcare centres in July 2016, the QAD undertook the following initiatives:

- induction training and continuous professional development for QAD officials,
- development of a transitional review model focusing on care, learning and play<sup>4</sup>,
- development and implementation of a new review model framework based on the ten standards of the *National Standards for Child Day Care Facilities* (2006),

<sup>4</sup> Care, Learning and Play is Standard 5 of the *National Standards for Child Day Care Facilities* (2006).

- introduction of a complaints' procedure.

## Induction training and continuous professional development for QAD officials

The QAD leadership team, the Education Officers, and associate assessors who were engaged to support them during the external review visits, embarked on a programme of professional learning regarding best practice in ECEC to enhance their competencies in the area, initially with the support of inspectors from Education Scotland. Ongoing upskilling covered different areas related to structural and process quality<sup>5</sup> in ECEC service provision (0-3 years). Furthermore, the QAD was involved in organising learning opportunities/informative sessions for service providers which also served to develop mutual professional dialogue.

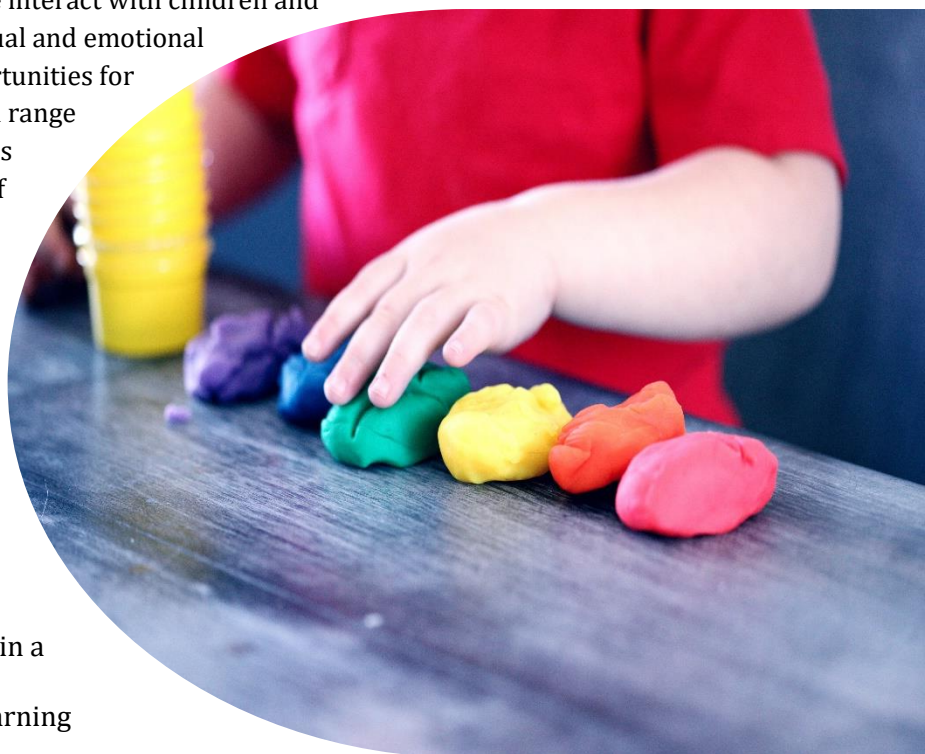
## Development of a transitional review model focusing on care, learning and play

The external review process conducted by the QAD was introduced in October 2016, focusing solely on the evaluation of Standard 5: *Care, Learning and Play*. This standard evaluates whether “caregivers talk, listen to and otherwise interact with children and cater for their physical, social, intellectual and emotional needs and whether activities and opportunities for play are organised so as to meet the full range of children’s developmental needs”. This helped the QAD to draw the attention of centres to the core of their business – the quality of learning and care – whilst ensuring a smooth transition from the DSWS inspection system. It also allowed for the development of a more expansive review model to quality assure all the standards.

External review visits at that time focused on three main considerations:

- the extent to which carers interact with the children in a meaningful way,
- the effectiveness of the learning experiences,
- the involvement of parents in the learning and development of their child.

Between October and December 2016, 96 external review visits were carried out. After this exercise, the QAD conducted an internal evaluation and an analysis of the outcomes to determine the way forward.



<sup>5</sup> For the definition of structural and process quality, see *The focus of the external review visits* underneath.

## Development and implementation of a new review model framework

The aforementioned analysis and evaluation led to the development of a new external review model for 2017, designed to incorporate and ensure adherence to all the 10 standards outlined in the *National Standards for Child Day Care Facilities* (2006). Figure 6 shows the number of annual external reviews carried out in 2017, 2018 and 2019.

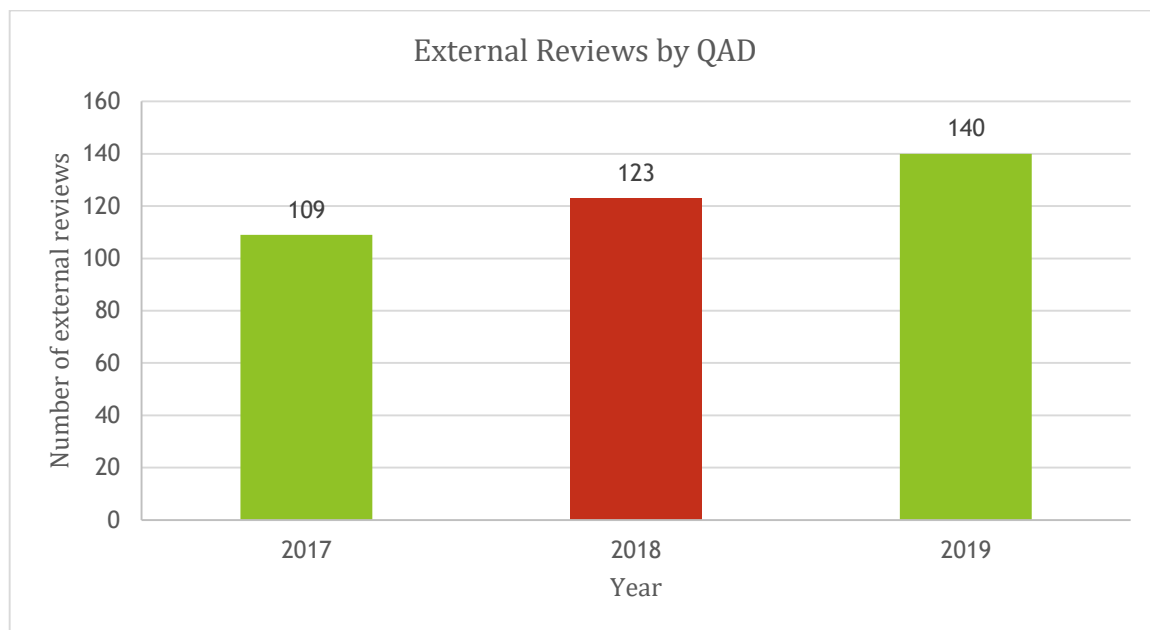


Figure 5: Number of external review visits carried out in 2017, 2018, and 2019 (excluding unannounced visits carried out beyond the required annual visit)

The discrepancy between the number of review visits (Figure 5) and the number of registered centres (Figure 1) stems from the fact that some of the new registrations are issued later in the year. These centres would have their first external review visit the following year, close to the end of their first six months of operation.

### *The core principles guiding QAD officials during the external review visits*

The core principles guiding external reviews are based on the following policy documents: the *National Standards for Child Day Care Facilities* (MFSS, 2006), *A National Curriculum Framework for All* (MEDE, 2012), the *Educators' Guide for Pedagogy and Assessment - Using a Learning Outcomes Approach: Toolkit for the Early Years Cycle* (MEDE, 2015), *A Language Policy for the Early Years in Malta and Gozo* (MEDE, 2016), as well as national and international policies and research related to best practice in ECEC and quality assurance. These principles are now encapsulated in the quality framework *The Review Model for Childcare Centres (0 – 3 years)* (DQSE, 2021) and comprise:

- having a welcoming attitude,
- including and responding to the individual needs of every child, irrespective of race, colour, gender, language, religion, ethnicity, disability or any other status,
- providing physical premises and resources that are suitable, safe, secure, clean and regularly maintained,

- employing centre managers and childcare educators who are qualified and accredited/approved in their role and who have the knowledge, skills and attitudes required to provide a high-quality ECEC experience,
- ensuring that children have equal access to the learning experiences,
- emphasising the concept that learning occurs through play,
- responding to the children's interests, strengths, needs, opinions and capabilities through the design and implementation of high-quality learning experiences and authentic assessment,
- nurturing children through meaningful relationships and stimulating interactions with their designated carers and the environment,
- exposing children to a language-rich environment that supports bilingual development in Maltese and English,
- promoting and assuring the health, wellbeing and safety of children at all times,
- supporting and engaging parents as partners in promoting the children's wellbeing, learning and development.

### *The focus of the external review visits*

The ten standards outlined in the *National Standards for Child Day Care Facilities (2006)*, serve as a benchmark to evaluate whether centres are compliant and thus eligible for registration or its renewal to continue operating.

During the external review visit, QAD officials evaluate aspects related to:

- (i) **structural quality:** these include staff qualifications and skills, children group size, the ratio of carers to children, the suitability of the physical environment and health and safety requirements, and
- (ii) **process quality:** these include how the curriculum is implemented (quality and variety of learning experiences), the quality of interactions and relationships between staff members and children, the integrated approach to care and learning, and parental involvement.

### *The external review visits (2017-2019)*

There are three types of external review visits:

- (i) **the initial visit:** new childcare centres in possession of a temporary registration are evaluated on the ten standards through an initial external review visit, which takes place within the first six months of operation before a provisional registration can be issued,
- (ii) **the annual visit:** once a year childcare centres are externally reviewed on the ten standards, upon the outcome of which the renewal of their registration depends,
- (iii) **the unannounced visit:** the unannounced external review visit may take place either to verify a complaint lodged with the DQSE or to monitor the actions being taken by the centre in response to the recommendations and required actions of the

external review report (often those related to the health, safety and well-being of children).

Between 2017 and 2019, these visits were led by an Education Officer (the review leader) assisted by either another Education Officer or an associate assessor. The standard operating procedures applied for these visits can be found in Appendix 1.





A stack of colorful wooden blocks in shades of blue, green, yellow, orange, pink, and purple sits on a wooden base. In the foreground, a wooden toy box contains several wooden pieces: a square with a polka-dot pattern, a square with a scalloped edge, a square with a wavy edge, a square with a grid pattern, and a square with a circular pattern. Two wooden sticks are also visible in the box.

# Introduction of a Complaints' Procedure

## The introduction of a complaints' procedure

The DQSE introduced a procedure whereby anyone may forward a complaint regarding ECEC service provision. DQSE officials discuss and investigate complaints. At the end of this process, the DQSE prepares a complaint investigation report. The complainant and the LRP concerned are kept informed, remedial action is taken if necessary, and reports are logged for transparency and accountability purposes. Details are available in the *Report on the complaints on ECEC provision (0-3 years) for years 2017, 2018 and 2019 investigated by the Directorate for Quality and Standards in Education* (DQSE, 2021).

## Current developments

- The document *National Standards for Child Day Care Facilities* (2006) has served its purpose well for 14 years, and since July 2016, has been guiding QAD officials in their evaluation of quality in ECEC centres. However, developments in the field of ECEC have necessitated an evaluation and update of this document. The DQSE is presently in the process of launching the updated *National Standards for Early Childhood Education and Care Services (0-3 years)*.
- The DQSE is promoting centre self-evaluation, which is an integral component of quality improvement and allows service providers to evaluate their current practices and identify the key strengths and areas which can be improved. In 2019, the DQSE organised an introductory day seminar, *Self-Evaluation leading to Quality Assurance*, to instil among service providers an awareness and understanding of its importance. As a next step, the DQSE aims to guide a small number of centres to pilot their self-evaluation process on a voluntary basis with the intent of encouraging more centres to take up this practice.
- The DQSE is presently piloting a revised review model framework to continue enhancing its monitoring and evaluative practices. The review team will now be comprised of:
  - (a) a Compliance Assessor from the Regulatory and Compliance Section of the DQSE, whose role during the review visit is to evaluate the structural quality of the childcare centre, and
  - (b) an Education Officer from the External Review Section of the DQSE who will evaluate the process quality of the centre.

This new set up will help the two DQSE officials to focus on their area of expertise during their observations, leading to a more effective professional dialogue with the service providers and members of staff. In line with this revision, the DQSE has compiled a new external review report format which facilitates the evaluation of previous required actions and/or recommendations.

# SECTION B



## Section B

# The quality of the service provision in childcare centres between 2018 and 2019 – findings and analysis

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This section focuses on the quality of the service provision in childcare centres by analysing the outcomes of the external reviews carried out in 2018 and 2019, as recorded in the external review reports. It also refers to the complaints lodged with the DQSE during the same period. This section analyses the childcare centres' compliance with the *National Standards for Child Day Care Facilities* (2006) and reflects on the progress registered between 2018 and 2019. At the end of the section, this progress will be analysed also in terms of the progress in the registration status of the childcare centres.

While in this section there may be occasional reference to 2017 in relation to external review reports and/or complaints, comparison of outcomes and measurement of progress (if any) could only be made between 2018 and 2019. As stated in Section A, the external review model has been evolving since the allocation of responsibility for regulating childcare centres to the DQSE. While the external reviews conducted in 2016 were limited to Standard 5, as from 2017 external reviews considered all the ten standards. Nevertheless, in 2017, the internal rubric used to measure the level of performance for statistical purposes was still too generic. It was also the first year when all the QAD officials needed to apply their knowledge, skills and experience in quality assurance to the context of childcare centres. As a result of the 2017 QAD internal review, a more detailed rubric reflecting each of the ten standards was developed (see Appendix 2), and it was implemented in 2018 and 2019. This is the main reason why the rest of this section is, by and large, limited to the comparison of the outcomes for these two years.

Following external reviews, review leaders used the detailed standardised rubric to determine the level at which the centre was operating in relation to a particular standard. The rubric identifies four levels of quality as indicated in Figure 6.



Figure 6: The four levels of quality

These levels of quality are used internally by the QAD to evaluate the progress in the different standards across all centres. This data also facilitated the qualitative analysis found in this section, as illustrated in Figures 7 to 26.

The approach adopted in external reviews seeks to achieve a balance between accountability and quality development. Each external review report presents contextualised findings and outcomes. Reports sent to the centres indicate the strengths and actions that need to be taken for further improvement. Recommendations and required actions take into account the context of the specific centre and the next stage for quality improvement in each standard.



# Standard 1

## Suitable Persons



## Standard 1 – Suitable Persons

Children are looked after by suitable and qualified staff who have a positive regard for children and who have satisfied the recruitment criteria. The facility maintains the appropriate carer to child ratios.

### External review findings

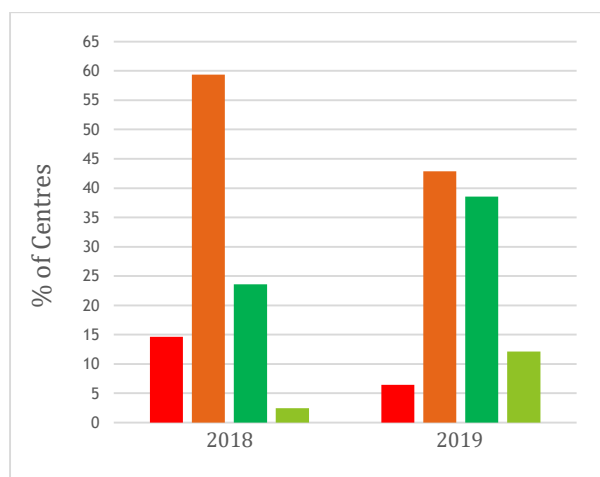


Figure 7: Category distribution of centres (%)

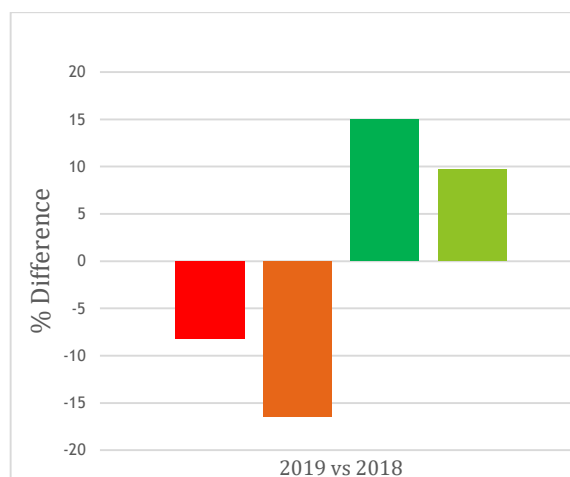


Figure 8: Improvement registered in 2019 over 2018 (%)

The progress shown from 2018 to 2019 in Figures 7 and 8 is mainly due to improvement in the accreditation status<sup>6</sup> of centre managers and carers employed in registered centres.

Table 3 shows the number of applicants accredited as centre managers over the years 2017 to 2019. There was a significant increase in the number of persons accredited as centre managers. It should be noted that not all these persons were necessarily performing the role of manager in childcare centres.

Table 3: Accreditation Status of Centre Managers

Year	Accreditations (new)	Accreditations (cumulative)
2017	26	26
2018	81	107
2019	49	156

Table 4 is indicative that the drive by the QAD for centre managers to become accredited in their role had a good measure of success. The percentage of centres with an accredited centre manager increased from 47% in 2018 to 72% in 2019. Furthermore, roughly half of the centres without an accredited manager in 2019, were run by staff members in the process of becoming accredited or following an MQF level 5 course in childcare management.

<sup>6</sup> Accreditation is the process whereby the qualifications and other requirements (e.g. age) of centre managers and carers are vetted to confirm the applicant's suitability for the role.

Table 4: Number of registered centres with an accredited/non-accredited centre manager

Year	Accredited Centre Manager	Non-Accredited Centre Manager	Total
2018	57 (47%)	65 (53%)	122*
2019	100 (72%)	39 (28%)	139*

\* One of the registered centres is home-based. Home-based centres do not require a centre manager, so they are not included in this table.

Table 5 below represents data about registered centres according to the extent of accredited/non-accredited carers on their staff. By 2019 the percentage of centres having all members of staff accredited increased, whilst the percentage of centres having no accredited members of staff decreased. Due to the increased number of registered centres in recent years, which corresponded to the increased demand for the service, the problem of the shortage of qualified and accredited carers was further accentuated. To address this situation, as a transitory measure, the QAD started considering carers-in-training when calculating carer to child ratios in centres. Evidence of enrolment in a recognised course leading to an MQF Level 4 childcare qualification is required. LRPs are expected to monitor the progress and eventual completion of the course leading to accreditation.

Table 5: Registered centres according to extent of accredited/non-accredited carers

Year	No accredited carers		Less than 50% carers accredited		50% or more carers accredited		All carers accredited		Not enough information provided	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
2018	44	36%	35	28%	34	28%	7	6%	2	2%
2019	23	16%	56	40%	32	23%	22	16%	7	5%

There are still non-accredited members of staff, albeit a few, who are unable or unwilling to follow a course which would qualify them for accreditation. QAD officials advised LRPs to regularise the position of these members of staff by considering the various pathways to accreditation, including trade testing.

In 2018 around 20% of centres were not compliant with carer to child ratios. In 2019 this figure increased to roughly 25%. Apart from cases when the number of children with a designated carer exceeded the stipulated limits, in 2019 there was an increased drive to ensure that only accredited carers and those following a course are included in the carer to child ratios. Hence the increase in percentage of centres found not compliant.

Another element that reviewers check to ascertain the suitability of staff working at the centre is their clearance by a court decree in relation to the Protection of Minors Act (POMA). Since the law courts take some time to process and issue a decree, reviewers request at least evidence of a recent application for POMA clearance. The LRP is required to follow-up on the outcomes, keeping the reviewer informed. By 2018, almost all centres had become aware of this requirement and its importance for the safeguarding of children and were taking measures to abide. Nevertheless, 55% of centres in 2018 and 62% in 2019, were not fully compliant as they still needed to obtain POMA clearance for one or more of their employees. This was mainly due to the high turnover of staff in centres and a drive by reviewers for centres to also vet ancillary staff in relation to POMA clearance.



## Complaints

In 2017, 11 complaints relating to this standard were lodged with the DQSE. Eight concerned adherence to the carer to child ratios whilst the other three were related to the qualifications of staff. In 2018 five complaints were lodged: four concerned the carer to child ratios and one the qualifications of staff. In 2019, six complaints were about carer to child ratios whilst one concerned POMA clearance. Eight complainants across the three years opted to stay anonymous whilst the others included eleven parents, three carers and the Commissioner for Children's office. All reports were followed up by the DQSE officials.





# Standard 2

## Physical Environment, Premises and Equipment

## Standard 2 – Physical Environment, Premises and Equipment

*The physical environment is welcoming and the premises are suitable for the service provided. The premises are safe, secure and accessible. The furnishings and equipment are suited to the needs of children and are kept in a good state of cleanliness and repair.*

### External review findings

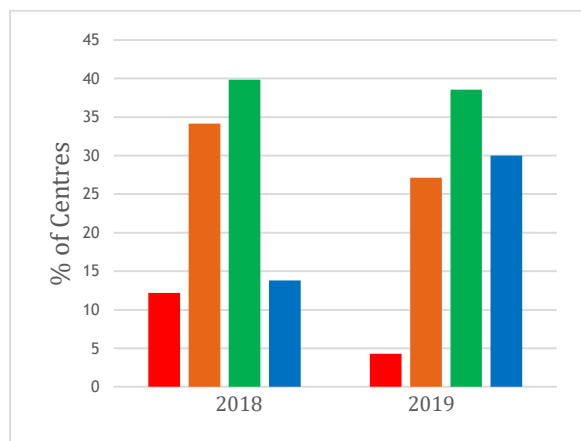


Figure 9: Category distribution of centres (%)

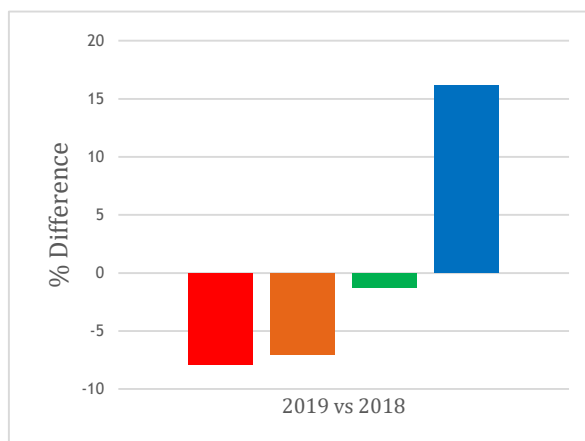


Figure 10: Improvement registered in 2019 over 2018 (%)

Figures 9 and 10 indicate that a marked improvement from 2018 to 2019 was registered. Analysis of the external review reports for both years under review indicates that centres followed on the recommendations and carried out the required actions highlighted by the QAD officials.

Most childcare centres were found to be welcoming and suitable for the service. However, during review visits, a few centres were found to be exceeding the maximum number of children stipulated in their registration. This is considered a major concern since overcrowded premises affect the safety and well-being of both children and staff. Overcrowding not only limits the space where children carry out their daily activities, but carers find it more difficult to engage with children in a meaningful manner. Furthermore, it increases the level of noise and as a result, children find it difficult to nap and become more restless. Measures applied by the QAD to ensure centres were in conformity to the maximum number of children included unannounced visits by QAD officials and requests for centres to draw up action plans detailing measures they were going to take to assure compliance in the future. Furthermore, two centres resubmitted an application with the Planning Authority to revoke the capping stipulated in the planning permit on the maximum number of children allowed at their centre, which would then enable revision of the number by the DQSE.

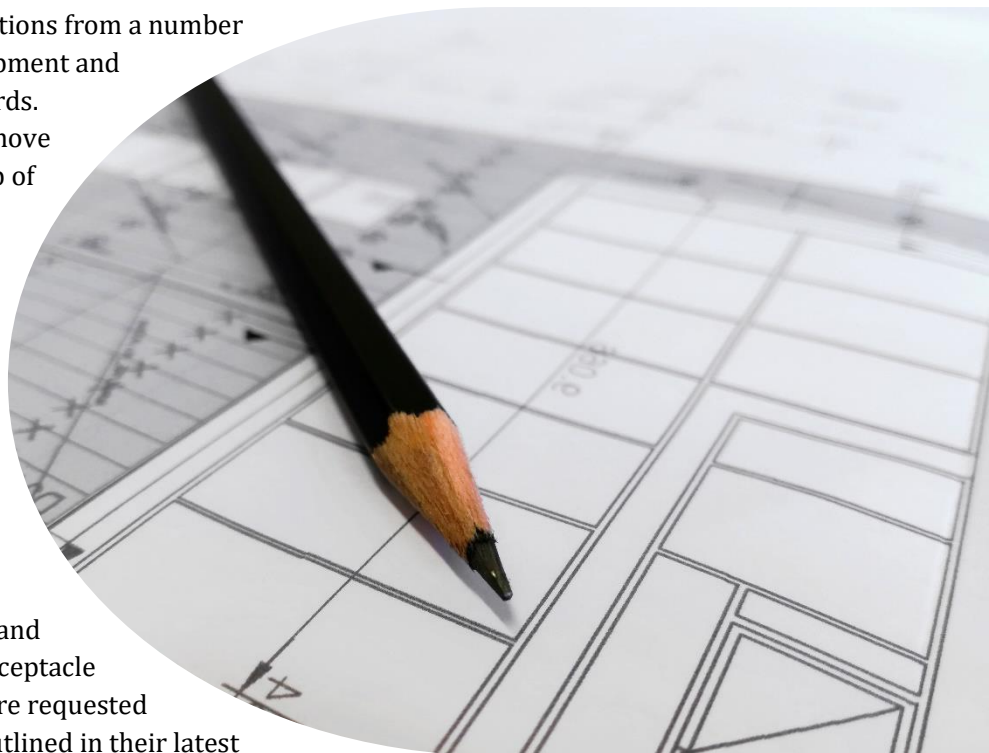
Centres are required to carry out a Health and Safety Audit every two years. However, on carrying out pre-external review deskwork reviewers noted that there were centres which presented an expired Health and Safety Audit Certificate. Other centres did not forward a Safety Compliance Certificate as evidence that recommendations made in the latest Health and Safety Officer's report had been addressed. Follow-up reports evidence that after the visit most LRPs submitted the required up-to-date Health and Safety Audit or Compliance certificates to the QAD as was requested in the external review visit report.

A very small number of centres had structural damage in walls or parts of the premises. In such cases, LRPs were asked to consult with immediate effect professionals, such as architects or building engineers, to address these issues and remove potential safety hazards for the children and staff. A

small number of centres had construction or maintenance work (inside and/or outside) being carried out while the children were present. Besides posing health and safety issues for both children and staff, this also temporarily limits the space available where learning and play can be carried out. Reviewers also noted instances when particular areas could not be used for the daily activities because of mould or humidity problems, low intensity of natural light (indoors), no shade provision on the outside areas to protect children from direct sunlight especially during the summer months and inaccessibility of the outside areas in winter due to wet soft flooring. LRPs were requested to take immediate actions when any of these issues were identified. Unannounced visits, photographic evidence and other necessary documentation from competent authorities confirmed that centres were following up on the required actions/recommendations listed in their external review report.

QAD officials requested several actions from a number of LRPs/managers to ensure equipment and furnishings did not pose any hazards.

Various centres were asked to remove shelving with heavy objects on top of nappy changers, cots or playing areas, to store detergents and cleaning equipment in areas which are inaccessible to children, to cover sharp edges and objects with soft padding, to remove all electrical wires and plugs that were within children's reach, to install guards or doors so that the kitchenette would be inaccessible to children, to install finger protection guards on gates and doors, or to invest in a hygienic receptacle for used nappies. Few centres were requested to follow the recommendations outlined in their latest Health and Safety Risk Assessment Report which were still pending. LRPs were asked to provide photographic evidence to the QAD as proof that measures had been taken. When needed, they were requested to produce a Health and Safety Compliance Certificate to guarantee that the potential dangers had been removed.



Generally, centres were found to be clean and well-maintained. However, in a small number of centres reviewers noted damaged toys, equipment that was broken or in need of repair and nappy changers with exposed foam. In a few other centres, reviewers observed lack of cleanliness and remarked about foul smells in the toilet area, wallpaper peeling off, chipped paint and even cracked glass.

### Complaints

There was a total of nine complaints related to this standard over the two-year period, four lodged in 2018 and five in 2019. Five of these complaints highlighted health and safety issues arising from maintenance and/or construction works. The DQSE took immediate action as required. This included unannounced visits and/or the request of a Health and Safety declaration that works were

being carried out in line with regulations. In one case there was also the involvement of officers from the Occupational Health and Safety Authority and construction work was stopped to safeguard the health and safety of children.



# Standard 3

## Management and Organisation



### Standard 3 – Management and Organisation

*The facility is managed by a qualified person who has the skills, knowledge and experience required to achieve the aims and objectives of the service. The service has a written manual of policies and procedures, which is accessible to users.*

#### External review findings

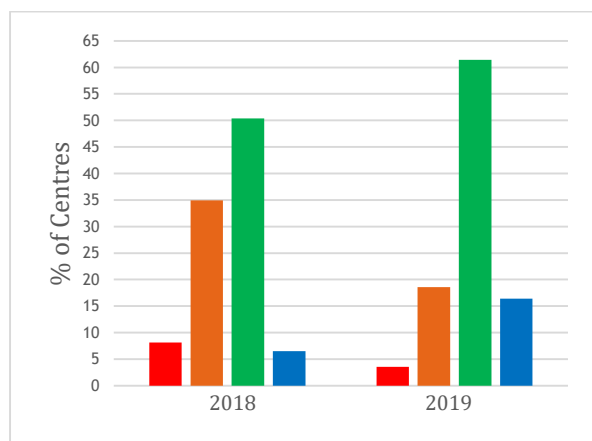


Figure 11: Category distribution of centres (%)

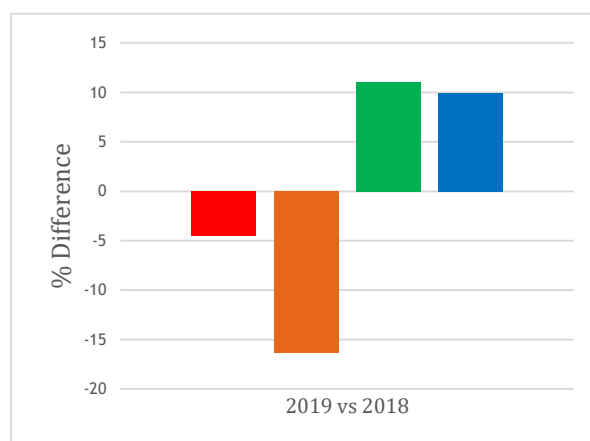


Figure 12: Improvement registered in 2019 over 2018 (%)

Standard 3 focuses on the role of the centre manager and covers aspects mainly related to process quality. It demands commitment to effective management and staff members' continuous professional development. This depends on the drive and ability of the centre manager to continually support the staff and to improve the service at the centre. As can be observed in Figures 11 and 12, by 2019 the centres registered improvement. Centres deemed to be actively engaged towards good practice in this standard increased from 50% to 61% and centres showing excellent practice increased from around 7% to roughly 16%. This was both the result of the actions taken by centres to address the previous review's recommendations and required actions, as well as newly noted progress.

In the reports analysed, effective centre managers were mostly commended for their knowledge and skills, having procedures in place to ensure the smooth running of the centre, as well as planning regular staff meetings and keeping records of outcomes. They were also praised for being proactive and having a hands-on approach in dealing with day-to-day issues. Building positive working relationships and communicating well with staff also featured strongly as good practices.

On the other hand, a few centre managers needed to be encouraged to introduce a more structured approach to their management/leadership style, hold formal meetings for members of staff with a set agenda and keep a record of outcomes that can be followed upon for improvement purposes.

Effective managers were also successful in monitoring staff during everyday activities and providing them with the necessary feedback. Feedback helps staff to reflect upon and improve their practices. Some managers were also supporting the designated carers through one-to-one meetings where goals for improvement are set. Some managers went a step further and kept records of outcomes in both cases. Managers who claimed to be supporting their staff informally during their day-to-day activities were advised to start keeping records. Record keeping is not only necessary for following up on carers but can serve as important data for internal review purposes.

A few centres had their attention drawn to more rudimentary organisational issues such as the irregular onsite presence of the manager, managers with a dual role of managing and taking care of a group of children limiting their availability to support carers, and lack of effective structures for the smooth running of the centre. In cases of centres forming part of a cluster and which shared the same manager, the QAD officials advised on the benefits of the regular presence of a centre manager on site. Gradual progress in this regard is being registered.

Many reports indicated that centres were showing commitment to provide training/upskilling opportunities for their staff. Managers were praised for such initiatives and encouraged to continue this practice. Reviewers also recommended that centres should go a step further from simply providing the training to keep paediatric first aid and/or firefighting certification valid. They suggested that centres should consider providing training in the latest developments related to ECEC theory and practice, either internally or through external agencies.

Following the implementation of the required actions in the reports of 2018, most centres had an updated manual of policies and procedures which included all the necessary sections as outlined in the *National Standards for Child Day Care Facilities (2006)*. Furthermore, the manual is available to stakeholders. Some reviewers listed it as good practice or recommended that service users, mainly parents endorse reading the manual by signing that they have read and will abide by the policies and procedures of the centre.

### Complaints

In 2017, there were 12 complaints relating to this standard lodged with the DQSE. These decreased in 2018 to eight complaints whilst in 2019 only one complaint was lodged. Complaints in 2017 covered various management issues that ranged from objection to the centre's policies, work conditions and payment related issues. In 2018 complaints covered similar management issues as well as interpersonal issues between members of staff. In 2019 there was only one complaint lodged concerning the sickness policy of the centre. These complaints were followed up by the DQSE.







# Standard 4

## Health and Safety of Children

## Standard 4 – Health and Safety of Children

*The good health and safety of children is promoted at all times. Good standards of hygiene are practised and encouraged and positive steps are taken to prevent and control the spread of infection. Strict attention is paid to all aspects of the environment to ensure that equipment together with the indoor and outdoor areas are in conformity with good standards of safety and hygiene.*

### External review findings

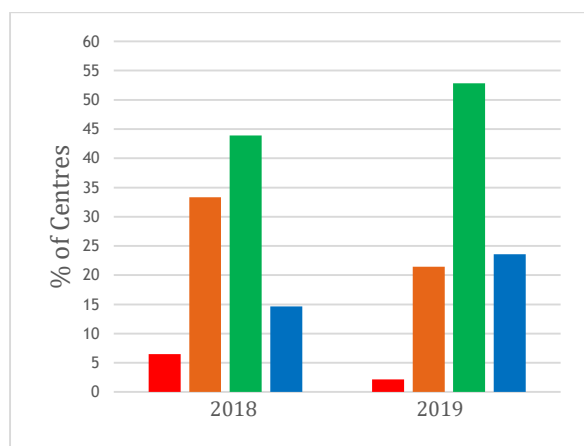


Figure 13: Category distribution of centres (%)

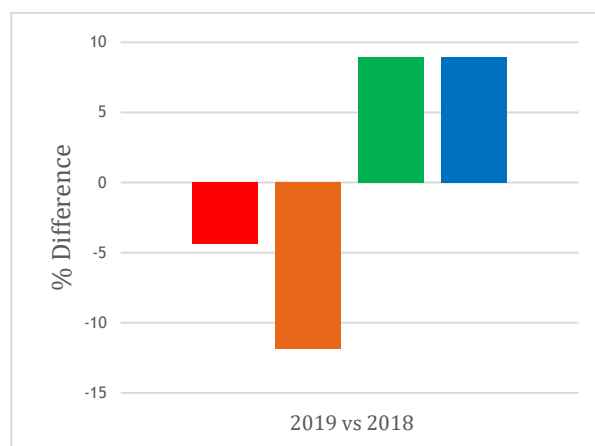


Figure 14: Improvement registered in 2019 over 2018 (%)

The 2019 external review reports indicate that childcare centres followed or took in consideration most of the required actions and recommendations outlined in the 2018 reports for Standard 4. Consequently, a marked overall improvement was registered in this standard as can be seen in Figures 13 and 14 above.

It is important to clarify the difference in health and safety issues that pertain to Standard 2, and those that are covered by Standard 4, since there may appear to be an overlap. The health and safety issues discussed in Standard 2 involve the overall structural environment of the centre: the building and its maintenance, the furniture, and the resources and equipment being used. For Standard 4, the attention shifts to safety measures that have a direct impact on children's health: administration of medicine, safety of electrical appliances in use, injuries and injury reporting, comfort and safety of children during nap time, hygiene practices and prevention of spread of disease.

One of the criteria for Standard 4 states that medicines are to be kept out of reach of children and are to be administered only by authorised staff. During external review visits, in both 2018 and 2019, almost all centres were adhering to the first part of the statement and medication was found to be locked or kept safely in a refrigerator that was out of children's reach. In 2018, there were a few cases when QAD officials recommended written authorisation from parents for the administration of medicine by members of staff. Centre managers were also encouraged to adopt a policy which indicated that medication should be given only when the corresponding medical prescription is presented. External review visits carried out in 2019 at the centres involved, revealed that the 2018 recommendations were in fact adopted.

LRPs are duty bound to annually engage the services of an electrical engineer to certify that all electrical appliances used at the centre are safe to use. A number of centres did not present such a certificate in 2018 and were requested by QAD officials to submit it within a stipulated timeframe from the review visit. The number of centres without the necessary certification decreased drastically in 2019 and the QAD had only a few centres to follow-up on this issue.

Standard 4 obliges centres to keep records concerning accidents and/or injuries and to make these accessible to the parents of the child concerned. Almost all centres were found to record or log injuries occurring at the centre. Immediate action and corresponding evidence were requested by the QAD from the very few centres that in 2018 were not keeping this log. In 2018, it was also noted that various centres were only informing parents about their child's injury verbally, either by phone or when collecting the child. QAD officials recommended that injury reports were to be shown to and signed by parents, as evidence that they were duly informed. The number of centres without appropriate injury reports endorsed by parents decreased drastically in 2019.

During external review visits in both 2018 and 2019, QAD officials noted that a few centres had children sleeping in bouncers or pushchairs even when appropriate beds were available. There was an increase in reporting of this practice from 2018 to 2019. Staff members were strongly encouraged to re-evaluate the use of pushchairs and bouncers. Furthermore, QAD officials recommended that staff members make sure that children sleep on a firm and flat surface and that they monitor them throughout their sleep.

Standard 4 demands strict standards of hygiene for the prevention and control of the spread of infection. In both years, QAD officials requested a small number of LRPs and centre managers to adopt the necessary measures to reduce the risk of the spread of disease. When appropriate, it was recommended that the centres provide overshoes for parents or visitors. In other centres, QAD officials noted that pushchairs were being wheeled in from outside and used during the day, sometimes even in the carpeted area accessible to children. These centres were requested to revise their pushchair policy. Reviewers also observed that the practice of washing hands before eating was not routinely applied by some carers. A small number of staff members were seen changing nappies without taking the necessary health and safety precautions. Occasionally, dustbins used for the disposal of nappies were not properly closed or had no lid. When reviewers noted any practices that could easily spread infection or disease, they asked for the necessary measures to be taken. External review reports demonstrate a marked improvement from 2018 to 2019 in relation to hygiene practices.

### Complaints

This standard was the one with the highest number of complaints related to it. However, there was a decrease from 17 complaints in 2018 to 11 in 2019. Most complaints were filed by parents who showed preoccupation with the occurrence of infectious diseases like the Foot and Mouth Disease in particular centres, or with lack of hygiene that can result in the spread of infection. In many of these cases the DQSE coordinated with health authorities to safeguard the health and safety of children. Four complaints were lodged by parents following an injury at the centre and another two complained that their children were unnecessarily constrained to sit on highchairs for a long period of time. When the complaints were found to be justified, the DQSE requested an immediate plan of action to remedy the situation and assure conformity.



# Standard 5

## Care, Learning and Play

## Standard 5 – Care, learning and play

Qualified caregivers talk, listen to and otherwise interact with children and cater for their physical, social, intellectual and emotional needs. Activities and opportunities for play are organised so as to meet the full range of children’s developmental needs.

### External review findings

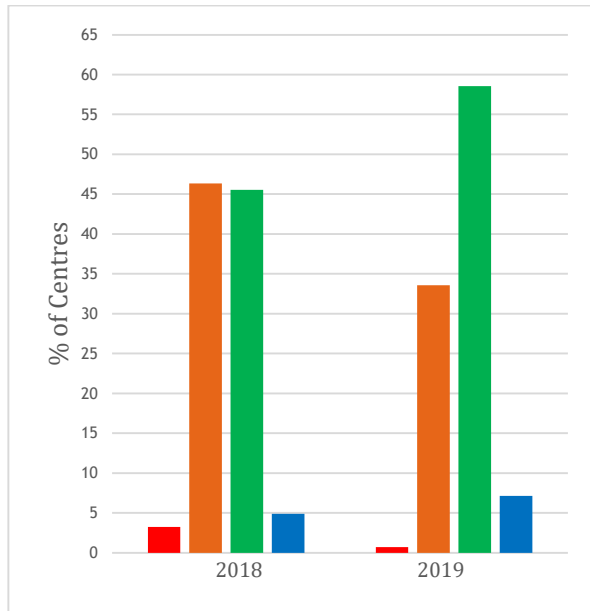


Figure 15: Category distribution of centres (%)

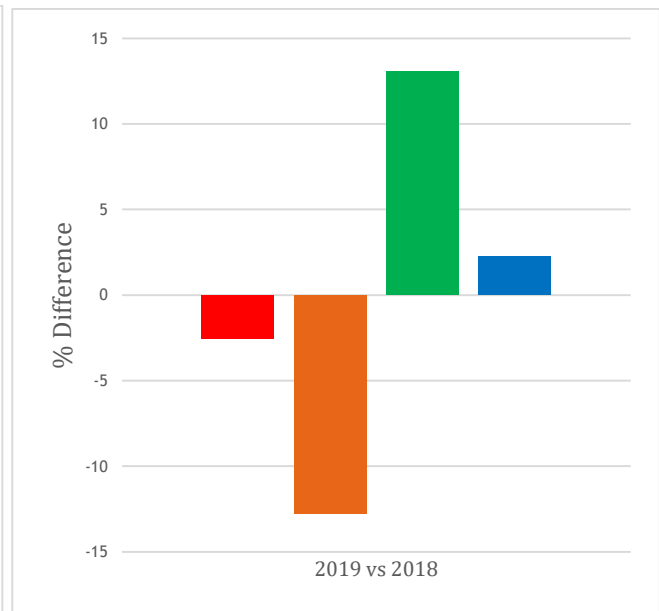


Figure 16: Improvement registered in 2019 over 2018 (%)

By 2019, the centres deemed to be actively engaged towards good practice in Standard 5 increased by 13% from 2018, while the centres with outstanding practices increased only marginally and remained very few. Further analysis of the performance of individual centres reveals that, overall, a third of the centres registered improvement and around a fifth showed signs of decline in their performance quality.

In the centres where performance quality was outstanding, the strong bond between the carer and the child was evident. Individual attention and meaningful interactions were secured through the effective implementation of the designated carer system. Generally, these centres provided a resource-rich, enabling environment that allowed for exploration and child-initiated play. They maximised children’s engagement by planning and providing learning opportunities based on their interests. Normally, carers in these centres observed, recognised and recorded children’s learning moments by using authentic assessment tools. Keeping track of children’s progress informed carers’ planning and enabled them to discuss with parents how to work together for the child’s further development.

This standard is concerned with process quality and improvement requires gradual professional growth that takes time and implies ongoing progress. A closer look at the external review reports of centres registering improvement reveals that most of them clearly addressed the previous review’s recommendations and/or required actions. These centres managed to implement to different degrees one or more of the processes mentioned above. Spaces were transformed into more enabling learning environments by, for example, making toys and books easily accessible to children.

During this period there was a shift, on a national level, towards child-initiated learning and authentic means of assessment. A good number of centres reflected on their programmes and started to introduce practices that were more child-oriented and supported by some means of authentic assessment (like portfolios and learning journals). The effort of these centres was noted during review visits. Nevertheless, centres often required deeper reflection and/or training to develop further their chosen means of assessment and to integrate it with the Learning Outcomes Framework. As required by the previous external review report, some centres introduced or improved upon their designated carer system, showed signs of improvement in the way carers addressed children's individual needs and in the way they engaged in two-way verbal interactions.

Some centres went even further and took own initiatives that were not directly related to the recommendations or required actions of their previous external review. These included personal initiatives for professional development leading to an innovative learning and care approach, as well as professional growth and improved practices resulting from self-reflection. It is encouraging to note that centres have started to seek for themselves the means to improve in what is essentially the core of their business: the provision of meaningful experiences that stimulate children's holistic development.

On the other hand, analysis of external review reports of centres that registered a decline in performance quality or that maintained poor quality performance levels, reveals that, in most of these cases, the reviewers' recommendations and required actions in the previous report remained unaddressed. These centres missed opportunities in providing professional learning to members of staff that would have supported and guided them towards the necessary shift in their approach to pedagogy and assessment. In these centres, resources were often found to be limited or not freely accessible to children. Planning and provision of learning opportunities were observed to be adult centred, with no clear connection to the Learning Outcomes Framework. At times, activities were found to have been developed by a single staff member (not necessarily the designated carer) with no input from colleagues. This often resulted in activities organised for all the children attending the centre with no due attention to individual interests and age-appropriateness. Such activities included circle time characterised by carer-led one-way communication and craft sessions focussing on the end-product rather than the process. Assessment that is heavily reliant on restrictive checklists was another practice often encountered in these centres.



A key area for development in centres that need to improve their level of quality performance is the engagement of both carers and children in a meaningful two-way interaction. Carers need to be more sensitive and respond to the children's attempts at communication, verbal or otherwise. Serve

and return interactions build neural connections in the child's brain and are essential for the development of communication and social skills. Also, a balanced exposure to the Maltese and English languages in line with the *Language Policy for the Early Years in Malta and Gozo* (2016) remains an issue in some centres.

### Complaints

In 2018, three complaints relating to this standard were lodged with the DQSE, one more than in 2017. All three were about what the parents perceived as poor responsiveness to their child's needs, either due to lack of proper interaction with the child or the imposition of programmed routines deemed as incompatible with the child's needs. There were no complaints in 2019 related to this standard.





# Standard 6

## Working in partnership with parents



## Standard 6 – Working in partnership with parents

*Carers welcome parents and work in close collaboration with them to promote the welfare and development of the children. Carers encourage the involvement of parents to improve the quality of the service provided.*

### External review findings

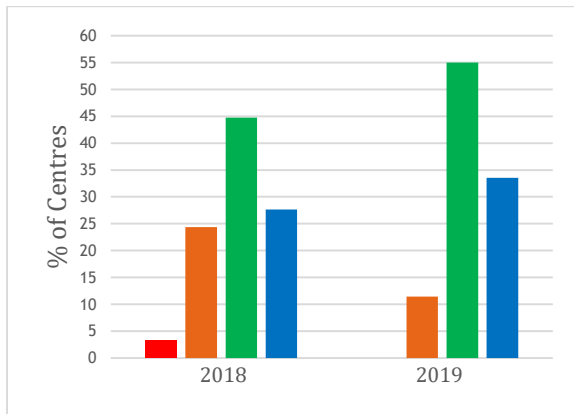


Figure 17: Category distribution of centres (%) (%)

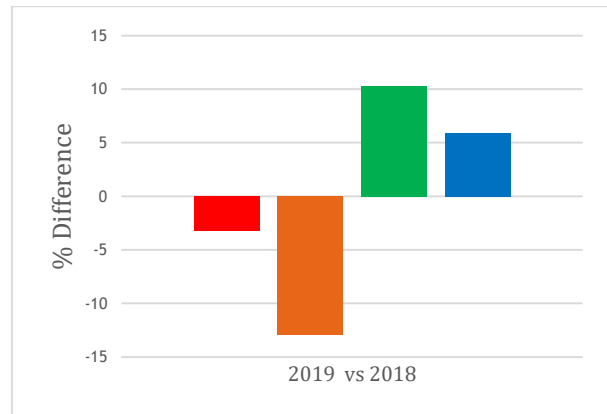


Figure 18: Improvement registered in 2019 over 2018

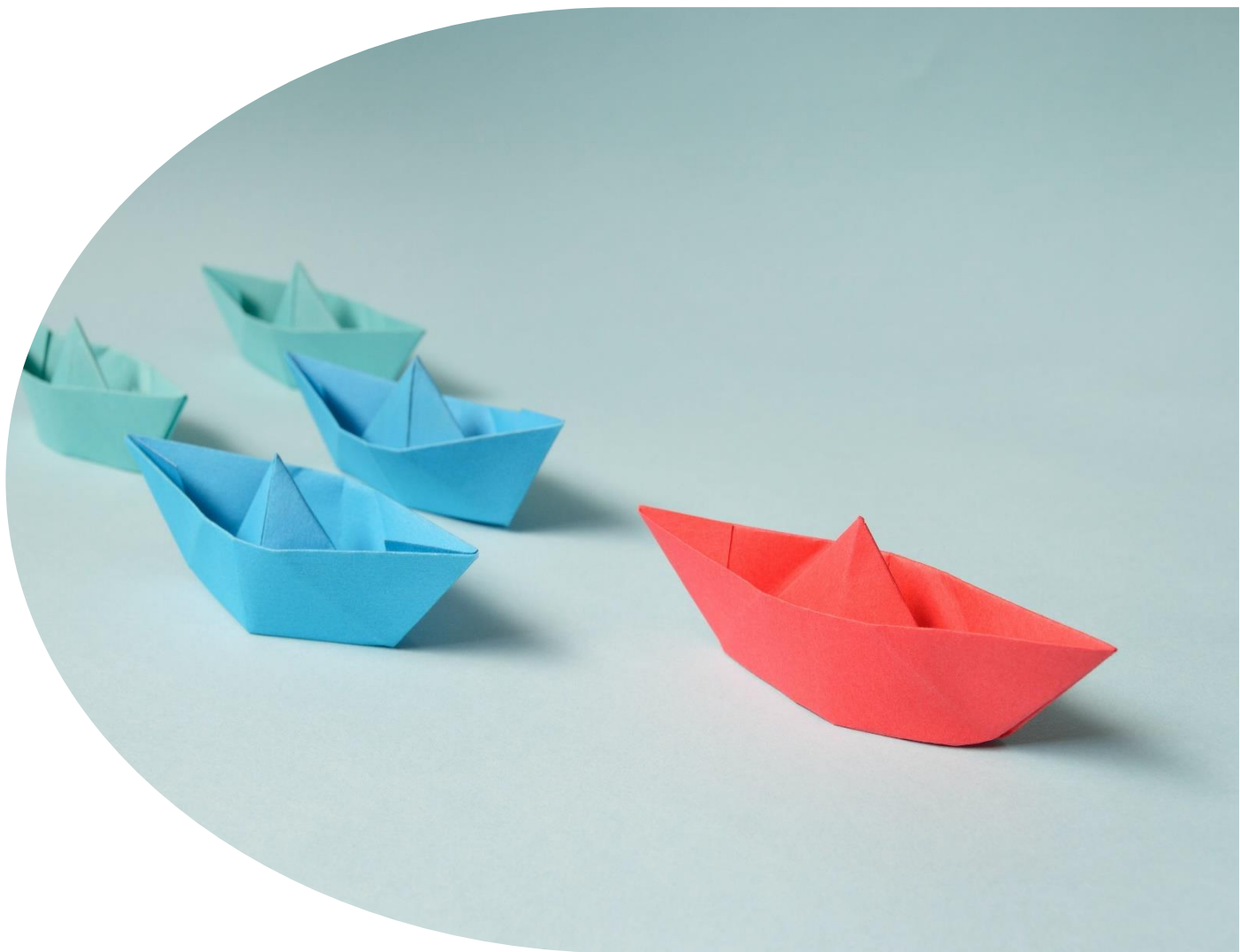
The above figures represent the childcare centres' overall improvement in relation to Standard 6 from 2018 to 2019. One can note an increase in the percentage of centres demonstrating good or outstanding practices and a decrease in the percentage of centres that still need to improve their philosophy and/or practices in relation to this standard.

An analysis of the external review reports indicates that centres with best practices in this standard have developed an effective home-to-centre transition system. They welcome parents' direct involvement to facilitate the child's settling-in process and make use of different means to communicate with them effectively. These centres also formally discuss with parents their child's learning and development, and some provide training sessions as well as opportunities where parents can participate in open-day activities with their child. These positive practices and initiatives strengthen the centre-to-home link as well as promote the welfare and development of children.

Conversely, this analysis shows that recommendations and required actions were related to similar criteria, namely welcoming the presence of parents during their child's introduction to the centre; encouraging the involvement of parents in the life of the centre; and holding regular discussions with individual parents on the progress and development of their child. In 2019 there were more centres which successfully addressed their external review report's recommendations than those which failed to act upon them. This seems to confirm that more centres are working in synergy with parents. Such partnerships help to promote the children's wellbeing. There was also an increase in the number of organised outings and planned activities for parents and their children. Furthermore, several centres introduced planned meetings between parents and staff members that focus on the child's learning and development, at least twice yearly. However, one also notes that there is still a substantial number of LRPs and/or centre managers who need to be convinced of the benefits of collaborating with parents and of welcoming their presence at the centre, especially during their child's settling-in period.

## Complaints

The DQSE received five complaints in respect to this standard over 2018 and 2019. Most of these complaints were related to inadequate communication by the centre with parents. The DQSE followed each complaint, took action accordingly, and managed to resolve the issue in most cases.



# Standard 7

## Behaviour Management



## Standard 7 – Behaviour management

*The service has a clear code of behaviour management that is understood and applied by the staff, parents and children. Children are encouraged through positive guidance to take responsibility for their own behaviour and to show care and consideration for others.*

### External review findings

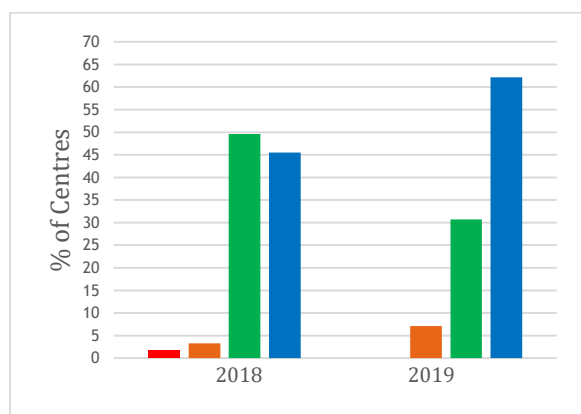


Figure 19: Category distribution of centres (%)

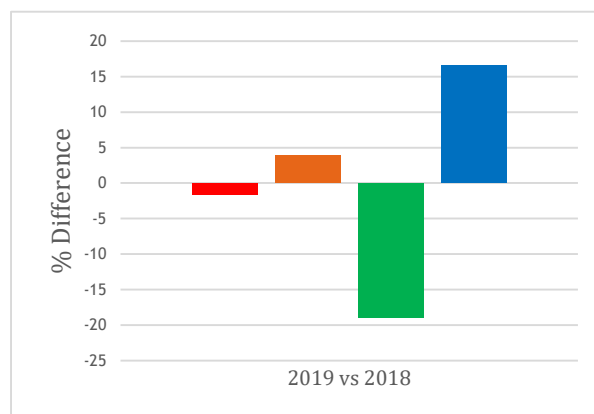


Figure 20: Improvement registered in 2019 over 2018 (%)

The above figures indicate that most centres have adopted positive behaviour management strategies. Moreover, there was an increase from 2018 to 2019 in the percentage of centres that demonstrated outstanding practices and very few centres still needed to make the shift towards adopting a more positive behaviour management approach.

In centres registering good or outstanding performance quality in this standard, carers demonstrated positive attitudes and managed to build nurturing relationships with children. They were also respectful towards children and responded to their difficult behaviour in a firm yet reassuring manner. Such positive practices serve to raise the children's self-esteem, nurture feelings of security and belonging, as well as help children learn skills that enable them to manage their own behaviour.

External review reports also reveal that almost all recommendations, even though few, were directly or indirectly related to the criterion which expects staff members to respond to children's difficult behaviour in a firm, caring and sensitive manner that promotes positive interactions between the carer and child and the child and other children. In fact, reviewers recommended to a few centres to move away from using certain strategies such as time-outs and find alternatives that promote positive behaviour. Other recommendations emphasised the need for better planning from the carers' end and consequently the provision of more engaging learning experiences that focus on the children's needs and interests. Such learning experiences also help in the reduction of excessive noise levels and undesirable behaviour.

While most centres addressed the recommendations mentioned in their respective external review reports for 2018, the findings for 2019 also indicate that the need to adopt effective behaviour management strategies coupled with the provision of engaging learning experiences persisted among a few of the centres.

## Complaints

The number of complaints related to behaviour management received by the DQSE over the past three years, has dwindled. While all nine complaints registered in 2017 related to biting issues, the DQSE received five and three such complaints in 2018 and 2019 respectively. Actions taken by the DQSE in this regard, primarily in guiding centres on how to best handle biting issues, may have contributed towards better management of this developmental challenge and resulted in less complaints.





# Standard 8

## Child Protection

## Standard 8 – Child protection

*Child day care providers have a duty to protect and care for each child during their period of attendance at the Centre. Their Manual of Procedures contains a Child Protection Policy and Procedure, which they are bound to follow in instances of suspected abuse. The provider is obliged to report all instances of suspected abuse to the appropriate authorities*

### External review findings

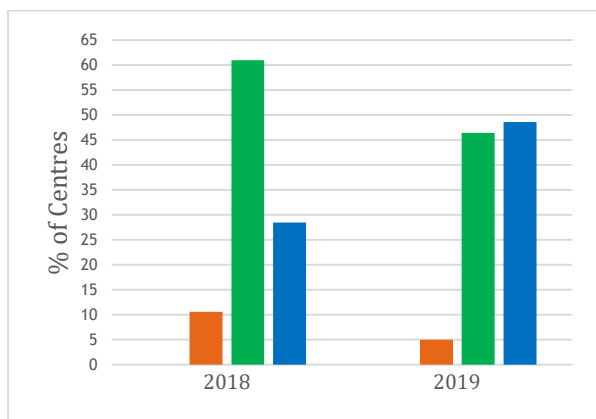


Figure 21: Category distribution of centres (%)

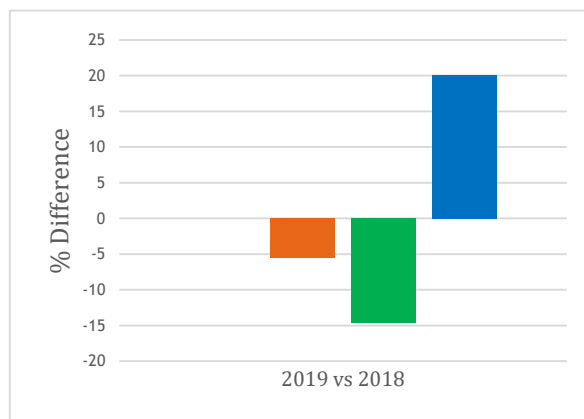


Figure 22: Improvement registered in 2019 over 2018 (%)

Most of the required actions and recommendations outlined in the 2018 reports for Standard 8 were followed and/or taken into consideration by the respective centres. Consequently, a marked improvement in scores was registered for this standard in 2019 as can be seen in Figures 21 and 22 above.

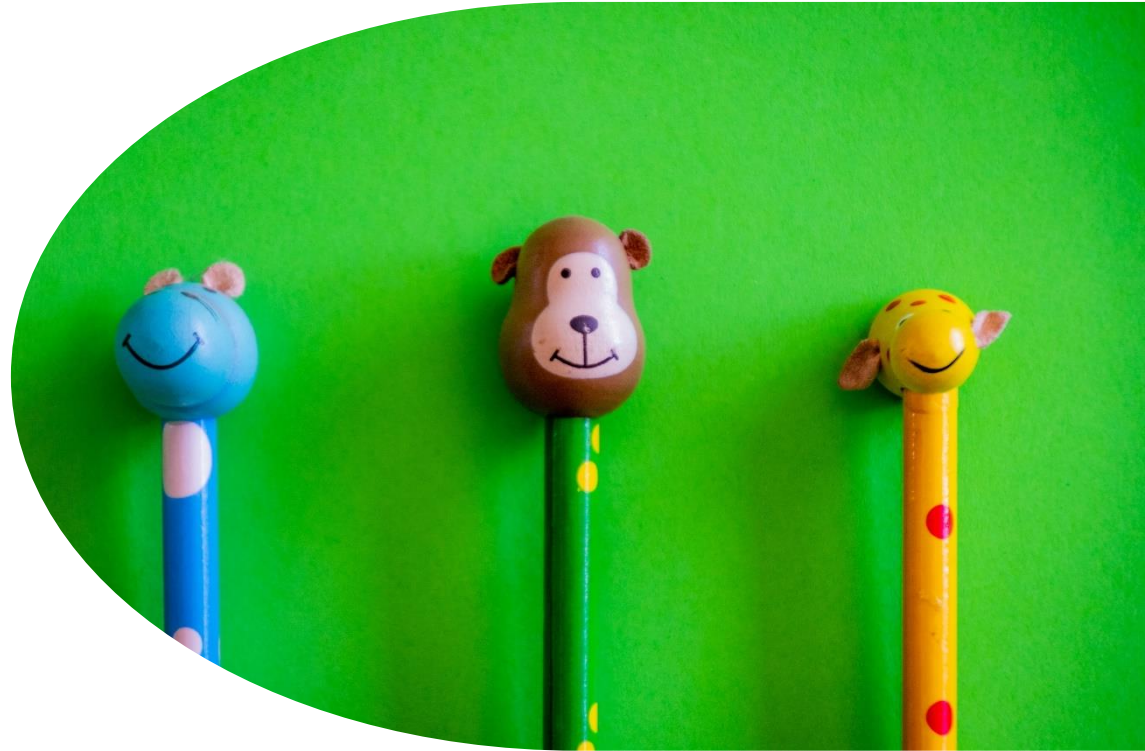
In both 2018 and 2019, various centres were required to amend their Whistle Blowing and Child Protection policies in their Manual of Policies and Procedures due to lack of clarity or misinformation on where to report abuse. Follow up reports show that centres updated their Manual of Policies and Procedures with the correct information.

In 2018, the external review team often recommended training of staff to ensure that suspected signs of abuse would be immediately recognised and acted upon. However, centres, especially those with a small number of staff, were not always able to follow on this recommendation since they could not find trainers. In 2019, during the external review visit, to ascertain that children were indeed protected against any form of abuse, reviewers were requesting information from centre managers on the procedure they would follow if any form of abuse was suspected at the centre. Reviewers also enquired about further actions being taken to ensure that all staff members could identify indicators of child abuse and knew the procedures that should be followed in the eventuality that such a case is suspected.

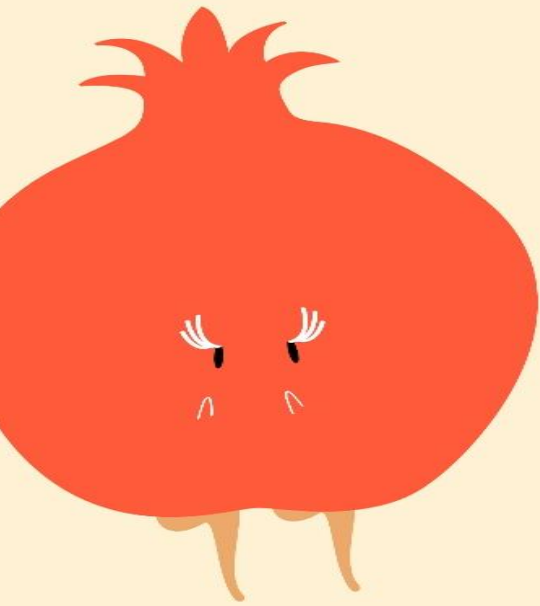
Reports indicate that centre managers were knowledgeable on the actions that need to be taken when addressing suspected cases of abuse. Moreover, to further safeguard children, different centres introduced one or more of a variety of measures. These included staff meetings with the centre's Child Protection and Whistle Blowing policies on the agenda, the installation of CCTV cameras, and the reinforcement of the designated-carer system. The latter makes it easier to detect early warning signals of abuse.

## Complaints

There were no complaints related to this standard in 2019 and only one in 2018. In the latter case, the complainant had not yet approached the centre manager and, following the guidance given, the issue was resolved at centre level.

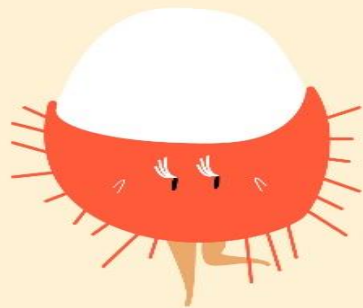
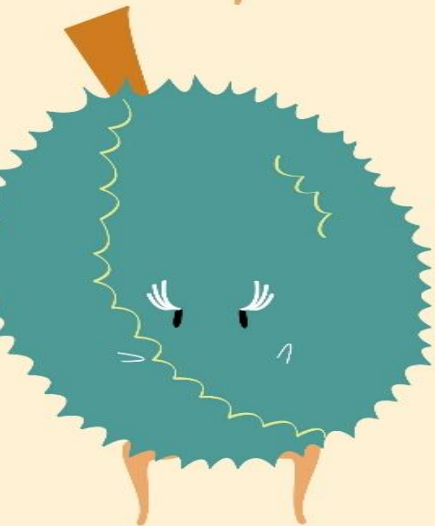
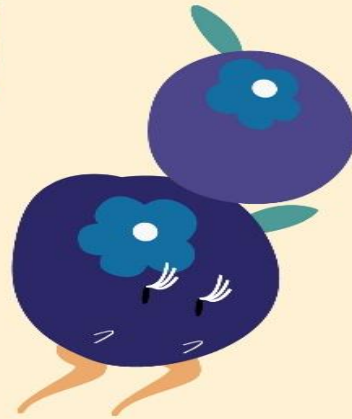






# Standard 9

## Food and Drink



## Standard 9 – Food and drink

*The service provision promotes the benefits of a healthy diet and encourages parents to provide healthy nutritious snacks for their children. The staff members also take careful note of any special dietary requirements and also ensure that children receive the help they need in feeding. Flexible eating routines are permitted and children have access to drinking water at all times.*

### External review findings

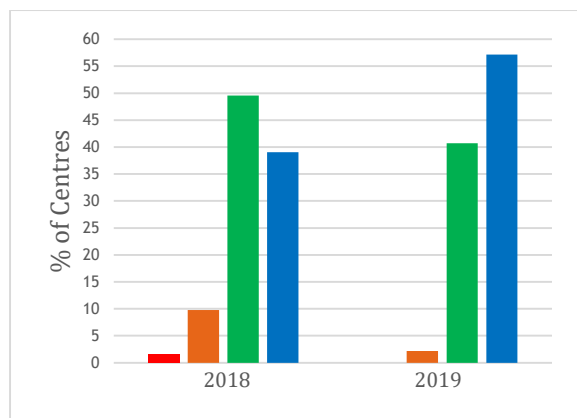


Figure 23: Category distribution of centres (%)

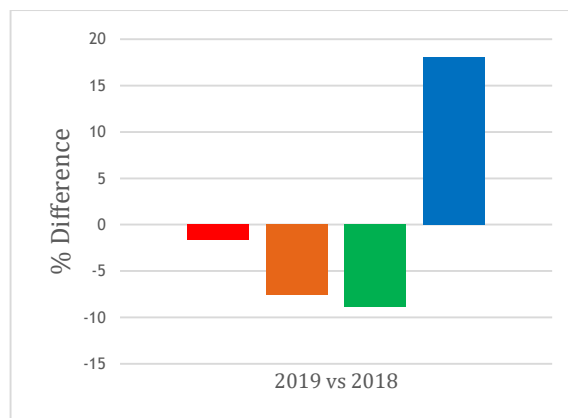


Figure 24: Improvement registered in 2019 over 2018 (%)

The above figures indicate an overall improvement from 2018 to 2019 in relation to Standard 9. In fact, there is an increase in the percentage of centres demonstrating outstanding practices and a decrease in the percentage of those that still need to improve their practices.

External review reports for 2018 and 2019 indicate that the most common strengths refer to the criteria where staff members encourage children to eat on their own and where the centres encourage parents to provide healthy food for their children. Other commended practices include carers sitting at table with children during mealtimes whilst promoting social skills and encouraging conversation, and the promotion of self-help skills, primarily by teaching children to wash their hands before and after mealtime. The centres' efforts to encourage parents to provide healthy food options for their children included providing recipes, displaying pictures of healthy snacks prepared with children at the centre and including articles related to healthy eating in newsletters. Occasionally, reviewers praised the display of children's dietary requirements, allergies and emergency action plans in a prominent place for ease of reference, as well as the carers' awareness of such needs and plans.

In congruence with the figures above, the external review reports for 2018 and 2019 also indicate that overall, there were fewer recommendations than strengths, as well as fewer recommendations in 2019 when compared to 2018. Several centres successfully took the necessary measures that were indicated in their reports. Among the actions taken to address these recommendations, reviewers noted carers sitting at table, having lunch and conversing with children during mealtime; and carers doing away with highchairs and including all children at table, when this was possible.

Notwithstanding the progress registered, the external review reports for 2019 reveal that there are centres which still need to address areas for development. A very small number of centres, which prepare and provide food for children, needed to ensure that they operated within the parameters of relevant regulations. Apart from this, most of the reviewers' recommendations focussed on the same criteria referred to above as good practices in other centres, or previously even in the same centres.

## Complaints

In 2018 the DQSE received four complaints in relation to food and drink. These concerned food warming issues, junk food during parties at the centre, and mealtime procedures. The actions taken by the DQSE to address and resolve these issues may have contributed towards an overall improvement in this standard. This improvement may be also denoted by the nil complaints registered with the DQSE in 2019.





# Standard 10

Equal opportunities and  
children with special needs

## Standard 10 – Equal opportunities and children with special needs

*Each child is valued as an individual and helped to develop his/her full potential through inclusion and participation in various activities designed to display a wide range of positive images and objects, which reflect non stereotypical roles, and the diversity of race, culture and religion.*

### External review findings

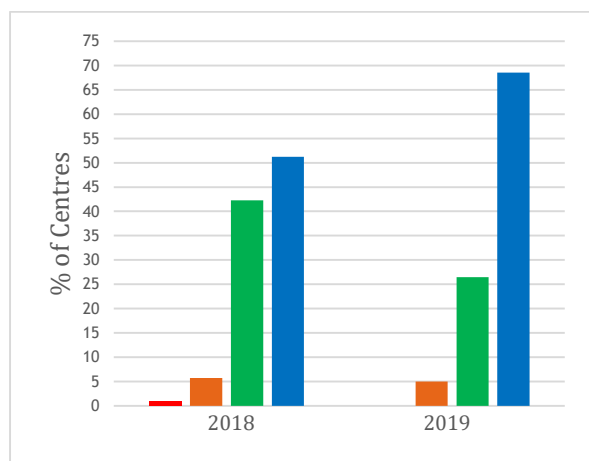


Figure 25: Category distribution of centres (%)

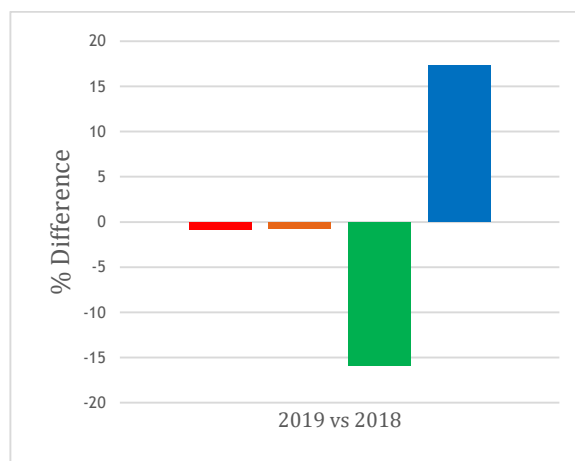


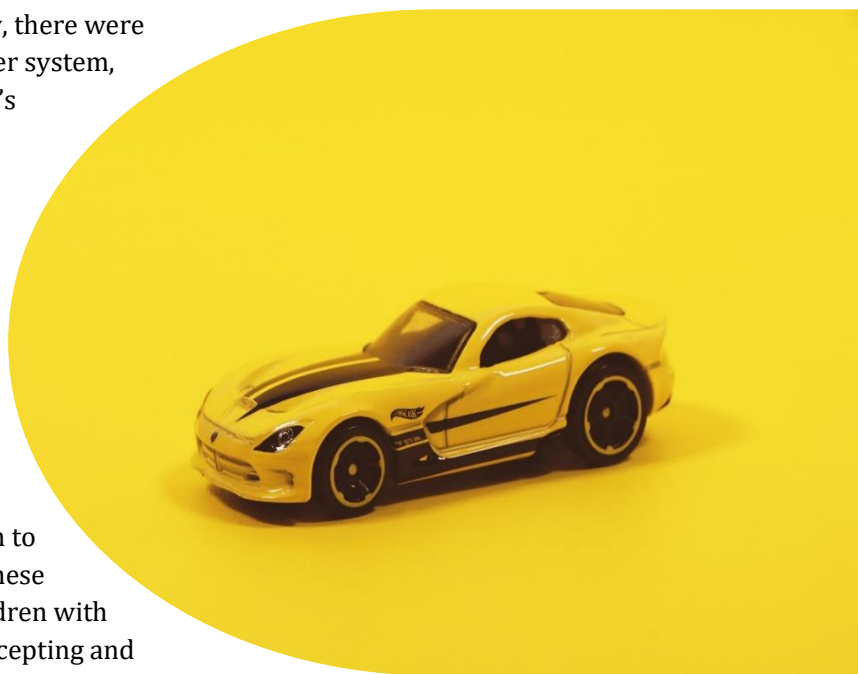
Figure 26: Improvement registered in 2019 over 2018 (%)

There was an overall improvement from 2018 to 2019 in Standard 10. This was both the result of the actions taken by centres to address the previous review's recommendations and required actions, as well as newly noted progress in other aspects related to this standard.

In response to their previous external review, there were centres which introduced the designated carer system, improving their responsiveness to each child's individual needs; centres which removed physical barriers, including misuse of highchairs, thus increasing children's access to learning opportunities; and centres which installed ramps to ensure physical accessibility.

Other centres made newly noted progress in aspects of the standard that were not directly related to the recommendations or required actions of the previous external review. These were taking appropriate action to address the special needs of children when these became manifest, were clearly including children with individual educational needs or were now accepting and including non-Maltese children.

Notwithstanding the net progress in this standard, there were a few centres which registered a decline in their performance quality or persisted in poor quality provision. In centres where carer to child ratios were inappropriate or where the designated carer system was being applied inconsistently, the expected level of attention to children's individual needs was not being given.



Other issues included poor planning and/or the lack or misuse of resources in a way that either restricted children's engagement with, or even access to, learning opportunities. Centres where provision quality was poor were followed up and, in some cases, especially where carer to child ratios were amiss, an unannounced visit was carried out. When required, centres revised their use of pushchairs/highchairs policy and/or they were referred to the Education Officer (Early Years) for support on how to plan for inclusive learning experiences and make effective use of the designated carer system to give individual attention to all the children.

### Complaints

In 2018, two complaints relating to this standard were lodged with the DQSE. One concerned alleged unfair dismissal of a child with challenging behaviour and the other was related to a centre's alleged failure to respond properly to a child's medical condition. These complaints were followed up by the DQSE and in 2019 there were no similar complaints. This may be also indicative of overall improvement in the centres' efforts to address this standard, especially when one considers that in 2017, the DQSE had received eleven such complaints. Four of these had been about alleged unfair dismissal following the centres' inability to cater properly for children with challenging behaviour. Another six concerned alleged discrimination resulting from poor response to children's disabilities or medical conditions. The remaining complaint had been about lack of physical accessibility.



## Progress in the registration status of centres from 2018 to 2019

The outcomes of external reviews and their follow-up inform the registration process that takes place towards the end of each calendar year. Currently, there are two main types of registration: temporary and provisional.

Temporary registration is mainly intended for newly registered centres, the operation of which still needs to be reviewed for the first time. The initial review visit takes place towards the end of the sixth month of operation. Provisional registration is awarded if the centre is found to be adhering to the ten standards. Registration of centres can change from provisional to temporary on account of very serious shortcomings. When this occurs, the QAD continues to monitor the centre closely, the centre is removed from the list of provisionally registered centres published by the Commissioner for Revenue for parents' tax deduction claims, and may result in the suspension of new registrations under the Free Childcare Scheme.

Provisional registration may be with or without conditions. On their registration certificate, most centres would have "conditional provisional", meaning that their provisional registration is subject to the required actions and recommendations of the external review report being addressed. For statistical purposes and to enable the measurement of progress, internally, there is a further distinction depending on the gravity of the conditions. The evaluation that takes place for each standard based on the rubric (see Figure 6 above) is pivotal for the decision on the registration status to be taken, which follows a similar rationale to that behind the rubric. Figure 27 shows the percentage of centres according to their registration status at the end of 2018 and at the end of 2019, following the completion of the external review and follow-up process.

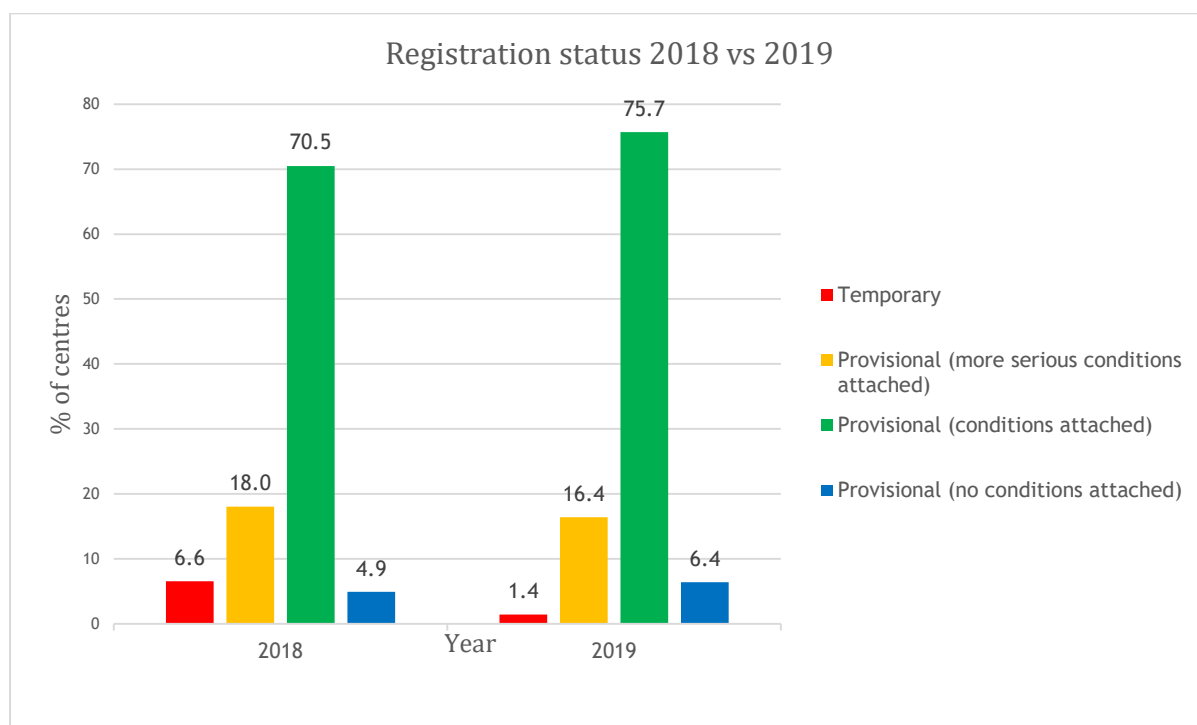


Figure 27: The percentage of centres according to their registration status at the end of 2018 and at the end of 2019

Figure 28 illustrates the progress in the registration status from 2018 to 2019. As expected, the progress in the registration status shown by Figures 27 and 28, reflects the findings presented and analysed above.

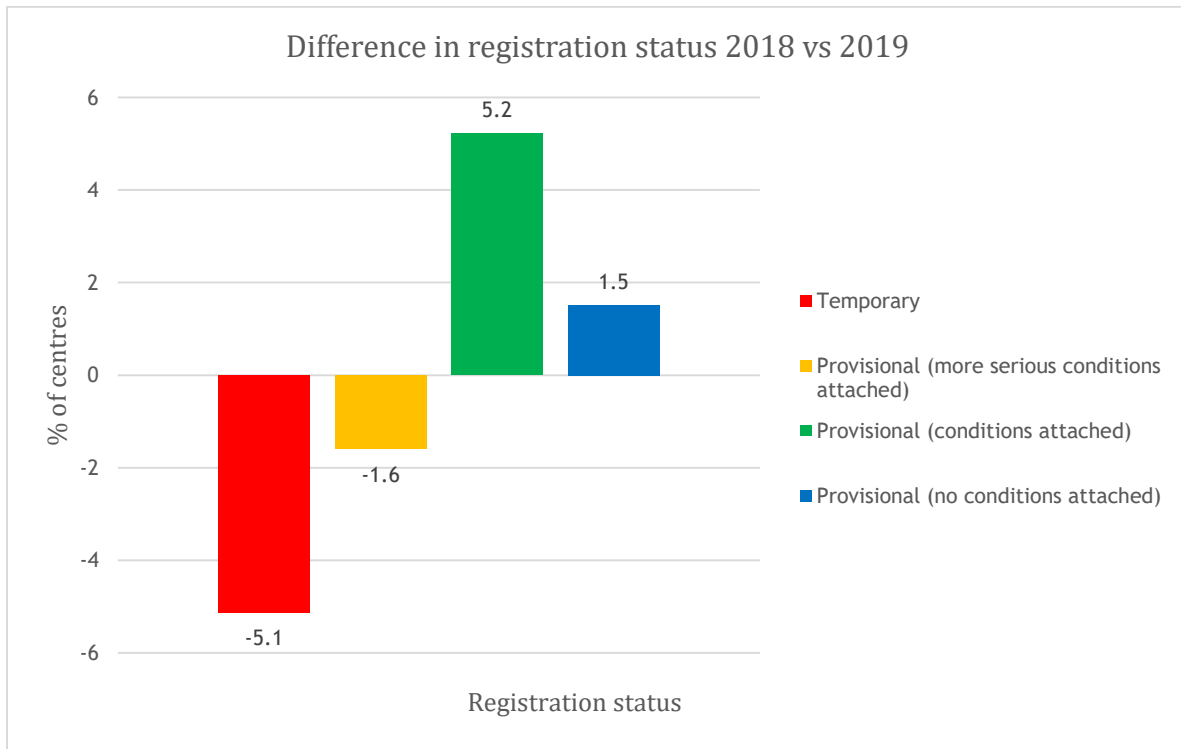


Figure 28: Progress in the registration status from 2018 to 2019



# CONCLUSION



# Conclusion

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This final part of the report draws on the findings of Section B and identifies the way forward in ECEC service provision for children under the age of three years in Malta.

Since 2016, QAD officials have generally seen a consistent effort from service providers to improve the quality of their service provision. As evidenced by Figure 27 in Section B, most centres have shown commitment to adhere to the standards and to address the recommendations and required actions of the external review reports.

Regarding standards which address structural quality, more service providers are addressing shortcomings to ensure compliance. QAD officials have noted that service providers are more efficient in sending the required documentation and heeding the required actions and recommendations by the set deadlines.

Regarding standards which address process quality, QAD officials have also noted improvements. This is a more complex process which requires more time and training. Overall, there has been a gradual shift towards an approach that is more child-centred and which gives importance to child-initiated learning, to children's interests and to continuous meaningful interaction between carers and children. Various centres are making attempts to use authentic means of assessment that foster a growth mindset and respect the variability of the children. QAD officials noted, however, that the extent to which the different centres manage to effectively adopt these processes varied considerably. They often suggested guided reflection on practices and/or additional training for further improvement.

Notwithstanding this overall progress, areas for development still remain. This final part of the report outlines the way forward for childcare centres, the Childcare Centres Providers Association (CCPA), the DQSE and higher-level policy makers.



# The Way Forward

## The way forward

### For childcare centres

#### *Intertwining of 'care' and 'education'*

Childcare centres should strive to strengthen further the vision that every child is precious and valued and the awareness that, especially in the context of ECEC service provision (0-3 years), children depend on the carers for nurturing care. All members of staff should embrace a broad, holistic view of learning and caring, and appreciate that the concepts of 'care' and 'education' are intertwined. Carers need to be loving, sensitive, responsive and predictable during physical care routines and during all interactions with children.

#### *The workforce*

The target is for childcare centres to have a complement of fully qualified staff. Therefore, when recruiting, preference needs to be given to qualified applicants. When these are not available, the centre management has to ensure that employed personnel undergo the required initial training. Continuous monitoring and support by the centre manager are essential to ensure that the member of staff acquires and applies the necessary knowledge, skills, and attitudes in the day-to-day service provision. Furthermore, the centre management must ensure that the course is completed and eventually the staff member is accredited.

#### *Safety of children*

Parents who avail themselves of ECEC services should be able to do so with the utmost confidence that their children are safe and secure. Childcare centres should not rely solely on the statutory biennial health and safety audit. The LRP, or another appointed person, should regularly evaluate the safety of premises and equipment, seek professional guidance as required, and take action to address any identified risks without any delay.

#### *The child at the core of learning*

Centre managers and carers need to continue designing learning programmes that respond to the children's interests, strengths and capabilities. Play should be the central medium through which children learn and develop. To evaluate children's progress and to inform further the learning programme, use of authentic means of assessment is pivotal.

#### *The role of the centre manager*

The role of the centre manager needs to develop to encompass also educational leadership. This includes a clear educational vision that is implemented in the day-to-day activities, as well as supporting a team of carers especially through systematic observations and the creation of a professional learning community. Seeking specific training opportunities in the implementation of this educational leadership role is recommended.

The presence of a centre manager at the centre, who is focussed on management and educational leadership, is required to support carers and ensure the smooth running of the service. When for valid reasons, temporarily it is not possible for the centre manager to be present, it is essential that for that limited time another member of staff is delegated with this responsibility.

### *Centre self-evaluation*

Centre managers are encouraged to facilitate and lead an ongoing process of centre self-evaluation to assess practices and identify key strengths and areas for development. This reflective process needs to include the different views and interests of the major stakeholders.

### *Professional development*

Centre managers and carers are encouraged to embrace reflection as a tool for personal and team professional development. LRPs need to support them in their ongoing professional development. All members of staff need to be given time and space to reflect individually and together as a team, to collaborate, and to observe and share practices. Sustained professional learning allows practitioners to strengthen their knowledge, skills and attitudes and address areas for improvement. Key areas for professional development identified by reviewers include:

- health and safety issues,
- the design and implementation of an engaging learning environment,
- the design and implementation of a child-centred learning programme in line with the *Learning Outcomes Framework*,
- the use of authentic assessment practices that notice and recognise the value of children's learning and respond accordingly,
- the importance of effective and smooth transitions,
- engaging parents in children's learning and development,
- factors influencing children's difficult behaviour (including possible developmental issues) and strategies for the promotion of positive behaviour,
- child protection and related issues,
- centre self-evaluation,
- disability issues and inclusive practices.

### *Accessibility*

LRPs should ensure that their centres welcome all children including those who manifest developmental delays/difficulties or have a disability. Compliance to structural quality standards (e.g. group size, the designated carer system, carer to child ratios) facilitates the inclusion of all children and enables carers to address their individual needs. Children need to be meaningfully and actively engaged in a range of rich learning experiences according to their needs and interests, and carers need to take action to eliminate any barriers.

### *Parental engagement*

More LRPs and centre managers need to acknowledge the importance of parental engagement during all stages of the child's educational journey at the centre and especially during transitions. They need to constantly evaluate the extent to which they are

encouraging parents to feel welcomed, valued and involved. Such collaboration contributes directly towards the children's learning, development and wellbeing.

## For the Childcare Centres Providers Association

The CCPA is encouraged to explore the possibility of facilitating the organisation of professional learning opportunities for centre managers and carers. It can also hold regular meetings where practitioners can co-reflect and create expertise through a process of discussion and the sharing of ideas and good practices.

## For the Directorate for Quality and Standards in Education<sup>7</sup>

### *Current developments*

The DQSE should continue with its plans to:

- conclude the consultation process and launch the updated *National Standards for Early Childhood Education and Care Services (0-3 years)*;
- promote centre self-evaluation processes;
- finalise and implement the revised external review model framework and corresponding report format.

### *The workforce*

The DQSE should continue with its drive to ensure that all staff in childcare centres are duly qualified and accredited. In consultation with the different stakeholders, a realistic timeframe for this to be fully achieved should be determined and implemented.

### *Feedback from parents and children*

There is currently no mechanism in place to include parents' feedback and the voice of the child in the external review process. Mechanisms for facilitating the incorporation of the views of these important stakeholders need to be explored, since these can enhance the validity of this process.

### *A sanctions system*

The dialogue-based approach adopted by the DQSE to secure compliance with the standards needs to be complemented by a coherent and transparent system of sanctions. This will need to be clearly communicated with childcare centres.

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<sup>7</sup> As stated in footnote 1, from 2020, following a restructuring exercise within the DQSE, the regulatory functions (related to structure quality) carried out by the QAD in relation to ECEC service provision were transferred to the Regulatory and Compliance Section. This way forward, therefore, refers to both the Regulatory and Compliance Section and the External Review Section within the DQSE.

### *Consistency*

Periodical moderation exercises to strengthen consistency in recording the reason for any progress or regress in relation to the standards is recommended. This would give a more complete and accurate picture of the centres' progress over time. Nevertheless, reviewers are to remain sensitive to any initiatives taken by childcare centres in their effort to improve the quality of their service provision, even when these are not related to previous recommendations or required actions.

### *Professional learning*

DQSE officials should continue to participate in ongoing professional learning opportunities related to ECEC (0-3 years). Keeping informed with developments in this area is essential to enable effective external evaluation of centres.

## For policy makers

### *The workforce*

Policy makers need to consider introducing incentives that would result in a more highly qualified workforce. Removing discrepancies in salary, status and working conditions of equally qualified educators in the different levels in early years education is also recommended. This will encourage educators in possession of higher qualifications to work in this sector.

The quality of the initial training courses for the workforce provided by various entities needs to be regularly monitored and evaluated to ensure that the delivery of courses reflects the occupational standards and ongoing developments in ECEC (0-3 years).

The workforce needs to be provided with more ongoing opportunities to support their professional learning in various aspects related to the provision of learning and care in the ECEC sector (0-3 years). The input of further and higher education institutions, including the Institute for Education, MCAST and the University of Malta, to provide practitioners with more opportunities to remain abreast of developments in this area needs to be considered.

### *Enabling accessibility*

Policy makers need to ensure that centres are supported to welcome all children including those who manifest developmental delays/difficulties or have a disability through the provision of necessary resources. Developmentally appropriate early education is crucial to children's cognitive, language and social development. Furthermore, attendance in childcare centres is particularly beneficial as it provides an opportunity for early detection and intervention.

### *Health and safety of children*

Occupational Health and Safety officers carrying out audits in childcare centres need to be better informed about health and safety issues concerning children under three years, in line with the standards for childcare centres.

The Occupational Health and Safety Authority (OHSA) is encouraged to offer training opportunities and support service providers so as to further improve and sustain a healthy and safe ECEC environment.

### *Continuity*

Policy makers are encouraged to continue working towards a more consistent implementation of an integrated curriculum framework that encompasses early childhood education for children aged between 0 and 7 years. This can ensure continuity and equity in the process quality provided across different educational institutions and provide for smoother and more positive transitions.

Policy makers should explore various transition practices to enhance the continuity of experience between childcare and kindergarten for the wellbeing of the child. More collaboration between childcare centres and kindergartens is recommended.

### *Cross-sectoral approach*

To further ensure that all childcare centres provide enabling environments that support the holistic development of children, cross-sectoral network with strengthened coordination across the concerned ministries is recommended. This aims to ensure that ECEC provision for children under three years is given its due importance and consideration, thus improving the effectiveness and efficiency of the service provision.





# References



## References

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- Child Care Task Force. (2001). *Il-Qasam tal-Kura u ż-Żamma tat-Tfal f'Pajjiżna: Analizi u Azzjoni*. <https://www.um.edu.mt/library/oar/bitstream/123456789/21154/1/Qasam%20tal-kura%20u%20z-zamma%20tat-tfal%20f%27pajjizna.PDF>
- Directorate for Quality and Standards in Education. (2020). *Report on the Complaints on ECEC Provision (0-3 years) for years 2017, 2018, 2019 Investigated by the Directorate for Quality and Standards in Education*. Ministry for Education and Employment
- Ministry for Education and Employment (MEDE). (2012). *A National Curriculum Framework for All*. Malta: MEDE. Retrieved from <https://curriculum.gov.mt/en/Resources/The-NCF/Documents/NCF.pdf>
- Ministry for Education and Employment (MEDE). (2015). *Educators' Guide for Pedagogy and Assessment - Using a Learning Outcomes Approach: Toolkit for the Early Years Cycle*. Retrieved from [http://www.schoolslearningoutcomes.edu.mt/files/documents/Early\\_Years.146700384962.pdf](http://www.schoolslearningoutcomes.edu.mt/files/documents/Early_Years.146700384962.pdf)
- Ministry for Education and Employment (MEDE). (2016). *A Language Policy for the Early Years in Malta and Gozo*. Hamrun: National Literacy Agency. Retrieved from <https://education.gov.mt/en/nationalliteracyagency/Documents/Policies%20and%20Strategies/A%20Language%20Policy%20for%20the%20Early%20Years%20in%20Malta%20and%20Gozo.pdf>
- Ministry for the Family and Social Solidarity (MFSS). (2006). *National Standards for Child Day Care Facilities*. Valletta. Retrieved from <https://tfal.org.mt/en/professionals/PublishingImages/Pages/Tools/Standards%20Child%20Day%20Care%20Facilities.pdf>
- Organisation for Economic Co-operation and Development (OECD). (2012). *Starting Strong III - A Quality Toolbox for Early Childhood Education and Care*. Paris: OECD Publishing. doi:13: 978-9264123250
- Organisation for Economic Co-operation and Development (OECD). (2017). *Starting Strong 2017: Key OECD Indicators on Early Childhood Education and Care*. Paris: OECD Publishing. doi: 10.1787/9789264276116-en
- Sollars, V. (2013). *Early Childhood Education and Care in Malta: The way forward*. Floriana, Malta: Ministry for Education and Employment. Retrieved from <https://education.gov.mt/en/Documents/Public%20Consultations/White%20Paper.pdf>
- Sollars, V. (2018). Shaping early childhood education services in Malta: historical events, current affairs, future challenges. *Early Years*, 38(4), 1-14. doi:10.1080/09575146.2018.1512561
- Vandenbroeck, M., Lenearts, K. & Beblavy, M., (2018). Benefits of Early Childhood Education and Care and the Conditions for Obtaining Them. *EENEE Analytical Report No 32*. European Commission. Belgium: Ghent University. doi: 10.2766/20810

A close-up photograph of a light-colored woven basket with a dark rim, filled with various wooden toys. The toys include several wooden blocks of different shapes and sizes, some painted in light green, yellow, and pink. There are also wooden rings, a wooden animal figure (possibly a giraffe or zebra), and other unidentifiable wooden pieces. The basket is set against a light, textured background.

# APPENDIX

# Appendix

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## Standard Operating Procedures for Visits in Childcare Centres

### The initial visit

Childcare centres are evaluated for the first time through an initial external review visit. This visit takes place within the first six months of operation. The main steps of the standard operating procedures that QAD officers followed in 2017-2019 are:

About a month prior to the visit, the QAD informs the Legally Responsible Person (LRP) that:

- the evaluation would be considering the 10 standards set in the National Standards for Child Day Care Facilities (2006),
- the outcomes of the visit would be informing the process leading to the renewal of the centre's registration,
- the review team would be using specific research instruments, including documentation, observations and interviews, during their evaluation,
- the centre would need to forward several documents to the review leader for preparation and as documented evidence within a stipulated time frame,
- the external review will take place during one of the days of a pre-determined week (which they are informed about closer to the date).

Prior to the review visit, the review leader:

- carries out the necessary desk work by checking the validity of the documents requested from the centre for compliance purposes,
- checks on any complaints recorded on the centre,
- prepares the evaluation tools, such as interview questions, that would be used during the review visit.

During the review visit, the review team:

- evaluates the quality provision of the centre in relation to the ten standards set in the National Standards for Child Day Care Facilities (2006) by:
  - carrying out interviews with the centre manager and carers and asking for evidence when necessary,
  - carrying out observations with regards to both structural quality indicators (e.g. health and safety issues, carer-to-child ratios, cleanliness, number of children present at the centre) and process quality indicators (e.g. the care and learning experiences offered).
- provides verbal feedback to carers on the practices observed,

- briefs the LRP and/or centre manager about the conclusions drawn from the visit. The conclusions include the strengths and/or areas for development related to the different standards.

After the visit, the review leader:

- drafts an external review report based on the conclusions drawn during the visit. Apart from including strengths and/or recommendations and/or required actions for every standard, the report concludes with a section that indicates those recommendations and/or required actions that require immediate attention,
- sends the draft report to another QAD official for peer review,
- finalises the report and sends it to the LRP. The report includes the timeframes by which the centre needs to address certain required actions. The LRP is also informed that if the requested evidence is submitted by the set timeframe, the centre can avoid an unannounced visit by the QAD to monitor progress in relation to the actions identified in the external review report,
- sends the report to the director QAD. This report informs the process leading to the renewal of the centre's registration,
- fills in the follow-up template to include the recommendations and/or required actions that need immediate attention to better monitor the centre's progress. This document is updated every time the review leader receives any requested documentation from the centre and/or after any communication between the review leader and the centre. This initiative aims to further increase the number of centres that successfully address the required actions and recommendations listed in the external review report within set timeframes.

### The annual visit

All childcares centres are externally reviewed once a year. The procedure adopted during this visit is like the one followed during the initial external review visit. Additionally, prior to the annual visit:

- the LRP is informed that apart from taking into account the 10 standards set in the National Standards for Child Day Care Facilities (2006), the visit will also focus on the required actions and recommendations identified in the previous external review report,
- when carrying out the necessary desk work prior to the review, the review leader also goes through the follow up template and notes progress or otherwise in the actions that required immediate attention,
- the review leader takes note of the other recommendations and required actions listed in the previous external review report when preparing the research tools prior to the review.

When drafting the external review report after the annual visit, the review leader also makes reference as to whether the recommendations and required actions mentioned in the previous external review report had been addressed or otherwise.

### The unannounced visit

The unannounced external review visit may take place either to verify, or otherwise, a complaint lodged with the DQSE or to monitor the actions being taken by the centre in response to issues related to the health, safety and well-being of children listed in the external review report.

Prior to this visit, the review leader:

- takes note of any pending recommendations and required actions listed in the external review report,
- takes note of any complaints.

During the visit, the review team:

- explains the purpose of the visit to the LRP and/or centre manager,
- evaluates the quality provision with respect to either the complaint or pending issues related to the previous external review report by:
  - interviewing the LRP and/or manager and/or carers,
  - reviewing any documentation requested during the visit,
  - carrying out observations to triangulate evidence,
  - briefing the LRP and/or centre manager on the conclusions drawn in relation to the complaint or pending issues from the previous external review report.

After the visit, the review leader decides whether the outcomes necessitate a report or just annotations in the follow up document based on the conclusions drawn from the visit. A report is drafted if conclusions of the review visit indicate that the centre still needs to address pending issues.

If a report is drafted, the review leader:

- sends the draft report to another QAD official for peer review,
- modifies report after taking into consideration the feedback from colleague, if necessary,
- informs the director about outcomes of report, modifies report as necessary, and discusses way forward,
- sends the final report by email to the LRP. The report includes the timeframes by which the centre needs to address any required actions. Any decisions taken by the QAD following the unannounced follow-up review visit is communicated in the same email,
- forwards the report to the director QAD. This report, possible actions taken by the centre in response to the report and any other communications inform the process leading to the renewal of the centre's registration.

**Yellow=Compliance**  
**Purple=Quality**

## 1. Suitable Persons

**Level 0 NON-COMPLIANCE/  
UNACCEPTABLE  
PRACTICE  
(0 points)**

The manager is not accredited by the AU in her role AND/OR  
Not all staff members are duly accredited in their role AND/OR  
If there are carers in training, there can be a better balance between accredited carers and carers in training AND/OR  
Not all carer to children ratios are within parameters AND/OR  
Not all carers in training work under the direct supervision of a carer AND/OR  
There is no evidence of POMA clearance for persons involved in centre  
**AND NO ACTION IS BEING TAKEN TO RECTIFY SITUATION**

**Level 1 STARTED  
TO TAKE ACTION  
FOR  
COMPLIANCE/  
PRACTICE NEEDS**

Not all staff members are duly accredited in their role AND/OR  
If there are carers in training, there can be a better balance between accredited carers and carers in training AND/OR  
Not all carer to children ratios are within parameters AND/OR  
Not all carers in training work under the direct supervision of a carer AND/OR  
There is no evidence of POMA clearance for persons involved in centre  
**AND ACTION HAS BEEN INITIATED TO RECTIFY DISCREPANCIES**

**Level 2 ACTIVELY  
ENGAGED  
TOWARDS FULL  
COMPLIANCE/  
GOOD PRACTICE**

**APART FROM MINOR DISCREPANCIES IN RELATION TO PERSONNEL  
EMPLOYED VERY RECENTLY:**  
The manager and all staff members are duly accredited in their role OR if there are carers in training, there is a good balance between accredited carers and carers in training AND  
All carer to children ratios are within parameters AND  
There is evidence of at least application for POMA clearance for all persons involved in centre  
**AND ACTION HAS ALREADY BEEN TAKEN TO ADDRESS MINOR  
DISCREPANCIES IN THE ABOVE**

**Level 3 FULL  
COMPLIANCE/  
EXCELLENT  
PRACTICE  
(3 points)**

The manager and all staff members are duly accredited in their role AND  
All carer to children ratios are within parameters AND  
There is evidence of POMA clearance for all persons involved in centre.

**Yellow=Compliance**  
**Purple=Quality**

## **2. Physical Environment, Premises and Equipment**

**Level 0 NON-COMPLIANCE/  
UNACCEPTABLE  
PRACTICE  
(0 points)**

The maximum number of children as declared in AU registration is exceeded AND/OR  
The design of the layout does not allow supervision of all children AND  
There is no H&S risk assessment OR it is older than two years AND/OR  
There is no valid certification of electrical equipment AND/OR  
Premises/equipment constitute obvious H&S hazard (including excessive uncleanliness)  
AND/OR  
Third parties can freely access the centre AND/OR  
The centre is not fully physically accessible and there is no evidence that measures are being taken to rectify the situation.

**Level 1 STARTED  
TO TAKE ACTION  
FOR  
COMPLIANCE/  
PRACTICE NEEDS**

The maximum number of children as declared in AU registration is abided by AND  
Action is being taken to change the design of the layout to allow for the supervision of all children AND  
The H&S risk assessment has been conducted within the last two years AND  
The centre is starting to address the issues highlighted in the H&S risk assessment report AND  
There is a valid certification of electrical equipment AND  
The centre is generally clean and kept in a good state of repair AND  
Only authorised persons are permitted entry AND  
The centre is not fully physically accessible but there is evidence that measures are being taken to rectify the situation.

**Level 2 ACTIVELY  
ENGAGED  
TOWARDS FULL  
COMPLIANCE/  
GOOD PRACTICE**

The maximum number of children as declared in AU registration is abided by AND  
The design of the layout allows supervision of all children (no blind corners) AND  
The H&S risk assessment has been conducted within the last two years AND  
The centre has been addressing the issues highlighted in the H&S risk assessment report but it is still work in progress AND  
There is a valid certification of electrical equipment AND  
The centre is clean and kept in a good state of repair AND  
Only authorised persons are permitted entry AND  
The Centre is physically accessible.

**Level 3 FULL  
COMPLIANCE/  
EXCELLENT  
PRACTICE  
(3 points)**

The maximum number of children as declared in AU registration is abided by AND  
The design of the layout allows supervision of all children (no blind corners) AND  
The H&S risk assessment has been conducted within the last two years AND  
The H&S risk assessment/compliance certificate confirms safety of the premises and safety and suitable design of equipment AND  
There is a valid certification of electrical equipment AND  
The centre is clean and kept in a good state of repair AND  
Only authorised persons are permitted entry AND  
The Centre is physically accessible.



**Yellow=Compliance  
Purple=Quality**

### **3. Management and Organisation**

**Level 0 NON-COMPLIANCE/  
UNACCEPTABLE  
PRACTICE  
(0 points)**

There is no manual of policies and procedures AND/OR  
The centre does not have a clear vision for good quality early years education AND/OR  
The manager manifestly lacks the necessary skills in leadership and organisation.

**Level 1 STARTED  
TO TAKE ACTION  
FOR  
COMPLIANCE/  
PRACTICE NEEDS  
CONSIDERABLE  
IMPROVEMENT  
(1 point)**

The manual of policies and procedures has missing sections AND/OR  
The manual is not accessible to all users AND/OR  
The vision embedded in the manual reflects acceptable early years education approach AND  
The manager would benefit from upskilling in leadership and organisation skills  
AND there is the awareness of the need and willingness to take action

**Level 2 ACTIVELY  
ENGAGED  
TOWARDS FULL  
COMPLIANCE/  
GOOD PRACTICE  
(2 points)**

The manual of policies and procedures is missing some detail or updates that can be easily rectified AND  
The manual is available to all users AND  
The vision embedded in the manual and implemented in everyday practice reflects a good early years education approach AND  
The manager manifests good leadership and organisation skills AND  
The management provides at least occasional upskilling for staff

**Level 3 FULL  
COMPLIANCE/  
EXCELLENT  
PRACTICE  
(3 points)**

The manual of policies and procedures includes all sections and has the necessary updated information and detail AND  
The manual is easily accessible to all users AND  
The vision embedded in the manual and implemented in everyday practice reflects best early years education approach AND  
The manager manifests very good leadership and organisation skills AND  
The management provides regular upskilling for staff (monitoring, supervision, training sessions...)

**Yellow=Compliance**  
**Purple=Quality**

## 4. Health and Safety of children

**Level 0 NON-COMPLIANCE/  
UNACCEPTABLE  
PRACTICE  
(0 points)**


There is no clear and total smoke free policy in the centre AND/OR  
There is no valid H&S report AND/OR a valid H&S risk assessment or compliance report indicates issues related to the safety and security of the premises including both indoor and outdoor areas with no evidence that they are being addressed AND/OR  
There are obvious H&S issues of direct and high risk to children AND/OR  
Standards of hygiene fall below acceptable levels AND/OR  
Not all medicines are kept locked and out of reach of children AND/OR  
Unauthorised staff may administer medicines to children AND/OR  
The centre keeps no records concerning accident and/or injury AND/OR  
In cases of illness or accident the parents are not immediately informed AND/OR  
Not only the parents or their authorised deputy can collect children from the centre AND/OR  
Organised outings for children do not require the written consent of the respective parents

**Level 1 STARTED  
TO TAKE ACTION  
FOR  
COMPLIANCE/  
PRACTICE NEEDS**

Children are cared for in a smoke free environment AND  
The valid H&S safety report indicates issues related to the safety and security of the premises including both indoor and outdoor areas and action is being taken or planned AND  
Standards of hygiene are acceptable AND  
All medicines are kept locked and out of reach of children and only authorised staff may administer medicines to children AND/OR  
The centre keeps unsystematic records concerning accident and/or injury which may be inaccessible to parents AND  
When a child becomes ill or has an accident the parents are immediately informed AND  
Only the parents or their authorised deputy can collect children from the centre AND  
Organised outings for children require the written consent of the respective parents

**Level 2 ACTIVELY  
ENGAGED  
TOWARDS FULL  
COMPLIANCE/  
GOOD PRACTICE**

Children are cared for in a smoke free environment AND  
The premises including both indoor and outdoor areas are certified as safe and secure by a valid H&S report OR minor issues are being addressed AND  
Standards of hygiene are high AND  
All medicines are kept locked and out of reach of children and only authorised staff may administer medicines to children AND  
When a child becomes ill or has an accident the parents will be immediately informed AND  
The centre keeps records concerning accident and/or injury and parents endorse these records in relation to their own child AND  
Only the parents or their authorised deputy can collect children from the centre AND  
Organised outings for children require the written consent of the respective parents



**Level 3 FULL  
COMPLIANCE/  
EXCELLENT  
PRACTICE  
(3 points)**

Children are cared for in a smoke free environment AND  
The premises including both indoor and outdoor areas are certified as safe and secure by a valid H&S report AND  
Standards of hygiene are very high AND  
All medicines are kept locked and out of reach of children and only authorised staff may administer medicines to children AND  
When a child becomes ill or has an accident the parents will be immediately informed AND  
The centre keeps effective records concerning accident and/or injury and parents endorse these records in relation to their own child AND  
Only the parents or their authorised deputy can collect children from the centre AND  
Organised outings for children require the written consent of the respective parents.

**Yellow=Compliance**  
**Purple=Quality**

## 5. Care, Learning and Play

**Level 0 NON-COMPLIANCE/  
UNACCEPTABLE  
PRACTICE  
(0 points)**


The centre does not apply the designated carer system or caring by a fixed small group of carers AND  
Limited attention is given to ensure that children's physical needs are met AND/OR  
Space is not used effectively, and resources are not available and/or accessible to children AND/OR  
Any activities offered are not age-appropriate or limited to only one area of development AND/OR  
Children are not listened to individually and activities organised do not promote self-expression AND/OR  
Children are rarely given the opportunity to play individually and/or to interact with other children AND/OR  
Children are not engaged in any learning experience that promotes curiosity and development AND/OR  
Staff members do not respond well enough to the children's individual needs, including during meal times, and independence is not encouraged AND/OR  
There is no attempt to assess children's progress and development.

**Level 1 STARTED  
TO TAKE ACTION  
FOR  
COMPLIANCE/  
PRACTICE NEEDS  
CONSIDERABLE  
IMPROVEMENT  
(1 point)**

Children are cared for by the same small group of carers who are responsive to their individual needs. The attention given to children to ensure that their physical needs are met, is not consistent AND/OR  
There can be better use of space and resources which are not always available and accessible to children AND/OR  
The activities children are encouraged to participate in are age-appropriate but limited in variety (physical, cognitive, social, emotional ...) AND/OR  
Children are treated as a group and are only given few opportunities for self-expression AND/OR  
Children are given limited opportunities to play individually and/or to interact with other children AND/OR  
Learning experiences are not stimulating enough in a way that promotes curiosity and development of children AND/OR  
Staff members help the children meet their needs, including during meal times, but not in a way that encourages independence AND/OR  
The centre assesses children's progress and development in a sporadic and unsystematic way.

**Level 2 ACTIVELY  
ENGAGED  
TOWARDS FULL  
COMPLIANCE/  
GOOD PRACTICE  
(2 points)**

Children are usually cared for by a designated carer who is responsive to their individual needs, including their physical needs for care AND  
There is good use of space and resources which are available and mostly accessible to children AND  
Children are given the opportunity to engage in a variety of learning experiences through play (physical, cognitive, social, emotional ...) AND  
Children are often listened to and given the opportunity for self-expression AND  
Children are given the opportunity to play individually and to interact with other children AND  
Learning experiences promote curiosity and development of children AND  
Staff members encourage independence, including during meal times. When children need help, carers do it in a way that meets their needs AND  
The centre employs some form of assessment to understand the individual child's progress and development as well as plan for the next step.



**Level 3 FULL  
COMPLIANCE/  
EXCELLENT  
PRACTICE  
(3 points)**

Children are cared for by a designated carer who is responsive to their individual needs, including their physical needs for care AND  
There is excellent use of space and resources which are available and accessible to children AND  
Children are engaged in a variety of learning experiences through play (physical, cognitive, social, emotional ...) AND  
Children are listened to and given the opportunity for self-expression AND  
Children are given the opportunity to play individually and to interact with other children AND  
Learning experiences promote each individual child's curiosity and development AND  
There is a collective effort by staff members to encourage independence, including during meal times. When children need help, carers do it in the best way that meets their needs AND  
The centre employs a system of authentic assessment that enables staff to understand the individual child's progress and development as well as plan for the next step.

**Yellow=Compliance  
Purple=Quality**

## **6. Working in Partnership with parents**

**Level 0 NON-COMPLIANCE/  
UNACCEPTABLE  
PRACTICE  
(0 points)**

The service does not welcome the presence and involvement of the parents not even during the initial stages of their child's introduction to the service AND/OR  
There are no formal or informal occasions for staff members to discuss with the individual parents the progress and development of their child AND/OR  
Information concerning either the child or the family is not necessarily kept confidential AND/OR  
Concerns that the staff members may have regarding the child's health, social, emotional and intellectual development are not discussed with

**Level 1 STARTED  
TO TAKE ACTION  
FOR  
COMPLIANCE/  
PRACTICE NEEDS  
CONSIDERABLE  
IMPROVEMENT  
(1 point)**

The service welcomes the presence and involvement of the parents especially during the initial stages of their child's introduction to the service BUT not so much throughout the time the child attends the service AND/OR  
The staff members discuss with the individual parents the progress and development of their child sporadically and only informally AND  
All information concerning either the child or the family is kept confidential AND  
Concerns that the staff members may have regarding the child's health, social, emotional and intellectual development are discussed with parents arbitrarily.

**Level 2 ACTIVELY  
ENGAGED  
TOWARDS FULL  
COMPLIANCE/  
GOOD PRACTICE  
(2 points)**

The service welcomes the presence and involvement of the parents especially during the initial stages of their child's introduction to the service and also, on request, throughout the time the child attends the service AND  
The staff members discuss with the individual parents the progress and development of their child both during occasional formal meetings and whenever required AND  
All information concerning either the child or the family is kept confidential AND  
Any concerns that the staff members may have regarding the child's health, social, emotional and intellectual development are discussed with parents.

**Level 3 FULL  
COMPLIANCE/  
EXCELLENT  
PRACTICE  
(3 points)**

The service welcomes the presence and involvement of the parents during the initial stages of their child's introduction to the service and throughout the time the child attends the service AND  
The staff members discuss with the individual parents the progress and development of their child both during regular formal biannual meetings and whenever required AND  
All information concerning either the child or the family is kept confidential AND  
Any concerns that the staff members may have regarding the child's health, social, emotional and intellectual development are discussed with parents.

**Yellow=Compliance  
Purple=Quality**

## 7. Behaviour Management

**Level 0 NON-COMPLIANCE/  
UNACCEPTABLE  
PRACTICE  
(0 points)**

There is evidence showing that children were bullied and/or threatened while at the centre and actions taken, if any, were not effective AND/OR  
There is evidence showing that staff members resort to corporal punishment AND/OR expose children to intellectual, emotional or verbal abuse while at the centre AND/OR  
The partnership with parents and children to promote positive behaviour is limited or non-existent AND/OR  
There is evidence showing that there were instances when staff members did not address children's difficult behaviour appropriately.

**Level 1 STARTED  
TO TAKE ACTION  
FOR  
COMPLIANCE/  
PRACTICE NEEDS  
CONSIDERABLE  
IMPROVEMENT  
(1 point)**

Whenever there were cases of children being bullied or threatened in the Centre appropriate and effective action was taken AND  
Children are not given physical punishments nor are they exposed to intellectual, emotional or verbal abuse AND  
The staff members work towards developing a respectful and courteous partnership with parents and children to promote positive behaviour AND  
The staff members are seeking to respond to children's difficult behaviour in a firm, caring and sensitive manner that promotes positive interactions between the carer and child and the child and other children. They ask for expert support when in difficulty.

**Level 2 ACTIVELY  
ENGAGED  
TOWARDS FULL  
COMPLIANCE/  
GOOD PRACTICE  
(2 points)**

The staff members ensure that children are not bullied or threatened while in their care AND  
Children are not given physical punishments nor are they exposed to intellectual, emotional or verbal abuse AND  
The staff members work in a respectful and courteous partnership with parents and children to promote positive behaviour AND  
The staff members address and respond to children's difficult behaviour in a firm, caring and sensitive manner that promotes positive interactions between the carer and child and the child and other children.

**Level 3 FULL  
COMPLIANCE/  
EXCELLENT  
PRACTICE  
(3 points)**

All staff members work together to consciously ensure that children are not bullied or threatened while in their care AND  
Children are not given physical punishments nor are they exposed to intellectual, emotional or verbal abuse AND  
The staff members strongly believe in and implement a respectful and courteous partnership with parents and children to promote positive behaviour AND  
The staff members address and respond to children's difficult behaviour in a firm, caring and sensitive manner that promotes positive interactions between the carer and child and the child and other children.

**Yellow=Compliance**  
**Purple=Quality**

## 8. Child Protection

**Level 0 NON-COMPLIANCE/UNACCEPTABLE PRACTICE (0 points)**

The facility does not have a Child Protection policy AND/OR  
Almost all staff members lack training in how to recognise signs of suspected abuse AND/OR  
There are no clear procedures which state that the staff are required to report instances of abuse to the manager of the facility or existent procedures are disregarded AND/OR  
There were cases where suspected abuse reported to the manager were not reported to the appropriate authorities AND/OR  
Confidentiality on issues concerning parents and their child is not respected AND/OR  
The staff members are not taking the necessary precautions to ensure that children are protected against abuse AND/OR  
The facility has no whistle-blower policy intended to ensure that the children are safe from abuse while attending the facility.


**Level 1 STARTED TO TAKE ACTION FOR COMPLIANCE/ PRACTICE NEEDS**

The facility has a written Child Protection Policy and Procedure but not all staff is familiar with it AND/OR  
Some staff members need training in how to recognise signs of suspected abuse AND  
Staff know that they are required to report signs of suspected abuse to the manager of the facility and do so when applicable AND  
In cases where abuse is suspected the manager, upon hearing the report of his/her staff member reports these allegations to the appropriate authorities AND  
Issues concerning parents and their child are generally treated confidentially and only shared with other professionals on a 'need to know' basis but there may be exceptions as procedures are not stated clearly enough AND/OR  
The staff members at the facility are taking precautions to ensure that children attending the facility are protected against abuse but this can be done more purposefully AND/OR  
The facility has a whistle-blower policy intended to ensure that the children are safe from abuse while attending the facility. There is room for improvement in the way the policy is written.

**Level 2 ACTIVELY ENGAGED TOWARDS FULL COMPLIANCE/ GOOD PRACTICE**

The facility has a written Child Protection Policy and Procedure that is put into practice by all AND  
Most staff members are trained to recognise signs of suspected abuse AND  
Staff know that they are required to report signs of suspected abuse to the manager of the facility and do so when applicable AND  
In cases where abuse is suspected the manager, upon hearing the report of his/her staff member reports these allegations to the appropriate authorities AND  
All issues concerning parents and their child are treated confidentially and only shared with other professionals on a 'need to know' basis AND  
The staff members at the facility take every precaution to ensure that children attending the facility are protected against abuse AND  
The facility has an effective whistle-blower policy to ensure that the children are safe from abuse while attending the facility.





**Level 3 FULL  
COMPLIANCE/EX  
CELLENT  
PRACTICE  
(3 points)**

The facility has a written Child Protection Policy and Procedure which is evidently known and practised by all AND  
All the staff is trained to recognise signs of suspected abuse AND  
Staff know that they are required to report signs of suspected abuse to the manager of the facility and do so when applicable AND  
In cases where abuse is suspected the manager, upon hearing the report of his/her staff member reports these allegations to the appropriate authorities AND  
All issues concerning parents and their child are treated confidentially and only shared with other professionals on a 'need to know' basis AND  
The staff members at the facility take every precaution to ensure that children attending the facility are protected against abuse AND  
The facility has an effective whistle-blower policy to ensure that the children are safe from abuse while attending the facility.

**Yellow=Compliance**  
**Purple=Quality**

## 9. Food and Drink

**Level 0 NON-COMPLIANCE/UNACCEPTABLE PRACTICE (0 points)**


In many cases, food provided by parents is not nutritious and wholesome AND/OR  
There is evidence that food is not consistently stored and refrigerated in a proper manner AND/OR  
There is evidence that food which is provided by parents, is not always prepared and heated to the appropriate temperature AND/OR  
If the facility provides food for the children, this is not usually nutritious and wholesome AND/OR  
Not all staff members are aware of the individual and special dietary needs of children and what to do in case of an emergency AND/OR  
Meal times follow a strict schedule with no flexibility to meet children's individual needs AND/OR  
Children do not have free access to drinking water throughout the period of time spent at the Centre

**Level 1 STARTED TO TAKE ACTION FOR COMPLIANCE/ PRACTICE NEEDS**

In many cases, food provided by parents is nutritious and wholesome AND  
Every care is taken to ensure that food is properly stored and refrigerated AND  
Food which is provided by parents, is prepared and heated to the appropriate temperature AND  
If the facility provides food for the children, this is mostly nutritious and wholesome AND  
Staff members are aware of the individual and special dietary needs of children but there is no evidence that these are noted for immediate reference. They have an idea of what to do in case of an emergency AND/OR  
Meal times are not flexible enough to meet the individual needs of all the children AND  
Children have access to drinking water throughout the period of time spent at the Centre

**Level 2 ACTIVELY ENGAGED TOWARDS FULL COMPLIANCE/ GOOD PRACTICE**

In most cases, food provided by parents is nutritious and wholesome AND  
Every care is taken to ensure that food is properly stored and refrigerated AND  
Food which is provided by parents, is prepared and heated to the appropriate temperature AND  
If the facility provides food for the children, all necessary permits are in place. Food is mostly nutritious and wholesome AND  
Staff members take note of the individual and special dietary needs of children and ensure that the children have access only to these foods. An emergency plan is available. AND  
Meal times are flexible in order to meet the individual needs of the children AND  
Children have free access to drinking water throughout the period of time spent at the Centre



**Level 3 FULL  
COMPLIANCE/  
EXCELLENT  
PRACTICE  
(3 points)**

In all cases, food provided by parents is nutritious and wholesome AND  
Every care is taken to ensure that food is properly stored and refrigerated  
AND

Food which is provided by parents, is prepared and heated to the  
appropriate temperature AND

If the facility provides food for the children, all necessary permits are in  
place. Food is nutritious and wholesome AND

There is tangible evidence around the centre that staff members are aware  
of and respond to the individual and special dietary needs of children and  
ensure that the children have access only to these foods. An emergency plan  
is displayed in a prominent place. AND

Meal times are flexible in order to meet the individual needs of the children  
AND

Children have free access to drinking water throughout the period of time  
spent at the Centre

**Yellow=Compliance  
Purple=Quality**

## **10. Equal opportunities and children with special needs**

**Level 0 NON-COMPLIANCE/  
UNACCEPTABLE PRACTICE  
(0 points)**

The Centre does not welcome all children and discriminates according to race, culture, religion or ability AND/OR  
The staff members do not always show respect towards all parents and children using the service AND/OR  
Staff members do not give opportunities equally to all children to help them progress towards their developmental goals and to realise their own potential AND/OR  
Not all children are included in activities offered by the service and/or the members of staff do not try to reduce or remove barriers, including physical that restrict participation in the activities.

**Level 1 STARTED TO TAKE ACTION FOR COMPLIANCE/  
PRACTICE NEEDS CONSIDERABLE IMPROVEMENT  
(1 point)**

Although there is no tangible evidence, staff members claim that all children notwithstanding diversity of race, culture, religion or ability are welcomed to the Centre AND  
The staff members show respect towards all parents and children using the service AND  
The staff members try to give opportunities to each child, to help them progress towards their developmental goals and to realise their own potential AND  
Children are generally included in activities offered by the service and the members of staff try to reduce or remove any barriers, including physical, that restrict participation in the activities.

**Level 2 ACTIVELY ENGAGED TOWARDS FULL COMPLIANCE/  
GOOD PRACTICE  
(2 points)**

There is evidence that all children notwithstanding diversity of race, culture, religion or ability are welcomed to the Centre AND  
The staff members show respect towards all parents and children using the service AND  
The staff members give opportunities to each child without exception, to help them progress towards their developmental goals and to realise their own potential AND  
Children are included in all activities offered by the service and the members of staff reduce or remove any barriers, including physical, that restrict participation in any of the activities AND  
There is evidence that diversity is celebrated.

**Level 3 FULL COMPLIANCE/  
EXCELLENT PRACTICE  
(3 points)**

It is clearly stated in the manual, and there is evidence, that all children notwithstanding diversity of race, culture, religion or ability are welcomed to the Centre AND  
The staff members show respect towards all parents and children using the service AND  
There is a collective and tangible effort by all members of staff to give opportunities to each child without exception to help them progress towards their developmental goals and to realise their own potential AND  
Children are included in all activities offered by the service and the members of staff actively reduce or remove any barriers, including physical, that restrict participation in any of the activities AND  
There is evidence that diversity is celebrated at all times.