NDIS PROVIDER COMPLIANCE

AUDIT REPORT

Confidential

TEEJAY INNOVATIONS

Surveillance Audit

Entity Being Audited:
LEGAL ENITY
ABN: 998665565
54 MS street

Certification Body:
SAI Global
Lead Auditor: Charlie Sheen

Audit Period:

25 May 2025 - Not set

Methodology:
Not specified

Report Date:

19 January 2026

NDIS Registration:
N/A

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1. Executive Summary

Executive Summary

This external NDIS audit was conducted to assess the compliance of Unknown Provider with the NDIS Practice Standards in the context of Core Supports. The audit covered the period from May 25, 2025 to an invalid date noted in the report. The evaluation included a review of 19 indicators across multiple criteria to determine conformity with best practices, compliance with standards, and areas requiring improvement. The audit methodology was limited due to the absence of interviews with stakeholders and site visits, which may have restricted the depth of insights collected.

The audit identified key strengths in three indicators where the provider exceeded requirements, demonstrating exemplary practices aligned with best practice standards. These areas reflect a strong commitment to delivering quality outcomes in specific aspects of service provision. Additionally, 11 indicators were found to meet NDIS compliance requirements, confirming sufficient adherence to the standards in the majority of assessed areas.

However, the audit identified significant areas requiring improvement. Four major non-conformances were noted, representing critical issues that demand immediate corrective action to ensure compliance and mitigate potential risks to participants. These include concerns summarized as [MAJOR_NC] uicdhcdn. pigwhgfhi nio tei t, [MAJOR_NC] uqguyde byudvufh. hurhuifr, [MAJOR_NC] gydjgk ih fg gf, and [MAJOR_NC] hjoihjk vygvhghb. Additionally, one minor non-conformance was observed, requiring corrective action to address deficiencies in compliance. The overall score of 56% (32 out of 57 points) indicates significant gaps in performance that must be resolved promptly.

Based on the findings, it is recommended that the provider's certification be made conditional, contingent upon the implementation of a comprehensive remediation plan to address the identified major and minor non-conformances. Follow-up audits and monitoring are strongly advised to verify the timely and effective resolution of these issues. The provider is encouraged to build upon its identified strengths while addressing critical areas to ensure alignment with NDIS standards and the delivery of safe, high-quality supports to participants.

Overall Score Summary

3	11	1	4
Best Practice	Conformity	Minor NC	Major NC

Total Indicators Assessed: 19
Score: 32 / 57 points (56%)

2. Audit Overview

2.1 Audit Details

Audit Title: TEEJAY INNOVATIONS
Audit Type: EXTERNAL
Audit Purpose: Surveillance Audit
Methodology: Not specified
Service Context: Core Supports
Audit Period: 25 May 2025 - Not set
Status: In Review

2.2 Entity Being Audited

Organisation Name: LEGAL ENITY
ABN: 998665565
Address: 54 MS street
NDIS Registration: N/A

2.3 Certification Body

Organisation: SAI Global
Lead Auditor: Charlie Sheen
Contact: sai@sai.com

Audit Description

AUDITING THE PROGRAM

3. Audit Results

3.1 Scoring Summary

A total of 19 indicators were assessed during this audit.

Rating	Count	Points
Best Practice (+3 pts each)	3	9
Conformity (+2 pts each)	11	22
Minor Non-Conformance (+1 pt each)	1	1
Major Non-Conformance (0 pts)	4	0
TOTAL	**19**	**32 / 57**

56%

3.2 Overall Compliance Status

Standard	Name	Rating
Division 2 – Governance and Operational Management		
	16 Incident Management	2
Division 3 – Provision of Supports		
	17 Human Resource Management	1.7

3.3 Indicator Responses

Best Practice (3)

- **Supervision session records are maintained** [Std 17] - Evidence attached
- **Performance reviews or appraisals are completed** [Std 17] - Evidence attached
- **Staff register with roles, employment type and start dates is maintained** [Std 17] - Evidence attached

Conformity (11)

- **Working With Children Check records are current (where required)** [Std 17] - Evidence attached

• **Police check records are current for all staff** [Std 17] - Evidence attached
• **NDIS Worker Screening clearance is current for all workers** [Std 17] - Evidence attached
• **Right to work documentation is verified and on file** [Std 17] - Evidence attached
• **Reference checks are completed (where applicable)** [Std 17] - Evidence attached
• **Qualification certificates relevant to role are on file** [Std 17] - Evidence attached
• **Mandatory training records are current (incident management, medication, restrictive practices)** [Std 16]
• **Induction records are documented for all staff** [Std 17] - Evidence attached
• **Ongoing professional development records are maintained** [Std 17] - Evidence attached
• **Supervision schedules are documented** [Std 17] - Evidence attached
• **Rostering policies relating to skill mix and ratios are documented** [Std 17] - Evidence attached

Minor Non-Conformance (1)

• **Contractor agreements are in place (if contractors used)** [Std 17] - The organization did not demonstrate full compliance with the requirement to have contractor agreements in place for all contractors engaged in delivering Core Supports. During the audit, there was insufficient evidence to confirm that formalized agreements, outlining roles, responsibilities, and obligations, were consistently established and maintained for all contractors.

This finding pertains to the NDIS Practice Standards – Core Module, specifically under the governance and operational management requirements, which mandate that service providers implement systems to ensure that all personnel, including contractors, operate under clear and documented agreements to safeguard participant outcomes.

The evidence provided was incomplete, as several contractor files reviewed did not contain signed agreements or documentation that explicitly defined the terms of engagement. This gap indicates a lack of formalized processes to ensure accountability and clarity around contractor responsibilities.

The absence of comprehensive contractor agreements introduces a risk to the quality and consistency of supports delivered to participants. Without such agreements, there is potential for misunderstandings regarding service delivery expectations, which could compromise participant safety, rights, or overall service quality.

To address this finding, the organization is required to implement and maintain formal contractor agreements for all contractors. These agreements must clearly define roles, responsibilities, and obligations in alignment with the NDIS Practice Standards. Additionally, the organization should establish a process to ensure these agreements are consistently executed and retained as evidence of compliance.

Major Non-Conformance (4)

• **Scope of practice or role descriptions are documented** [Std 17] - The organization did not provide documented position descriptions that clearly define the scope of practice or roles for staff delivering Core Supports. Evidence reviewed did not demonstrate compliance with the NDIS Practice Standards, specifically under the Human Resource Management domain, which requires that roles and responsibilities are documented to ensure staff operate within their defined scope of practice.

The evidence gap observed is the absence of formalized, written position descriptions for key roles within the organization. This includes documentation that outlines the responsibilities, qualifications, and boundaries of practice for staff providing supports to participants. The lack of such documentation limits the ability to verify that staff are appropriately qualified and operating within their role, as required by the standards.

This presents a significant risk to participant safety and service quality, as unclear or undefined roles may result in staff performing duties beyond their competence, potentially compromising the quality of supports provided and the rights of participants.

To address this finding, the organization must develop and implement comprehensive position descriptions for all relevant roles. These documents should detail the scope of practice, responsibilities, and required qualifications for each role, ensuring alignment with the needs of participants and compliance with NDIS Practice Standards.
• **Evidence that qualifications are appropriate to supports delivered** [Std 17] - The organization did not provide evidence demonstrating that staff qualifications were appropriately mapped to the roles and supports delivered as required under the NDIS Practice Standards. Specifically, documentation to verify that staff possess the necessary qualifications and competencies relevant to their specific responsibilities within Core Supports was absent or insufficient.

This finding relates to the NDIS Practice Standards, Core Module, "Human Resource Management," which requires providers to ensure that workers have the requisite skills and qualifications for the services they deliver.

The evidence gap identified includes the absence of a qualification-role mapping document or equivalent records that clearly align staff qualifications and training with the supports provided. This lack of documentation makes it unclear whether workers are appropriately equipped to deliver services safely and effectively, as required.

The absence of appropriate qualification mapping poses a significant risk to participant safety and service quality, as it may result in supports being delivered by staff who are not adequately trained or qualified, potentially compromising the rights and outcomes of participants.

To address this non-conformance, the provider must implement and maintain a documented process to map staff

qualifications and competencies to their specific roles and the supports they deliver. This process should include verification of qualifications, regular reviews, and updates to ensure ongoing compliance with NDIS requirements.
• **Training matrix or training register is maintained** [Std 17] - **Finding Statement:** Evidence reviewed did not demonstrate that LEGAL ENTITY maintains a training matrix or training register for its staff. No documentation was provided to confirm the tracking of completed training or the dates on which training was undertaken by personnel delivering Core Supports.

Reference: This finding relates to the NDIS Practice Standards, Core Module – Human Resource Management, which requires providers to ensure staff have the qualifications, skills, and ongoing training necessary to deliver safe and high-quality supports.

Evidence Gap: The organization did not provide a training matrix or register that records relevant training details, such as the type of training completed, the dates of completion, or evidence of regular updates and renewal of mandatory training. Without this documentation, compliance with training requirements could not be verified.

Risk/Impact: The absence of a maintained training matrix poses a risk to participant safety and service quality, as it cannot be assured that staff possess the necessary competencies and current knowledge to deliver supports effectively and in line with participant needs.

Corrective Action Required: LEGAL ENTITY must implement and maintain a comprehensive training matrix or training register that records all completed and required training for staff, including dates and evidence of completion. This system should be regularly updated to ensure all staff meet mandatory training requirements and maintain the skills necessary to provide safe and quality supports.
• **Corrective action or performance improvement plans are documented (if applicable)** [Std 17] - Finding Statement: Evidence reviewed did not demonstrate that LEGAL ENTITY has documented corrective action plans or performance improvement plans (PIPs) where applicable. No formal records or processes were provided to verify that identified issues or areas for improvement are being systematically addressed.

Reference: This finding is non-compliant with the NDIS Practice Standards, Core Module, Division 2 (Provider Governance and Operational Management), specifically the requirement for providers to implement documented performance improvement processes to ensure continuous quality improvement.

Evidence Gap: The organization did not provide any documented corrective action plans or PIPs during the audit. Furthermore, there was no evidence of a structured process to record, track, and manage performance improvement initiatives or corrective actions in response to service delivery issues or staff performance concerns.

Risk/Impact: The absence of documented corrective action and improvement plans poses a risk to participant safety and service quality, as it limits the provider's ability to effectively address service delivery challenges and ensure consistent improvement. This may undermine participant trust and the provider's capacity to deliver safe and responsive supports.

Corrective Action Required: LEGAL ENTITY must establish and implement a formal process for documenting corrective actions and performance improvement plans. This process should include clear procedures for identifying issues, developing actionable plans, assigning responsibilities, and monitoring outcomes to ensure compliance with the NDIS Practice Standards and continuous improvement in service delivery.

4. Findings & Non-Conformances

This section details the 5 finding(s) identified during the audit.

Finding 1: uicdhcdn. pigwhgfhi nio tei t

Severity: Major Non-Conformance
Status: Closed

Finding Details:
uicdhcdn. pigwhgfhi nio tei t

Closure Notes:
Evidence accepted

Corrective Action Journey:

1. 16 Jan 2026 00:42 - Status Changed (BEN JOHNSON)
   OPEN !' UNDER_REVIEW
2. 16 Jan 2026 00:42 - Status Changed (BEN JOHNSON)

UNDER_REVIEW !' OPEN
3. 16 Jan 2026 00:43 - Status Changed (BEN JOHNSON)
   OPEN !' UNDER_REVIEW
4. 16 Jan 2026 00:43 - Status Changed (BEN JOHNSON)
   UNDER_REVIEW !' OPEN
5. 16 Jan 2026 00:43 - Status Changed (BEN JOHNSON)
   OPEN !' UNDER_REVIEW
6. 16 Jan 2026 00:48 - Evidence Requested (BEN JOHNSON)
   "ggg"
7. 16 Jan 2026 00:51 - Finding Closed (BEN JOHNSON)
   UNDER_REVIEW !' CLOSED
   "https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/0532d1eb9f375..."
8. 16 Jan 2026 00:51 - Finding Reopened (BEN JOHNSON)
   CLOSED !' OPEN

Evidence Requests:

1. Service Agreement [ACCEPTED]
Request: ggg
Submitted Files (2):
- Screenshot_2026-01-15_at_11.33.43___am.png
- Screenshot_2026-01-16_at_8.42.53___am.png

Finding 2: uqguyde byudvufh. hurhuifr

Severity: Major Non-Conformance
Status: Open

Finding Details:
uqguyde byudvufh. hurhuifr

Finding 3: gydjgk ih fg gf

Severity: Major Non-Conformance
Status: Open

Finding Details:
gydjgk ih fg gf

Finding 4: hjoihjk vygvhghb

Severity: Major Non-Conformance
Status: Open

Finding Details:
hjoihjk vygvhghb

Finding 5: hvjwbjkdjkhvhkljnvjvljv

Severity: Minor Non-Conformance
Status: Open

Finding Details:
hvjwbjkdjkhvhkljnvjvljv

Interview Summary

A total of 3 interview(s) were conducted during the audit.

Participant Interviews (2)

1. fyeqgfrgh
Role: bjhvebjf optg | Method: Phone

2. BROAD SKI
Role: AUDITOR | Method: Phone

Participant Feedback:

& Participants received Welcome pack
& Copies of Service Agreements, Plans provided
& Culture and Individual beliefs/values respected
& Privacy and confidentiality explained
& Informed of any changes/updates
& Incident management explained
& Complaints explained/supported including to the commission
& Feel confident to raise issues with provider
& Emergency and Disaster planning
& Treated with dignity and respect
& Choice and control respected
& Goals and preferences understood

Staff Interviews (1)

1. NOSKO
Role: SW | Method: Phone

Participant Feedback:

& Qualifications verified
& Name of Institution confirmed
& Date Issued recorded
& Memberships (e.g., APHRA) details verified
& Passport sighted
& 100-point ID-2: Driver Licence verified
& NDIS Worker Screening Check current
& WWCC (Working With Children Check) current
& Police Check current
& COVID-19 Infection Control training completed
& First Aid-CPR certificate current
& Role/Position description on file
& Employment contract signed
& Code of Conduct acknowledged
& Induction completed

Site Visit Observations

2 site visit(s) were conducted during the audit.

Site 1: rrrrtrt

Address: rrr
1 participants observed | 1 files reviewed

Positive Observations:
ghvhdfv. ewghfe

Concerns:
https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/0f121a08c75d9bf0781763c44bc1a2fef2e870baaf9c34f270c455d33d1eed8e https://30e90bba-3688-49d7-b45f-868ce3dcacd1-00-1amv00c3k1h1y.picard.replit.dev/upload/0f121a08c75d9bf0781763c44bc1a2fef2e870baaf9c34f270c455d33d1eed8e

Site 2: Smith road

Address: smith road
1 participants observed | 4 files reviewed

Document Checklist:

& Service Agreement / Tenancy Agreement
& Consent Form
& Risk Assessments (home/Participant/site)
& Support/Care plan (including BSP, mealtime and/or mod 1 care plans)
& Invoicing (two invoice samples each participant)
& Progress notes
& Goals
& Intake Form
& Emergency and Disaster planning for the participant
& Medication chart/record (if applicable)
& Staff roster/sign-in records (Partially)
& Incident reports (if applicable)

Registration Groups & Witnessing

NDIS Code	Registration Group	Status	Witnessed
0120	Participate Community	KEEP	NA
0115	Daily Personal Activities	KEEP	NA
0125	Innovative Community Participation	KEEP	NA
0116	Assistance with Self-Care Activities	KEEP	NA

Conclusion & Sign-off

Audit Conclusion

Comparative Assessment Report

Use of External Advisory Entities in Provider Approval Status Process

Criteria”4TÄ „6öÖÐunity Early Learning Australia)”V ly Experts
Entity Type”æ F–öæ Â V ² &öG•, not for profit sector organisation• ivate consultancy business
Primary Sector Focus Early Childhood Education and Care (NQF, NQS) Early Childhood Education and Care (operations & compliance)
Reputation & Credibility High sector credibility, long standing national presence Moderate, smaller brand, reputation depends on individual consultants
Independence & Perception•6VVâ 2 æWWG al, advocacy and support body•6VVâ 2 6öÖÖW&6– Â 6W vice provider
Regulatory Alignment Strong alignment with NQF and state regulators Strong practical alignment, less formal authority
NDIS / Disability Compliance Expertise”Æðw – not NDIS focused”Æðw – not NDIS focused
Governance & Board Level Support Strong – governance, approved provider programs, policy guidance Moderate – governance support offered but less formal
Training & Capacity Building Extensive training, toolkits, membership resources Workshops and bespoke training, smaller library
Audit Readiness Support Good at governance readiness and compliance literacy Good at operational readiness and A&R preparation
Automation / System Compatibility” Gf—6÷ y only, no software or audit logic” Gf—6÷ y only, no software or audit logic
Scalability for National Use High – national network, thousands of members Limited – small team, harder to scale consistently
Consistency of Output”†–v, b 7F æF &F—6VB &öprams and frameworks•`ariable – depends on consultant assigned
Commercial Bias Risk”Æðw – not for profit, member based”ÖöFW ate – commercial incentives and retainers
Risk of Conflict of Interest”Æðw”ÖöFW ate if embedded too deeply
Best Use Case in Your System Training partner, governance reference, sector legitimacy Onboarding support, hands on provider readiness
Poor Fit For”6÷&R VF—B Æöv–0, NDIS compliance engine”6÷&R VF—B Æöv–0, large scale national standard setting
Summary Judgement
Dimension”4TÄ Early Experts
Strength” uthority, credibility, governance depth• actical, hands on operational support
Weakness”æ÷B äD•2 `ocused, not operational”Æ–Ö—FVB 66 ÆP, less formal authority
Strategic Value to You”†–v, 2 7&VF–&–Æ—G’ æB G aining partner”ÖVF—VÒ 2 F 7F–6 Â öæ&ö &F–ær tner
Suitability as Core Approval Engine’tÂ æù'L No
Final Recommendation
Use CELA as:

A strategic partner for:

governance frameworks

training content

compliance literacy

sector legitimacy

A visible ally that reassures providers and regulators.

Use Early Experts as:

A tactical partner for:

provider onboarding

readiness coaching

A&R style preparation

But only on a case by case basis, not system wide.

Do not use either as:

the source of your audit rules

the arbiter of approval status

the owner of your compliance logic

Your platform must remain the single source of audit truth.

Old school conclusion

CELA gives you authority.
Early Experts gives you hands on help.

Neither should ever control your system.
Both can strengthen it, if kept in their proper place.

Auditor Endorsements

' Audit conducted in accordance with NDIS Quality and Safeguards Commission requirements

%Ë Findings based on objective evidence gathered during the audit

%Ë All non-conformances accurately documented and communicated

Lead Auditor Sign-off

Lead Auditor: Taye

Signature: *taye*

Date: 19 January 2026

Confidentiality Statement

This audit report contains confidential information intended solely for the use of the organisation named in this report. Any distribution, copying, or disclosure of this report to third parties without the prior written consent of the certifying body is strictly prohibited.

Disclaimer

This audit report represents the findings at the time of the audit based on the evidence available. The audit does not guarantee compliance at any other time. The organisation remains responsible for ongoing compliance with all applicable requirements.