



GOVERNANCE & MANAGEMENT

POLICY STATEMENT:

Lake Mac Newy OOSH aims to provide a high-quality education and care service and will operate according to all legal requirements and recognised best practice in service management. We will ensure there are appropriate governance arrangements in place. There will be ongoing process of review and evaluation and all relevant information will be readily available to stakeholders.

The governing document of the organisation will be the constitution that deals with the key legal requirements for running the organisation. A copy of the constitution will be readily available.

For the purpose of Regulations Management is the Approved Provider. The Approved Provider will ensure that all aspects of governance and management are clearly articulated and complement the service Philosophy.

Management as the Approved Provider, supported by the Management Team will ensure that copies of the current policies and procedures required under Regulation 168 are always available for inspection at the service at all times in accordance with Regulation 171.

RESPONSIBILITIES:

- The responsibilities of the Approved Provider that cannot be delegated to any other person or body include:
 - Compliance monitoring – ensuring compliance with the objects, purposes and values of the service, and with its constitution.
 - Organisational governance – setting or approving policies, plans and budgets to achieve those objectives, and monitoring performance against them.
 - Strategic planning – reviewing and approving strategic direction and initiatives.
 - Regulatory monitoring – ensuring that the service complies with all relevant laws, regulations and regulatory requirements.
 - Financial monitoring – establishing and maintaining systems of financial control, internal control, and performance reporting; reviewing the service’s budget; monitoring management and financial performance to ensure the solvency, financial strength and good performance of the service
 - Financial reporting – considering and approving annual financial statements and required reports to government.
 - Organisational structure – setting and maintaining a framework of delegation and internal control
 - Staff selection and monitoring – selecting, evaluating the performance of, rewarding and, if necessary, dismissing the staff. Delegate the functions of sub-committees, the Nominated Supervisor, and other staff.
 - Risk management – reviewing and monitoring the effectiveness of risk management and compliance in the service; agreeing or ratifying all policies and decisions on matters which might create significant risk to the service, financial or otherwise.
 - Dispute management – dealing with and managing conflicts that may arise within the organisation, including conflicts arising between staff.
- The **Nominated Supervisor** is responsible for the day-to-day management of the service and to address key management and operational issues under the direction of, and the policies laid down by the Approved Provider, including:
 - Developing and implementing organisational strategies and making recommendations to the Approved Provider on significant strategic initiatives;
 - Financial monitoring – establishing and maintaining systems of financial control, internal control, and performance reporting; reviewing the service’s budget; monitoring management and financial performance to ensure the solvency, financial strength and good performance of the service
 - Adhering to the National Quality Framework and other State and National legislative requirements;
 - Making recommendations for the appointment of staff, determining terms of appointment, evaluating performance, and developing and maintaining succession plans for staff;



- Having input into the annual budget and managing day-to-day operations within the budget;
- Maintaining an effective risk management framework.
- Keeping the Approved Provider and Regulators informed about any developments that may impact on the organisation's performance.

PROCEDURES:

Philosophy and Policies

- The development and review of the Philosophy and policies will be an ongoing process.
- The philosophy and associated statement of purpose will underpin all other documentation and the practices of the service and will reflect the principles of the approved national framework for school age care "My Time, Our Place". There will be a collaborative and consultative process to support the development of the philosophy that will include children, families and Educators. The statement of Philosophy will be included in the Self-Assessment Tool for the service. The statement of purpose will define how the statement of philosophy will be implemented in the service.
- Policies and procedures will provide clear documentation that will define agreed and consistent ways of doing things to achieve the stated outcomes.
- The Approved Provider will ratify the Philosophy and the policies. The Approved Provider can only alter policies or grant permission for others and the changes minuted as a record.
- All documents will be dated and include nominated review dates.
- There will be a comprehensive index for the service policies as it is likely that some policies may address several aspects of operational practice.
- The service philosophy and policies will be available for all stakeholders and there will be reference to this in parent and staff handbooks and general service information.

Financial management

- The Approved Provider will be responsible for developing and overseeing the budget of the service and for ensuring that the service operates within a responsible, sustainable financial framework.
- In line with this responsibility of Management, budget planning will be done with the Accountant each year as part of its annual business planning.
- Financial reporting including an income and expenditure statement and balance will be monitored on a regular basis by Management.

Facilities and Environment

- Management will ensure regulations 103–115 relating to the physical environment required for an OSHC service are maintained at all times.
- In the event of the relocation of the site Management will ensure that the requirements of the regulations are considered if and when site re-arrangements are proposed.
- Work, Health and Safety implications will be considered by Management in relation to educators locking up and leaving the service at the end of the day and risk assessments of the practices will be undertaken.

Equipment and Maintenance

- Appropriate equipment and furniture, to meet the needs of the children and educators, will be well maintained and safe.
- Processes will be in place for routine cleaning of toys and equipment.



Review and Evaluation of the Service

- Ongoing review and evaluation will underpin the continuing development of the service. Management will ensure that the evaluation involves all stakeholders, especially families, children and educators.
- The development of a Self-Assessment Tool and Quality Improvement Plan (QIP) will form part of the review process. Reflection on what works well and what aspects of the service need further development will be included in the Self-Assessment Tool and discussed at meetings.

Confidentiality

- Management will maintain confidentiality. This is addressed in the Confidentiality Policy.

Maintenance of Records

- Regulation 177 outlines requirements and includes references to records that services must keep. Regulations 183–184 detail storage of records.
- The service has a duty to keep adequate records about staff, families and children in order to operate responsibly and legally. The service will protect the interests of the children and their families and the staff, using procedures to ensure appropriate privacy and confidentiality.
- The Approved Provider assists in determining the process, storage place and timeline for storage of records.
- The service's orientation and induction processes will include the provision of relevant information to educators, children and families.
- Clear guidelines on who will have access to which particular records will be given to educators and families. These will be available at all times at the service.
- The Approved Provider will need to ensure that the record retention process meets the requirements of the following government departments:
 - Australian Tax Office (ATO) 5 years
 - Family Assistance Office (FAO) 7 years
 - Department for Education, Employment and Workplace Relations (DEEWR)
- In the event of ceasing to operate, Management will identify where the records will be kept and seek professional advice on the winding up of the service.
- A list of nominated contacts for Child Care Management System, Australian Taxation office and Superannuation funds, as well as any other accounts, will be maintained and contacted by Management. These contacts will be reviewed annually and updated as contacts change to ensure currency in communication for effective governance.

Work, Health and Safety

- Policies and procedures will be in place to address the legal requirements relating to safety in the workplace and this information should underpin any service specific requirements, including grievance/complaints procedures.
- The nominated supervisor will report back to Management on any Work, Health and Safety issues as they arise.



CONSIDERATIONS:

Education and Care Services National Regulations	National Quality Standard	Service policies/documentation	Other
Part 2, Part 3, Part 6 All Regulations are applicable to this policy 103, 168, 171, 172, 173, 177, 183 to 185	Standards 7.1, 7.2 Elements 7.1.1, 7.1.2, 7.1.3, 7.2.1, 7.2.2, 7.2.3 Child Safe Standards 1, 5, 9, 10	- All service policies	Child Care Service Handbook (DEEWR) - Work, Health and Safety Act (2011) - Child Care Benefit legislation - Service Constitution - Service Philosophy - Quality Improvement Plan - Family Handbook

ENDORSEMENT BY THE SERVICE:

<p>Approval date: February 2025</p> <p>Date for Review: February 2026</p>
