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## Governance and Management

### Policy Statement

South Turrumurra OOSH (OOSH/service) recognises the importance of having a framework of rules, relationships, systems and processes by which authority is exercised and controlled in the organisation. We view good governance and management as essential to the provision of quality education and care. Our Parent Management Committee oversee the governance of OOSH and ensure it operates efficiently, ethically and in accordance with regulatory requirements, providing high quality care for children.

We are committed to ensuring that OOSH has effective leadership which promotes a positive organisational culture and builds a professional learning environment. We engage in continuous improvement in all aspects of our operations. Governance and management systems are in place to ensure the effective, transparent and competent operation of OOSH, to act in accordance with the requirements under the Education and Care Services National Regulations and to ensure that our *Governance and Management policy* is strictly adhered to.

### Philosophy and Purpose

1. **Child-Centric Approach:** The well-being, safety, and development of children are paramount in all decision-making processes.
2. **Transparency:** Open and honest communication is maintained with all stakeholders.
3. **Accountability:** Clear roles and responsibilities are defined, with mechanisms in place to ensure accountability.
4. **Compliance:** Adherence to all relevant legislation, regulations, and guidelines governing before and after school care services in NSW.
5. **Continuous Improvement:** Commitment to ongoing evaluation and enhancement of quality of our practice.
6. **Confidentiality:** To ensure the confidentiality, integrity and security of all records related to children, families, staff and operations.

### Legislative Requirements

- Education and Care Services National Law Act 2010: 13, 14, 21, 51, 162, 172, 173, 174, 175, 188
- Education and Care Services National Regulation 2011: 5AA, 29, 31, 55, 56, 84, 104, 106, 107, 108, 109, 110, 117B, 157, 158, 161, 162, 167, 166A, 168, 170, 171, 172, 173, 174, 174A, 175, 176, 177, 180, 181, 183, 185
- Privacy and Personal Information Protection Act 1998
- Children and Young Persons (Care and Protection) Act 1998
- Child Protection (Working with Children) Act 2012
- Child Protection (Working with Children) Regulation 2013
- Workplace Health and Safety Act 2011

- Children's Services Award 2010

## Definitions

### Approved Provider

- A person who holds a provider approval (National Law). A provider approval authorises a person to apply for one or more service approvals and is valid in all jurisdictions.

### Authorised Person

- Means:
  - a) a person who holds a current working with children check (WWCC), or equivalent; or
  - b) a family member of a child who is being educated and cared for by the service; or
  - c) an authorised nominee of a family member of a child who is being educated and cared for by the service; or
  - d) in the case of an emergency, medical personnel or emergency service personnel; or
  - e) a person who is permitted under the jurisdictional working with children law to remain at the service without holding a working with children check (WWCC), or equivalent.

### Continuous Improvement

- Ongoing improvement in the provision of quality education and care services. The National Quality Framework aims to raise quality and drive continuous improvement through the National Quality Standard and quality rating processes. Quality rating encourages continuous improvement and engages the approved provider and their service teams in self-assessment and documenting their performance against the National Quality Standard. Providers of high-quality services regularly monitor and review their performance to guide planning and make improvements.

### Development of Professionals

- A system of regular performance review, individual learning and development plans for educators, staff and co-ordinators. Performance planning and review ensures that the knowledge, skills and practices of educators and other staff members are current, and that areas requiring further development are addressed.

### Educational Leader

- The educational leader is an appropriately qualified and experienced educator, co-ordinator or other individual designated in writing by the approved provider under regulation 118 to lead the development and implementation of educational programs in the service.

### Educational Program

- A program that:
  - is based on an approved learning framework.
  - is delivered in a manner that accords with the approved learning framework.
  - is based on the developmental needs, interests and experiences of each child.
  - is designed to consider the individual differences of each child.

### Fit and Proper Person (to be an Approved Provider)

- The Regulatory Authority assesses whether an Approved Provider or a person with management or control of a service is a fit and proper person to be involved in the provision of an education and care service. In determining whether they are a fit and proper person, the regulatory authority will consider:

- the person's history of compliance with any education and care services, children's services or education law, and any decision under one of those laws to refuse, refuse to renew, suspend or cancel a licence, approval, registration, or certification issued to the person under that law.
- their criminal history, to the extent that it may affect their suitability for the role of provider (including a WWCC or teacher registration details (jurisdiction dependant)).
- whether they are bankrupt or insolvent.
- whether they have the financial circumstances to enable them to sustain ongoing operation of a service.
- whether they have a medical condition that may cause them to be incapable of being responsible for the service.
- whether they have the management capability to operate a service.
- actions taken under Commonwealth Family Assistance Law, including sanctions and suspensions.

## Governance

- Refers to the systems in place to support effective management and operation of the service, consistent with the service's statement of philosophy. Good governance requires effective management systems and clearly delineated roles and responsibilities to support the effective operation of a quality service.

## Inappropriate Person

- Means a person:
  - a) who may pose a risk to the safety, health or wellbeing of any child or children being educated and cared for by the education and care service; or
  - b) whose behaviour or state of mind or whose pattern of behaviour or common state of mind is such that it would be inappropriate for him or her to be on the education and care service premises while children are being educated and cared for by the education and care service.

## Management System

- A system to manage organisational risks and enable the effective management and operation of a quality service.

## Quality Improvement Plan (QIP)

- A document created by an approved provider to help self-assess service performance in delivering quality education and care and to plan future improvements. Regulatory authorities consider the service's QIP as part of the quality assessment and rating process. The QIP does not have to be provided in any specific format but must include:
  1. an assessment of the quality of service practices against the National Quality Standard and the National Regulations.
  2. identified areas for improvement.
  3. a statement of the service's philosophy.

## Philosophy

- A statement the approved provider must develop and include in their QIP that outlines the purpose and principles under which the service operates. It:
  - underpins the decisions, policies and daily practices of the service.
  - reflects a shared understanding of the role of the service among staff, children, families and the community.
  - guides educators' pedagogy, planning and practice when delivering the educational program.

## Working with Children Check (WWCC)

- A notice, certificate or other document granted to, or with respect to, a person under a working with children law to the effect that:
  - the person has been assessed as suitable to work with children; or
  - there has been no information that if the person worked with children, the person would pose a risk to the children; or
  - the person is not prohibited from attempting to obtain, undertake or remain in child-related employment.

## Governance Structure

### Parent Management Committee

**Composition:** The Parent Management Committee shall aim to be comprised of individuals, fit and proper to be approved providers of a large OOSH service. An executive committee will comprise of a President, Vice-President, Secretary, Treasurer and Public Officer. The committee may also comprise an infinite number of parent members.

#### Roles and Responsibilities:

- Setting strategic direction and policies.
- Ensuring compliance with legal and regulatory requirements.
- Overseeing financial management and sustainability.
- Appointing and evaluating the performance of the Director.
- Engaging with stakeholders, including parents, children, staff and the community.

### Leadership Team

**Composition:** The leadership team will include the Nominated Supervisor/Director, Coordinators and Senior Educators.

#### Roles and Responsibilities:

- Implementing the strategic direction and policies set by the governing body.
- Managing daily operations and ensuring high-quality OOSH delivery.
- Recruiting, training and supervising staff.
- Ensuring compliance with regulatory requirements and standards.
- Managing resources effectively and efficiently.
- Delivering high quality programming for an enriching child experience.

### Leadership Principles

1. **Visionary Leadership:** Leaders shall articulate a clear vision for OOSH and inspire staff to achieve it.
2. **Ethical Conduct:** Leaders shall demonstrate integrity, fairness and ethical behaviour in all actions.
3. **Collaboration:** Leaders shall promote a collaborative culture, encouraging input and participation from all stakeholders.
4. **Professional Development:** Leaders shall support ongoing professional development and training for all staff.
5. **Decision-Making:** Leaders shall make informed, evidence-based decisions that prioritise the best interests of children.

## Implementation Strategies – how will it be done?

### The Approved Provider will:

- oversee the implementation and compliance of confidentiality practices.
- ensure policies and procedures are in place for the protection of records.

- ensure that obligations under the Education and Care Services National Law and National Regulations are met, as well as all other laws relevant to governance and management of the service.
- **Provide information to the regulatory authority** upon request, in relation to being a fit and proper person (sections 13, 14, 21).
- **ensure that the service is insured** and keep evidence of this (section 51; regulations 29, 180).
- **establish and implement systems of risk management, financial and internal control and performance reporting.** Monitor management and financial performance to ensure the solvency, financial strength and good performance of the service.
- take reasonable steps to **ensure that nominated supervisors, educators, staff and volunteers follow the *Governance and Management Policy and Procedures.***

### The Nominated Supervisor will:

- establish a **strong organisational culture** that prioritises child safety at the service.
- **display the prescribed information** in section 172 (regulation 173).
- ensure that the **number of children at the service does not exceed the maximum in the service approval** (section 51).
- ensure that the **family of a child at the service is allowed to enter the premises** (regulation 157).
- **adopt quality governance and management processes, procedures and practices**, in line with the National Quality Standard, especially Quality Area 7 – Governance and Leadership.
- **develop, review and approve the service philosophy and purpose, strategic direction and initiatives** (Element 7.1.1).
- ensure that **copies of the policy and procedures are readily accessible** to nominated supervisors, co-ordinators, educators, staff, volunteers and families and available for inspection.
- **notify families at least 14 days before changing the policy or procedures** if the changes will:
  - affect the fees charged or the way they are collected.
  - significantly impact the service’s education and care of children.
  - significantly impact the family’s ability to utilise the service.

### *Notifications and Reporting*

- ensure that all **reporting requirements are met** regarding the National Quality Framework, family assistance, taxation, child protection and other relevant laws.
- **notify the Regulatory Authority about the Approved Provider, operational changes and changes in relation to the Nominated Supervisor**, as detailed in section 173 (regulations 174, 174A).
- **notify the Regulatory Authority about changes to the ‘fit and proper’ status of the Approved Provider, any serious incidents and complaints** relating to a serious incident or that the Law has been contravened (section 174; regulations 175, 176, 176A).

### *Health, Safety and Wellbeing*

- ensure the **health, safety and wellbeing of children in the service** and **take every reasonable precaution to protect children from harm and hazard** (section 51; Quality Area 2).

### *Quality Improvement Plan (QIP)*

- ensure there is an **effective self-assessment and quality improvement process in place**, including a QIP that is kept at the premises and is made available for inspection and to families (regulations 31, 55; Element 7.2.1).
- ensure that the QIP is reviewed at least annually (regulation 56).

### *Space, Equipment & Facilities*

- ensure that **requirements relating to the physical environment, space, equipment, and facilities are met**, including regulations 104, 106, 107, 108, 109, 110, 116, 117 (Quality Area 3).

### *Educational Needs & Program*

- ensure that **children's educational and developmental needs are met** (section 51; Quality Area 1).

### *Educators & Staff*

- ensure that **requirements relating to staffing are met**, including implementing the *Staffing policy and procedures* (including regulation 84).
- ensure that **roles and responsibilities are clearly defined** and understood, and support effective decision making and operation of the service (Element 7.1.2).
- ensure that the **performance of educators and staff is regularly evaluated**, and individual plans are in place to support learning and development (Element 7.2.3).
- ensure that **Nominated Supervisors, educators, staff, volunteers and contractors to whom a prohibition notice applies, are not engaged by the service** (section 188).
- ensure the **educational leader is supported** to lead the development and implementation of the educational program and assessment and planning cycle (Element 7.2.2).

### *Nominated Supervisors & Responsible Person*

- ensure that **requirements relating to the nominated supervisor and responsible person are met**, including implementing the *Staffing policy and procedures* (including section 162, section 162A; regulation 117B).

### *Records and confidentiality*

- **keep a record of the service's compliance** with the information listed in regulation 167.
- **keep a record of enrolment and other documents** listed in section 175 at the service and be available for inspection by an Authorised Officer.
- ensure that **records are kept confidential** and not divulged except as permitted under regulations 181 and 182.
- ensure that **records are stored safely and securely for the period set out in regulation 183**.
- keep **enrolment and attendance records** (regulations 158, 159, 160, 161, 162) and other documents listed in regulations 160, 177 and 178, and ensure they are accurate and available to families on request (section 175). If a service approval is transferred, the documents must be transferred to the receiving approved provider (regulation 184).

### **The Leadership Team will:**

- **implement and monitor confidentiality procedures.**
- **train staff on confidentiality requirements and best practices.**
- **ensure secure storage and handling of records.**

### **Educators and Staff will:**

- adhere to confidentiality procedures.
- **report any breaches of confidentiality** to the leadership team immediately.
- **be aware of and follow the *Governance and Management Policy and Procedures*.**
- **be familiar with and implement the service's policies and procedures, philosophy, QIP and code of conduct.**

# Procedures

## Confidentiality of Records

- OOSH will ensure the confidentiality, integrity and security of all records relating to children, families, staff and the operations of OOSH. This applies to all records, whether paper-based or electronic, created, collected, maintained and stored by OOSH.
- OOSH will adhere to the following principles:
  - **Privacy:** The privacy of children, families and staff shall be respected at all times.
  - **Compliance:** adherence to all relevant privacy laws, policies and directions, including the *Privacy Act 1988 (Cth)*, the *Privacy and Personal Information Protection Act 1998 (NSW)* and the *Health Records and Information Privacy Act 2002 (NSW)*.
  - **Security:** Appropriate measures shall be taken to protect records from unauthorised access, use, disclosure, alteration, loss, or destruction.
  - **Access:** Access to records shall be restricted to authorised personnel only, based on their roles and responsibilities.

### *Collection of Information:*

- Collect only the information necessary for the effective operation of OOSH and compliance with regulatory requirements.

### *Storage of Records:*

- Store records in a secure manner, using locked cabinets for paper records and password-protected systems for electronic records.

### *Access to Records:*

- Grant access to records only to authorised personnel, based on their job responsibilities.
- Maintain a log of individuals who access sensitive records.
- Access to electronic records will be auditable.

### *Disclosure of Information:*

- Disclose information only with the consent of the individual or as required by law.
- Obtain written consent from parents or guardians before sharing any information about their child with third parties unless there is a lawful basis to disclose without consent.

### *Retention and Disposal of Records:*

- Retain records for the period required by law as follows:

Child related records are to be kept for 3 years after the child's last day of attendance. These include:

- child assessments or evaluations for delivery of the educational program.
- medication records.
- child attendance records.
- child enrolment records.

Child related records are to be kept until 7 years after the incident. These include:

- death of a child.

Child related records are to be kept until a child is 25 years of age. These include:

- incident, injury, trauma, and illness records.

Child related records are to be kept until 45 years after the incident. These include:

- records that relate to child safety and well-being e.g. suspicions, disclosures, allegations, convictions, reports, complaints, grievances, investigations, complaints handling, breaches, disciplinary actions, referrals, exchanges of information, risk assessments, policies and procedures will be kept, maintained, and stored for the best practice period of a minimum of 45 years (and longer if possible).

Staff related records are to be kept for 3 years from the last day they provided education and care at the service.

These include:

- staff records.
- record of volunteers and students.
- records of the Responsible Person at the service.
- a record of Responsible Persons placed in day-to-day charge of the education and care service.
- record of educators working directly with children.
- record of access to early childhood teachers.
- record of the service's compliance with the law.
- personal device use permissions.

Dispose of records securely, ensuring they are shredded or permanently deleted to prevent unauthorised access.

## Breach of Confidentiality

### *Reporting*

- Any breach of confidentiality must be reported immediately to the Leadership Team and Parent Management Committee.

### *Investigation*

- The Leadership Team shall investigate all reported breaches and take appropriate corrective action.

### *Consequences*

- Staff found to have breached confidentiality may face disciplinary action, up to and including termination of employment.

## Procurement

- All staff will make purchases for OOSH only in accordance with their financial delegations, as set out in the Financial Management Policy, and in line with OOSH Philosophy and Purpose.

## Delegation of Authority

- The Parent Management Committee delegates authority to the Leadership Team to operate OOSH within the annual budget and in accordance with the *Financial Management Policy*.
- The Parent Management Committee delegates authority to the Leadership Team to operate OOSH within the laws and regulations governing centre-based care in NSW.
- The responsibilities of the Parent Management Committee and the Leadership Team cannot be delegated to any other person or body, other than with the consent of the President or Director, respectively.

## Conflict of Interest

- The Management Committee and Leadership Team must always perform their duties with reasonable care and diligence, and act in good faith in the best interests of South Turrumurra OOSH, its Philosophy and Purpose.
- A conflict of interest, whether actual, potential, or perceived, must be declared by all members of the Management Committee and Leadership Team and managed effectively to mitigate risks. The Management Committee and Leadership Team have a responsibility to ensure their transactions, external business interests and relationships will not cause potential conflicts, and to make such disclosures in a timely manner as they arise.
- A conflict of interest may arise where OOSH staff are asked by families to babysit outside of OOSH so these engagements must be declared to the Leadership Team.
- The following process will be followed to manage any conflicts of interest:
  1. A conflict of interest must be declared to the President or Director, as appropriate.
  2. The individual with the conflict of interest must not be present during the meeting of the Management Committee or Leadership Team where the matter is being discussed or participate in any decisions made on that matter. The individual concerned must provide the Management Committee/Leadership Team with all information in relation to the conflict, including any proposed management plans.
  3. A conflict of interest disclosure statement, together with a documented management plan must be kept and regularly revised.

## Fraud

All members of the Management Committee and Leadership Team, as well as all staff members are required to report any instances of fraud, corruption, serious and substantial waste, or maladministration and ensure resources are used in a proper manner.

## Policy Implementation

### Communication

- The *Governance and Management Policy*, including the confidentiality section, shall be communicated to all stakeholders through appropriate channels, including staff meetings, newsletters, website, and parent areas.

### Training

- Management Committee members, Leadership Team, and applicable staff shall receive training on their roles and responsibilities under this policy.

### Review and Evaluation

- The Management Committee/Leadership Team shall review the policy regularly to ensure its effectiveness and relevance. Feedback from stakeholders shall be incorporated into the review process.

## Compliance and Monitoring

### Regulatory Compliance

- South Turrumurra OOSH will comply with the Education and Care Services National Law and Regulations, as well as any other relevant legislation and guidelines in NSW.

## Performance Monitoring

- The Management Committee will establish key performance indicators (KPIs) to monitor the effectiveness of governance and leadership.

## Audits and Reviews

- Internal and external audits will be conducted to assess compliance with this policy and overall performance.

## Stakeholder Engagement

### Parents and Families

- Regular communication and feedback mechanisms will be established to engage parents and families in the governance and leadership of OOSH .

## Community Involvement

- Opportunities for community involvement and partnerships will be promoted to enhance OOSH's quality and community support.

## Notifications

- Under the National Law and Regulations, the Approved Provider must notify the NSW Regulatory Authority of any:
  - change to information about the Approved Provider or Nominated Supervisor.
  - change to information about an Education and Care Service.
  - incidents and complaints which are notifiable.
- Under National Law and Regulations, the Approved Provider must notify parents of changes to the service operation and incidents involving the child enrolled at the service.

### What is a notifiable complaint?

- Any incident involving a serious injury or trauma to a child while attending OOSH, which:
  - a reasonable person would consider requires urgent medical attention from a registered medical practitioner.
  - the child attended or ought to have reasonably attended a hospital (e.g. broken limb). In some rural and remote locations, a GP completes consultations in a hospital. Only treatment related to a serious injury, illness or trauma needs to be reported.
  - any incident involving serious illness of a child while attending OOSH and the child attended or ought to have reasonably attended a hospital (e.g. acute asthma, seizure, or anaphylaxis).
  - any emergency for which emergency services attended. Not all instances that required the attendance of emergency services need to be reported. An emergency is defined as an incident or event where there is an imminent or severe risk to the health, safety and wellbeing of a person present at OOSH.
  - a child is missing or cannot be accounted for.
  - a child appears to have been removed from the premises by a person not authorised by a parent.
  - a child is mistakenly locked in or out of the premises or any part of the premises.
  - any incident that requires OOSH to close or reduce the number of children attending OOSH for any period.
  - the centre-based service which is educating and caring for an extra child/ren due to an emergency.
  - the death of a child while attending OOSH (including whilst on an excursion) or following an incident while attending OOSH.
  - any incident of physical and/or sexual abuse of a child/ren has occurred or is occurring while the child is being educated and cared for by OOSH.

- any circumstance at the centre that poses a significant risk to the health, safety and wellbeing of a child attending OOSH.

## General Governance and Management

- We will ensure that a comprehensive set of policies are in place as required under Education and Care Service Regulations and other Regulations and laws that OOSH will comply with.
- We will ensure that these policies comply with relevant legislation and update these policies on a regular basis.
- Prescribed information in section 172 (regulation 173) will be prominently displayed.
- Evidence of current insurance will be kept by South Turrumurra OOSH (section 51; regulations 29, 180).
- The Approved Provider and Nominated Supervisors will monitor enrolments and attendance at OOSH to ensure that the number of children does not exceed the maximum in the service approval (section 51).
- The Approved Provider will ensure that requirements relating to the physical environment, space, equipment, and facilities are met, including regulations 104, 106, 107, 108, 109, 110, 116, 117 and Quality Area 3. The Nominated Supervisor will conduct regular audits to ensure compliance with these requirements.
- An appropriately qualified and suitable educational leader will be appointed to ensure that children's educational and developmental needs are met (section 51; Quality Area 1).

## References and Related Policies and Procedures

### References

- ACECQA – Guide to the National Quality Framework <https://www.acecqa.gov.au/national-quality-framework/guide-nqf>
- ACECQA Newsletter Issue 6 2018: Governance in education and care [www.acecqa.gov.au/newsletters/acecqa-newsletter-issue-6-2018](http://www.acecqa.gov.au/newsletters/acecqa-newsletter-issue-6-2018)
- ACECQA National Quality Standard: Quality Area 7 <https://www.acecqa.gov.au/nqf/national-quality-standard/quality-area-7-governance-and-leadership>
- ACECQA My Time Our Place <https://www.acecqa.gov.au/sites/default/files/2023-01/MTOP-V2.0.pdf>
- OSHC Code of Professional Conduct

### Related Policies and Procedures

- Enrolment and Orientation
- Providing a Child Safe Environment
- Dealing with Medical Conditions in Children
- Emergency and Evacuation
- Excursions and Transportation
- Acceptance and Refusal of Authorisations
- Nutrition, food and beverages, dietary requirements
- Incident, injury, trauma, and illness
- Dealing with Infectious Diseases
- Staffing
- Interactions with Children
- Payment of Fees
- Dealing with Complaints
- Health & Safety
- Sun protection
- Delivery and Collection of Children

## Approval and Revision History

Review Date	Reviewed By	Approved By	Next Review
24/05/2024	Scott Everard	Melanie Campbell	July 2024
09/07/2024	Melanie Campbell	Scott Everard	July 2024
15/07/2024	Scott Everard	Melanie Campbell	July 2024
22/08/2024	CELA	Scott Everard	August 2025
10/02/2026	Amy Kitto	Scott Everard	February 2027